

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting –
Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: Jim Hillen

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

Address: 3290 N. 8TH RD

City: MILW. **ZIP Code:** 53216

Organization: (if any): NON PROFIT CENTER OF MILW.

E-Mail Address: HILLENLAW@aoc.com

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

☒ I wish to speak

☐ I do not wish to speak

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REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting –
Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: Danyelle Robinson

Your Name Phonetically (If you wish to speak): Danyell Robinson

Address: 3526 W. Ford Dulac Ave

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): Sherman Park Community Association

E-Mail Address: danyelle@shermanpark.org

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

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Committee: Special Community and Economic Development Committee Meeting –
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Date: 7/15/10

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

Name: David Muhammad

Your Name Phonetically (If you wish to speak): David Muhammad

Address: 8001 W. Tripoli Ave

City: Milwaukee **ZIP Code:** 53220

Organization: (if any): Our Next Generation

E-Mail Address: DMuhammad7@gmail.com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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OFFICE OF THE CITY CLERK
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REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting –
Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: TYRONE P. DUMAS

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

Address: 5963 N. 78TH ST.

City: MILW. **ZIP Code:** 53218

Organization: (if any): NON PROFIT CENTER

E-Mail Address: TPDUMAS07@ATTNET
(Unless specifically requested not to, we will be contacting you via e-mail.)

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7d

OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: Rukiya Alexander

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

Address: 3421 W. Lisbon Ave

City: Milwaukee WI **ZIP Code:** 53208

Organization: (if any): Our Next Generation

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

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REGISTRATION FORM

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Date: 7/15/10

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

Name: Darnisha Harper

Your Name Phonetically (If you wish to speak): Darnisha Harper

Address: 3421 W. Lisbon Ave.

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): our Next Generation

E-Mail Address: _____

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

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REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting –
Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: Bob Dunn

Your Name Phonetically (If you wish to speak): Bob Dunn

Address: 3421 W. Lisbon Ave

City: Milwaukee WI **ZIP Code:** 53208

Organization: (if any): Our Next Generation

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

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

Name: Johnny Kimble Jr

Your Name Phonetically (If you wish to speak): Johnnie Kimbell

Address: 909 North 29th Street

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Metropolitan Milw. Fair Housing Council

E-Mail Address: Johnny@wke@hotmail.com

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

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Date: 7/15/10

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

Name: Patrice Olin

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

Address: 3434 N 49th St.

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): Sherman Park Community Assoc.

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

☒ I wish to speak

☐ I do not wish to speak

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Funding Allocation.

Name: John C. Davis

Your Name Phonetically (If you wish to speak): John Davis

Address: 15580 W. Woodview Dr.

City: New Berlin WI **ZIP Code:** 53151

Organization: (if any): Allied Technologies

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

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

Name: Christopher Martin

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

Address: 3229 N. Mck. Jr. Dr.

City: Milw. **ZIP Code:** 53218

Organization: (if any): Gibraltar Development

E-Mail Address: _____

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

☒ I wish to speak

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Date: 7/15/10

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

Name: Tremereil Robinson

Your Name Phonetically (If you wish to speak): Tre Merl

Address: 2612 W. 40th St

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): SPCA

E-Mail Address: Skylar10@aol.com

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

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Date: 7/15/10

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

Name: Joe Rutistak

Your Name Phonetically (If you wish to speak): Kah-bish-ik

Address: 3148 N. Richards St.

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Safe & Sound

E-Mail Address: joerutistak@milwaukeehidta.org

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

☒ I wish to speak

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Funding Allocation.

Name: BARRY GIVENS

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

Address: 3926 N. 44th ST.

City: MILW. **ZIP Code:** 53216

Organization: (if any): SHERMAN PARK COMM. ASSN.

E-Mail Address: _____

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

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Funding Allocation.

