

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: 7/15/2010  
SUBJECT: HEALTH CARE CONTINUED  
4/1/2010

AGENDA NUMBER OR TOPIC: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: PAUL, ADOLPH, PHILLIPS  
ADDRESS: 1212 SW CLAY APT #217  
CITY/STATE/ZIP: PORTLAND, OREGON 97209

PHONE: \_\_\_\_\_ DAYS: \_\_\_\_\_ EVES: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

SPECIFIC ISSUE: SPECIAL HEALTH CARE  
4/1/2010

WRITTEN TESTIMONY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU WISH TO ADDRESS THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to 3 minutes.
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:**

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

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MEETING DATE: \_\_\_\_\_

SUBJECT: Approval of Funds and Federations

AGENDA NUMBER OR TOPIC: R7

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE AGENDA ITEM

NAME: Christena Jenkins

ADDRESS: 2828 NE Alberta St

CITY/STATE/ZIP: Portland, OR 97211

PHONE: DAYS: (503) 282-7973 EVES: \_\_\_\_\_

EMAIL: cjenkins@bufor.org FAX: \_\_\_\_\_

SPECIFIC ISSUE: \_\_\_\_\_

WRITTEN TESTIMONY: \_\_\_\_\_

**IF YOU WISH TO ADDRESS THE BOARD:**

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