

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET**

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

MEETING DATE: 1-11-2018

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Bruce Broussard

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: ✓

PROFESSOR FOR: _____ AGAINST: _____

NAME: D'Norgia Price (DEE NORJAH)

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

E-MAIL: dtprice@comcast.net

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FOR: _____ AGAINST: _____
NAME: Ronald O. Webb

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: N/A

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FOR: AGAINST:

NAME: Lightning Super Watchdog K

CONTACT INFORMATION (optional):

ADDRESS:

CITY/STATE/ZIP:

PHONE: E-MAIL:

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: X _____

FOR: _____ AGAINST: _____

NAME: Cathy Camper CAMPER

CONTACT INFORMATION (optional):

ADDRESS: 1815 SE Morrison

CITY/STATE/ZIP: PDx OR 97214

PHONE: 503-236 6167 E-MAIL: cfastwolf@hotmail.com

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: CLIFFORD WALKER

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: X

FOR: _____ AGAINST: _____

East County Gary Activity

NAME: Ron Swaren

CONTACT INFORMATION (optional):

ADDRESS: 1543 SE Umatta St

CITY/STATE/ZIP: Portland OR

PHONE: 971-223-5278 E-MAIL: _____

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MEETING DATE: Thurs 11 Jan MAXVII

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Public Comment

FOR: _____ AGAINST: _____

NAME: Charles Bridgecrane Johnson

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: COMMENTS 1/27/11

FOR: _____ AGAINST: _____

NAME: INJURED AND PISSED OFF

CONTACT INFORMATION (optional):

ADDRESS: 1212 SW CLAY apt #217

CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: 503 224-9954 E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Shafia Monroe

CONTACT INFORMATION (optional):

ADDRESS: 4548 NW Michigan

CITY/STATE/ZIP: Alt, OR 97217

PHONE: 503-927-8357 E-MAIL: shafia.monroe@gmail

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: NCJNW - Alton McDonald.

CONTACT INFORMATION (optional):

ADDRESS: NCJNW@cfaas.com

CITY/STATE/ZIP: _____

PHONE: (253) 258-2619 E-MAIL: _____

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FOR: _____ AGAINST: _____

NAME: Qmar B. Shaha

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

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