Name: TOM FRANK + JIM CARSON

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

Address: 8700 W. DAPHNE ST

City: MILWAUKEE **ZIP Code:** 53224

Organization: (if any): SDC

E-Mail Address: _____

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

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Committee: Special Community and Economic Development Committee Meeting –
Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: Merrie M. Felder

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

Address: 2338 N. Grant Blvd

City: Milw **ZIP Code:** 53210

Organization: (if any): SPCA-NBUP

E-Mail Address: Merrie.felder@msn.com

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

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Date: 7/15/10

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

Name: STEVE O'CONNOR

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

Address: 3810 N. 56 ST

City: MIL **ZIP Code:** 53211

Organization: (if any): _____

E-Mail Address: _____

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

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

Name: Nichole Yunk - registered lobbyist w/ City of Milwaukee

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

Address: 3732 W. Wisconsin Ave, Suite 200

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Wisconsin Community Services

E-Mail Address: MYUNK@WISCS.ORG

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

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

Name: Barabara Moore

Address: 4620 N 28th Street Milwaukee WI

Organization:(if any): Nonprofit Center of Milwaukee

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

Name: Bernadette Dave

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

Address: 3271 N 46th St

City: Milw **ZIP Code:** 53216

Organization: (if any): _____

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

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

Name: Graceyn Wilson

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

Address: 4265 N. 30th St

City: Milw. WI **ZIP Code:** 53216

Organization: (if any): Northwest Side CDC

E-Mail Address: gwilson@nwsepe.org

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

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

Name: GEOFF GROTHOWSKI

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

Address: 2803 N. SHERMAN BOULEVARD

City: MILWAUKEE **ZIP Code:** 53210

Organization: (if any): S. P. C. A

E-Mail Address: ggghouse@aol.com

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

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SUPPORT PROGRAM

OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: Carolyn Cook

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

Address: 3711 N 36th St

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): —

E-Mail Address: CCarolyn476@Sbcglobal.net

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

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X I do not wish to speak

OFFICE OF THE CITY CLERK
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REGISTRATION FORM

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Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: James G. White

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

Address: 335 W. Wright Street

City: Milwaukee **ZIP Code:** 53212

Organization: (if any): Haronbic Ombudsman Project Inc

E-Mail Address: drjgwhite@gmail.com

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

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REGISTRATION FORM

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Date: 7/15/10

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

Name: Jocelyn Prouty

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

Address: 2962 N. 55th St.

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): _____

E-Mail Address: _____

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

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

Name: JIM GAMBON

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

Address: _____

City: _____ **ZIP Code:** _____

Organization: (if any): SDC - MILWAUKEE

E-Mail Address: JGAMBON@CR-SDC.ORG

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

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Date: 7/15/10

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

Name: CARLA CATHREN

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

Address: 2952 N 48th STREET

City: MILWAUKEE **ZIP Code:** 53210

Organization: (if any): _____

E-Mail Address: Crcathren@wi.rr.com

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

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Date: 7/15/10

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

Name: Maria E.G. REYNOSA

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

Address: P.O. Box 64201

City: Milw **ZIP Code:** 53204

Organization: (if any): _____

E-Mail Address: _____

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

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Date: 7/15/10

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

Name: Ethel Evans

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

Address: 3835 N 53rd St

City: Milwaukee **ZIP Code:** 53214

Organization: (if any): _____

E-Mail Address: _____

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

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Date: 7/15/10

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

Name: Meloney Jones

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

Address: 2728 N 48

City: Mil **ZIP Code:** 53210

Organization: (if any): _____

E-Mail Address: _____

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

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Date: 7/15/10

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

Name:

Amelia Eskridge

Your Name Phonetically (If you wish to speak):

NO

Address:

1515 W ATKINSON

City:

MILW

WISC

ZIP Code:

53206

Organization: (if any):

E-Mail Address:

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

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

Name: PATRICIA Mullen

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

Address: 409A E. Chambers ST.

City: Mil. **ZIP Code:** 53212

Organization: (if any): ARCW

E-Mail Address: —

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

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

Name: Melody Hernandez

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

Address: 1515 W. Atkinson #6

City: Milwaukee **ZIP Code:** 53206

Organization: (if any): _____

E-Mail Address: _____

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

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Funding Allocation.

Name: Victor Gwivaha

Your Name Phonetically (If you wish to speak): English / Swahili

Address: 4509 Rowton st

City: MO **ZIP Code:** 20705

Organization: (if any): _____

E-Mail Address: victor.gwivaha@hotmail.com

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

 I wish to speak

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REGISTRATION FORM

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Date: 7/15/10

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

Name: Wendy Washington

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

Address: 2929 N. SHERMAN BLVD.

City: MILWAUKEE **ZIP Code:** 53216

Organization: (if any): SHERMAN PARK COMM. ASSOC.

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

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

Name: Sara Kierzek

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

Address: 2470 W. Locust

City: Milwaukee **ZIP Code:** 53206

Organization: (if any): Dominican Center for Women

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

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Funding Allocation.

