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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

*****This form is a public record*****

MEETING DATE: May 7, 2014

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): In support of Commissioner Smith's budget amendment to improve outcomes for youth of color and in support of the Office of Diversity & Equity

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Julia Meier

ADDRESS: 5135 NE Columbia Blvd., Portland, Oregon COALITION 5 YEARS

CITY/STATE/ZIP: Portland, OR 97218

PHONE: DAYS: 503-288-8177 EVES: 503-704-0124

EMAIL: Julia@coalitioncommunitiescolor.org FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Submittal of this form at the beginning of the meeting is appreciated.
3. Individuals making public comment will be called up in the order these forms are received. The Chair may call on Invited Guests or Elected Officials to speak first.
4. When your name is called, come forward & be seated at the Presenter's table.
5. When it is your turn, start by stating your name for the record. Make sure to speak clearly into the microphones. All meetings are recorded.
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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
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SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Josepa Santos-Lyons

ADDRESS: 831 N. Watts St

CITY/STATE/ZIP: 97217

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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MEETING DATE: 5/07/14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Leadership
Development program for County of Coler

FOR: ☒ AGAINST: ☐ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION):

Dymet (Jimi) Dogo

ADDRESS:

631 NE 102nd Ave.

CITY/STATE/ZIP:

Portland OR 97220

PHONE:

DAYS:

503 577 7416

EVES:

EMAIL:

dymetd@lco.org

FAX:

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SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

CATC

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): LISA NAITO

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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N.S.

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MEETING DATE: 05-07-14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Cully Park
/ccc \$1mil budget ask

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Johnell Bell

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: Johnellmbell@aol.com FAX: _____

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MEETING DATE: 5-7-2014

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Budget
amendment & Sunl services

FOR: ✓ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Gerald Deloney

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: gerald@selfenhancement.org FAX: _____

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MEETING DATE: 3/7/14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

IRCO - SSSSS, YGPS, FACES, RIFE

FOR: ☒ AGAINST: ☐ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION):

MISIPA FONONGA

ADDRESS:

CITY/STATE/ZIP:

PHONE:

DAYS: 503.568.0937

EVES:

EMAIL:

Kolinite@IRCO.org

FAX:

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MEETING DATE: 5/7/14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

IRCO YOUTH

FOR: ☒ AGAINST: ☐ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION):

SULASI LAULAN/REALU
Sulasi

ADDRESS:

CITY/STATE/ZIP:

PHONE:

DAYS:

503.550.3042

EVES:

EMAIL:

KDLN1 FUSIM

FAX:

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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Direct Homeless Benefit Recovery Project funds to culturally-specific providers

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Greg Griffin (Grehg Griffin)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Direct Homeless Benefit Recovery Project funds to culturally-specific providers

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Carlos Munoz-Mejia (Car-lose Munyoz-Mehee-ya)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVFS: _____

EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD

1. Please complete this form.
2. Submittal of this form is required.
3. Individuals may speak if they have received the form at least 7 days prior to the meeting.
4. When your name is on the list, you must speak clearly into the microphone.
5. When it is your turn, please stand and speak.
6. Public comment is limited to 3 minutes. If you have authority to shorten this time, please do so.
7. If you wish to present a video, please bring 7 copies and submit them to the Board Clerk. Your testimony will be recorded.

Carlos wants to sit with Greg - not to speak but as support. Does he need a testimony sheet?

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IF YOU WISH TO SUBMIT WRITTEN TESTIMONY TO THE BOARD:

ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
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(11)

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SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Increase funding for culturally-specific alcohol/drug addiction services

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Alan Jamerson (Al-uhn Jay-mer-sun)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: alanj@nayapdx.org FAX: _____

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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Maintain Healthy Birth Initiative and Health Promotion and Capacity Building

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Chonitia Smith (Chaw-nee-shuh Smith)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: chonitias@nayapdx.org FAX: _____

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MEETING DATE: 5.7.14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Maintain and bolster County equity work

FOR: x **AGAINST:** _____ **THE ABOVE BUDGET TOPIC**

NAME (PRINT & INCLUDE PRONUNCIATION): Donita Fry (Dawn-eeta Fry)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon 97218

PHONE: _____ **DAYS:** 503.288.8177 **EVES:** _____

EMAIL: donitasf@nayapdx.org **FAX:** _____

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SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Create a budget line item to support leadership development in communities of color & community of color engagement with the County

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Ga-Lo Vann (Guh-low Van)

ADDRESS: _____

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: vann@ohsu.edu FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Social & Support Services for Educational Success

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Josette Red Thunder (Joe-zett Red Thunder)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

