

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting –
Public Hearing – Kosciusko Community Center.

Date: 7/14/10

Regarding: 100317 - Resolution relative to the establishment of the Year 2011
Funding Allocation.

Name: Sylvia Ortiz

Your Name Phonetically (If you wish to speak): _____

Address: 517 W. Madison

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): _____

E-Mail Address: sylviasindependence
(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

☐ I do not wish to speak

2

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Name: Barbara Voteststein

Your Name Phonetically (If you wish to speak): Note stine

Address: 801 W. Michigan

City: Milwaukee **ZIP Code:** _____

Organization: (if any): Safe & Sound

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

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3

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Name: Jaime Alvarado

Your Name Phonetically (If you wish to speak): Haimé

Address: 939 W Greenfield Ave.

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): Non Profit Center

E-Mail Address: jimalu@sbcglobal.net

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

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Name: Steve Adams

Your Name Phonetically (If you wish to speak): _____

Address: 1733 North 17th St.

City: Milw **ZIP Code:** 53205

Organization: ^{speaking about} (if any): Nonprofit Center of Milw

E-Mail Address: spadams@sbcglobal.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

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5

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Name: LINDA ZIWKE

Your Name Phonetically (If you wish to speak): ZIN - KEY

Address: 2213 S. 18TH ST

City: MILWAUKEE **ZIP Code:** 53215

Organization: (if any): _____

E-Mail Address: ZIWKE LINDA @ YAHOO.COM
(Unless specifically requested not to, we will be contacting you via e-mail.)

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6

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Name:

Chris Orr

Your Name Phonetically (If you wish to speak):

Chris Orr

Address:

3155 N. 50th

City:

Milw

ZIP Code:

53216

Organization: (if any):

Bright Futures Initiative

E-Mail Address:

wecarewisconsin@gmail.com

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

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7

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Name: Steve Fendt

Your Name Phonetically (If you wish to speak): _____

Address: 1300 S Lanta Bl

City: _____ **ZIP Code:** 53215

Organization: (if any): SDC

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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8

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Regarding: 100317 - Resolution relative to the establishment of the Year 2011
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Name: Tim Schermetzler

Your Name Phonetically (If you wish to speak): _____

Address: 2356 N 59th Street

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): Safe & Sound Inc

E-Mail Address: tschermetzler@milwaukeehidta.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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9

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Name: José I. Maraz (wife spoke)

Your Name Phonetically (If you wish to speak): _____

Address: 2143. S. 24th St.

City: Mil. **ZIP Code:** 53215

Organization: (if any): Safe + Sound

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

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Jaime Alvarado
translated for her.

10

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Name: GARY TUMA

Your Name Phonetically (If you wish to speak): _____

Address: 839 S. 5TH ST.

City: MILWAUKEE **ZIP Code:** 53204

Organization: (if any): Walker's Point Center for the Arts

E-Mail Address: gary.tuma@milwaukee.org

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

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milwaukee.org

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Name: Jim Connolly

Your Name Phonetically (If you wish to speak): _____

Address: 2853 N. SHERARD AV.

City: MILW. WI. **ZIP Code:** 53211

Organization: (if any): METROPOLITAN MILWAUKEE FAIR HOUSING COUNCIL

E-Mail Address: jimb.connolly@earthlink.net
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: JIM GAMBON & TOM FRANK

Your Name Phonetically (If you wish to speak): JIM BAM-BIN

Address: _____

City: _____ **ZIP Code:** _____

Organization: (if any): SOCIAL DEVELOPMENT COMMISSION

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Clarence Johnson

Your Name Phonetically (If you wish to speak): CLarence

Address: 3732 W Wis Ave.

City: Mil **ZIP Code:** 53208

Organization: (if any): Wisconsin Community Services

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Spoke

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Name: Mary Frances Willcoxson

Your Name Phonetically (If you wish to speak): _____

Address: P.O. Box 2130

City: Milwaukee **ZIP Code:** 53201

Organization: (if any): Daystar, Inc.

E-Mail Address: maryfranw@daystarinc.org
(Unless specifically requested not to, we will be contacting you via e-mail)

☒ I wish to speak

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Shelter is
in 53204
Zip.

Spoke

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Name: Charlotte John-Gómez

Your Name Phonetically (If you wish to speak): _____

Address: 1594 N. 60th Street

City: Milwaukee **ZIP Code:** 53213

Organization: (if any): Clinton Boulevard West Neighbors Inc.

E-Mail Address: Charlotte@lbwn.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: NORMA J. Balentine

Your Name Phonetically (If you wish to speak): _____

Address: 801 W. Michigan St.

City: Milw. **ZIP Code:** 53233

Organization: (if any): Safe & Sound

E-Mail Address: nbalentine@milwaukeehidta.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Ken Schmidt

Your Name Phonetically (If you wish to speak): _____

Address: 3121 W. Scott Street

City: Milwaukee **ZIP Code:** 53215

Organization: (if any): Hope House

E-Mail Address: skun@sbccglobal.net

(Unless specifically requested not to, we will be contacting you via e-mail.)

☐ I wish to speak

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Name: Jason Cleereman

Your Name Phonetically (If you wish to speak): _____

Address: 1028 W. Washington St.

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): Walker's Square Neighborhood Ass.

E-Mail Address: jason.cleereman@gmail.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Stephanie Saniter

Your Name Phonetically (If you wish to speak): _____

Address: 209 W. orchard st.

City: Milwaukee **ZIP Code:** 53204

Organization: (if any): Hope House of Milwaukee, Inc.

E-Mail Address: StephanieS@hopehousemke.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Kim Queen

Your Name Phonetically (If you wish to speak): _____

Address: 2822 W CLY BURN ST

City: MILW **ZIP Code:** 53208

Organization: (if any): OBSERVER CITIZEN

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Cheryl P Baratz, Baratz & Polansky, LLP

Your Name Phonetically (If you wish to speak): _____

Address: PMB 242, 3900 W Brown Deer Rd

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): Baratz & Polansky, LLP

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Maria Sandoval

Your Name Phonetically (If you wish to speak): MARIA SANDOVAL

Address: 2100 W. Pierce Street #133

City: MILWAUKEE **ZIP Code:** 53204

Organization: (if any): SAFE & SOUND

E-Mail Address: maria@milwaukeehidta.org
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Name: Isaac V. Quiles

Your Name Phonetically (If you wish to speak): _____

Address: 2549 S. 5th place

City: Milwaukee **ZIP Code:** 53207

Organization: (if any): TAKING Back the streets
community partners

E-Mail Address: _____

(Unless specifically requested not to, we will be contacting you via e-mail.)

☒ I wish to speak

☐ I do not wish to speak

milwaukesown@hotmail.com

did not show up