Name: Vernicia Owens

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

Address: 3280 N. 44TH ST

City: Milw, Wis **ZIP Code:** 53216

Organization: (if any): _____

E-Mail Address: _____

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

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Funding Allocation.

Name: Sheila Jones

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

Address: 3056 N. 39th St

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): _____

E-Mail Address: _____

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

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Funding Allocation

Name: Carrie Porter

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

Address: 4211 W Concordia Ave

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): _____

E-Mail Address: Carrie Porter 20 @ yahoo . com
(Unless specifically requested not to, we will be contacting you via e-mail.)

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Funding Allocation.

Name: Marcus Maxwell

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

Address: 4844 N. 58th St

City: Milwaukee **ZIP Code:** 53218

Organization: (if any): _____

E-Mail Address: _____

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

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

Name: Debbie Maxwell

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

Address: 4844 N. 58th

City: Milw, WI **ZIP Code:** 53218

Organization: (if any): _____

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

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

Name: Mary Talsky

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

Address: 5321 W. Keefe Ave

City: Milw **ZIP Code:** 53216

Organization: (if any): _____

E-Mail Address: _____

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

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

Name: Charles Reese

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

Address: 2816 W. Clark St

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): IHAD Milwaukee

E-Mail Address: IHAD-Milwaukee@Yahoo.Com

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

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CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting –
Public Hearing – Benjamin Carson Academy.

Date: 7/15/10

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

Name: Shalanya Ellison

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

Address: 3524 W Ford du Lac

City: Milwaukee **ZIP Code:** _____

Organization: (if any): Sherman Park Community Ass

E-Mail Address: shalanyats@earthlink.net

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

☐ I wish to speak

☒ I do not wish to speak

OFFICE OF THE CITY CLERK
CITY OF MILWAUKEE

REGISTRATION FORM

Committee: Special Community and Economic Development Committee Meeting –
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Date: 7/15/10

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

Name: MAE E. JOY

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

Address: 2720 N. 47 ST

City: MILW. **ZIP Code:** 53210

Organization: (if any): _____

E-Mail Address: _____

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

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Date: 7/15/10

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

Name: Terria Vaughns

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

Address: 4242 N. 17th St.

City: Milwaukee **ZIP Code:** WI 53209

Organization: (if any): ONG

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

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Date: 7/15/10

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

Name: Telina Henry

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

Address: 4242 W 17th St

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): _____

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

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Name: Terina Vaughns

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

Address: 4242 Nth 17th St.

City: Milwaukee **ZIP Code:** 53209

Organization: (if any): _____

E-Mail Address: _____

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

Name: Gustice Turpin

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

Address: 3421 W Lisbon

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Dur Next Generation

E-Mail Address: Gustice_joba@yahoo.com

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

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Name: Markus Heard

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

Address: 3421 W. Lisbon

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Our Next Generation

E-Mail Address: mheard@yahoo.com

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Regarding: 100317 - Resolution relative to the establishment of the Year 2011
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Name: Diamond Lewis

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

Address: 3421 W. Lisbon Ave

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Our Next Generation

E-Mail Address: _____

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Date: 7/15/10

Regarding: 100317 - Resolution relative to the establishment of the Year 2011
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Name: Shakerah Lewis

Your Name Phonetically (If you wish to speak): NO

Address: 3421 W. Lisbon Ave

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Our Next Generation

E-Mail Address: Lewisshakerah@yahoo.com
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Name: Joanna Gonzalez

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

Address: 3421 W. Lisbon Ave.

City: Milwaukee **ZIP Code:** 53208

Organization: (if any): Our Next Generation

E-Mail Address: _____

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

Name: Stephanie Otko

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

Address: 2151 S 25th St

City: Milw **ZIP Code:** 53215

Organization: (if any): _____

E-Mail Address: _____

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Regarding: 100317 - Resolution relative to the establishment of the Year 2011
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Name: Dorothy Thern

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

Address: 2424 N. 45 ST

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): _____

E-Mail Address: _____

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

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Regarding: 100317 - Resolution relative to the establishment of the Year 2011
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Name: Florida D Anderson

Your Name Phonetically (If you wish to speak): NO

Address: 3050 N 45 St

City: Milwaukee **ZIP Code:** 53210

Organization: (if any): _____

E-Mail Address: _____

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

Name: Janice G. Jones

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

Address: 3424 N. 45th St.

City: Milwaukee **ZIP Code:** 53216

Organization: (if any): _____

E-Mail Address: _____

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

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