1. Maintain Future Generations Collaborative
2. Create a budget line item to support leadership development in communities of color & community of color engagement with the County

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Kelly Gonzales (Kell-ee Gun-zaa-liss)

ADDRESS: _____

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: kelly.gonzales@pdx.edu FAX: _____

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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Native American gang prevention services

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Lowicha Falls Rock (Low-ee-cha Falls Rock)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: lowichafr@nayapdx.org FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Increase funding for culturally-specific alcohol/drug addiction services

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Martin Estrada (Marteen Est-rah-duh) +

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: martine@nayapdx.org FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Create a budget line item to support leadership development in communities of color & community of color engagement with the County

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Natalie Mitchell (Nat-alee Mitchuhl)

ADDRESS: _____

CITY/STATE/ZIP: Gresham, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: natalie.dmitchell@yahoo.com FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Social & Support Services for Educational Success

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Nykke Straws (Nick-ee Strawz)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: nicholes@nayapdx.org FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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*****This form is a public record*****

MEETING DATE: 5.7.14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Direct domestic violence crisis service funds to culturally-specific providers

FOR: x **AGAINST:** _____ **THE ABOVE BUDGET TOPIC**

NAME (PRINT & INCLUDE PRONUNCIATION): Tawna Sanchez (Tauh-Nuh Sann-Chezz)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon 97218

PHONE: _____ **DAYS:** 503.288.8177 **EVES:** _____

EMAIL: tawnas@nayapdx.org **FAX:** _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

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MEETING DATE: 5/7/14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Refugee & Immigrant Family Strengthening program at IRCO

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): STACEY VU

ADDRESS: IRCO

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: (503) 234-1541

EVE: _____

EMAIL: stacey@ircoco.org

FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Stacey Vu 23

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: _____

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): STACEY VU

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: May 7, 2014

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Youth Department
Social Service & Support for Educational Success

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): NGUYEN NGUYEN

ADDRESS: 2639 SE 170th Ave "Noo-wen"

CITY/STATE/ZIP: Portland, OR. 97236

PHONE: DAYS: (503) 380-7922 EVES: _____

EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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My name is Nguyen Nguyen, a 6th grader at Reynolds Middle School. I humbly ask for two minutes of your time as I give you reasons to provide funding for IRCO-SSSES

Last year, my family just moved to Portland from Seattle. We met with a Case Worker Chi Bui, who has helped our family a lot. She helped getting us to have food stamps, medical insurance, pay the electricity bill, gas bill, find job for my mother, find schools for the three of us, and lots more. I would like to thank IRCO for helping out my family.

What I like most was the Summer Program in the last summer. I got to go swimming, learned paper crafting, and go to the library for the Summer Reading Challenge. I hope I can participate again this coming summer.

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: 05/07/2014

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Community Health Dept.
Community Health Worker Project

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Thu Thao Huynh "TOWE HHH-WEN"

ADDRESS: 8375 SE Lambert St.

CITY/STATE/ZIP: Portland, OR. 97266

PHONE: _____ DAYS: 503.255.3083 EVES: _____

EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 05-07-14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SUN

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): ~~Kali~~ Kali ladd

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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x 270

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Native American gang prevention services

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Josiah Onestar

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: lowichafr@nayapdx.org FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5.7.14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Social & Support Services for Educational Success

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Marissa Pasaye-Elias (Mar-is-sa Puh-say-yeah-E-lie-as)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Social & Support Services for Educational Success

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Brenda Perez (Bren-duh Puh-rez)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Social & Support Services for Educational Success

FOR: x AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Lilly Diaz (Lil-ee Die-az)

ADDRESS: 5135 NE Columbia Boulevard

CITY/STATE/ZIP: Portland, Oregon

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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X 30

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PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5/7/14

SUBJECT: **Multnomah County Fiscal Year 2015 Budget**

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

Create a budget line item to support leadership development in communities of color & community of color engagement with the County

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Yolonda Salguiero

ADDRESS: 685 SW Blaine Place

CITY/STATE/ZIP: Gresham, Oregon 97080

PHONE: 503-341-8956 DAYS: _____ EVES: after 5:30 p.m.

EMAIL: yolondasalguiero@yahoo.com FAX: _____

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X

**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

**Por favor, complete este formulario y someta lo a la Secretaria de Junta
*** Este formulario es un documento público *****

FECHA DE REUNION: 5/7/14

ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah

TEMA PRESUPUESTARIA (Departamento o Programa):

Civic Leadership Development

EN FAVOR: X EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Laura Rodriguez

DIRECCIÓN: 35050 SE Bliss Rd.

CIUDAD / ESTADO / CODIGO POSTAL: Boring, OR 97009.

TELÉFONO: DÍAS: 503 210 5401 VISPERAS: _____

CORREO ELECTRONICO: rlaura76@yahoo.com FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

1. Por favor, complete este formulario y someta lo a la Secretaria de Junta.
2. Se le aprecia que someta este formulario en el comienzo de la reunión.
3. Las personas que hacen comentarios públicos serán llamados en el orden en que se reciben estos formularios. El Presidente (Chair) podrá pedir que invitados o funcionarios electos presenten primero.
4. Cuando su nombre se llama, tome asiento en la mesa de Presentadores.
5. Cuando sea su turno, empieza su presentación diciendo su nombre para el registro. Asegúrese de hablar con claridad en los micrófonos. Todas las reuniones son grabadas.
6. Los comentarios del público se limitan a 3 minutos por persona, pero el Presidente (Chair) tiene la autoridad para acortar el tiempo, basado en el número de personas que testifican.
7. Si usted desea presentar documentación por escrito con sus comentarios orales, por favor traiga 7 copias y presente las al Secretario de la Junta, que las distribuirá a los miembros de la Comisión. Su testimonio se mantendrá permanente.

SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES A LA JUNTA DE COMISIONADOS:

1. Por favor, complete este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaría de Junta, o mande los através de e-mail a: lynda.grow@multco.us
2. El testimonio escrito será inscrito en el registro oficial.

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**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

**Por favor, complete este formulario y someta lo a la Secretaria de Junta
*** Este formulario es un documento público *****

FECHA DE REUNION: 5/7/14

ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah

TEMA PRESUPUESTARIA (Departamento o Programa):

Civic Leadership Development

EN FAVOR: X EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Luis Romero Sánchez

DIRECCIÓN: 24040 SE Hwy 212 Unit A.

CIUDAD / ESTADO / CODIGO POSTAL: Boring/OR/97089.

TELÉFONO: DÍAS: 503 679 2326 VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

1. Por favor, complete este formulario y someta lo a la Secretaria de Junta.
2. Se le aprecia que someta este formulario en el comienzo de la reunión.
3. Las personas que hacen comentarios públicos serán llamados en el orden en que se reciben estos formularios. El Presidente (Chair) podrá pedir que invitados o funcionarios electos presenten primero.
4. Cuando su nombre se llama, tome asiento en la mesa de Presentadores.
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SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES A LA JUNTA DE COMISIONADOS:

1. Por favor, complete este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaría de Junta, o mande los através de e-mail a: lynda.grow@multco.us
2. El testimonio escrito será inscrito en el registro oficial.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

X

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: May 7, 2014

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

Early Learning

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Christine Taylor

ADDRESS: 3205 NE 47th Ave

CITY/STATE/ZIP: Portland OR

PHONE: _____ DAYS: 503-249-3827 EVES: _____

EMAIL: christine@latnet.org FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Submittal of this form at the beginning of the meeting is appreciated.
3. Individuals making public comment will be called up in the order these forms are received. The Chair may call on Invited Guests or Elected Officials to speak first.
4. When your name is called, come forward & be seated at the Presenter's table.
5. When it is your turn, start by stating your name for the record. Make sure to speak clearly into the microphones. All meetings are recorded.
6. Public comment is limited to **3 minutes** per person, but the Chair has the authority to shorten time, based on the number of folks testifying.
7. If you wish to present written documentation with your oral comments, please bring 7 copies and submit to the Board Clerk, who will distribute them to the Commissioners. Your testimony will be kept permanently.

IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into the official record.

JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO

X

Por favor, complete este formulario y someta lo a la Secretaria de Junta

***** Este formulario es un documento público *****

FECHA DE REUNION: May 7, 2014

ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah

TEMA PRESUPUESTARIA (Departamento o Programa):

Educación Temprana

EN FAVOR: X EN CONTRA: _____ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Claudia Carrillo

CAY-REEL-yo

DIRECCIÓN: 10315 NE Sandy #116

CIUDAD / ESTADO / CODIGO POSTAL: Portland OR 97220

TELÉFONO: DÍAS: 503.421.6652 VISPERAS: _____

CORREO ELECTRONICO: clauca.10315@yahoo.com.mx FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

1. Por favor, complete este formulario y someta lo a la Secretaria de Junta.
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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk

This form is a public record

MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Catholic

Charities programs

FOR: ☒ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Mischelle Strauser

ADDRESS: 43 NE 108th Ave

CITY/STATE/ZIP: Portland, Or 97220

PHONE: _____ DAYS: 503-577-0640 EVES: _____

EMAIL: mnsTrauser@aol.com FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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