

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

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Please complete this form and return to the Board Clerk

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

MEETING DATE: 2/5/2015

AGENDA # 5 OR NON-AGENDA SUBJECT: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Christine Lau

CONTACT INFORMATION (optional):

ADDRESS: 3430 SE Powell Blvd.

CITY/STATE/ZIP: Portland, OR 97202

PHONE: 503-872-8822 x201 EMAIL: clau@rhscpdx.org

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

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
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MEETING DATE: 2/05/15

AGENDA # 5 OR NON-AGENDA SUBJECT: Tobacco retail licensing

FOR: X AGAINST:       

NAME: Nancy Wood

CONTACT INFORMATION (optional):

ADDRESS: 240 N. Broadway, suite 215

CITY/STATE/ZIP: Portland, OR

PHONE: 97227 EMAIL: nancy@oregonhealthequity.org

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FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Dr. Meera Jain JAIN

CONTACT INFORMATION (optional):

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Nataly Canté-Barrios LANTE - BARRIOS

CONTACT INFORMATION (optional):

ADDRESS: "REBEL" TEEN MEMBER

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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AGENDA # 5 OR NON-AGENDA SUBJECT: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Linda Roman Roman OREGON LATINO HEALTH COALITION

CONTACT INFORMATION (optional):

ADDRESS: 240 N Broadway Suite 127

CITY/STATE/ZIP: Portland, OR 970 97201

PHONE: 503 523-7230 EMAIL: linda@orlhc.org

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MEETING DATE: 2/5/11

AGENDA # 5 OR NON-AGENDA SUBJECT: ecigarette

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Paul Bates

CONTACT INFORMATION (optional):

ADDRESS: 2929 SE Powell Blvd

CITY/STATE/ZIP: Portland, OR 97202

PHONE: 503-608-8780 EMAIL: paulnbates@gmail.com

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MEETING DATE: 2/5/2015

AGENDA # 5 OR NON-AGENDA SUBJECT: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Dr Zeenia Junveer

CONTACT INFORMATION (optional):

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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AGENDA # 5 OR NON-AGENDA SUBJECT: \_\_\_\_\_

FOR: ☒ \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Lakeesha Dumas

CONTACT INFORMATION (optional):

ADDRESS: 910 NE Shaver St.

CITY/STATE/ZIP: Portland, OR 97212

PHONE: 503-935-7204 EMAIL: ldumas@wlpdx.org

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

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

AGENDA # 5 OR NON-AGENDA SUBJECT: \_\_\_\_\_

FOR: X AGAINST: ~~X~~

NAME: Johnnie A Gage GAGE

CONTACT INFORMATION (optional):

ADDRESS: 310 S.W. 4th #610

CITY/STATE/ZIP: PORT. OREGON 97204

PHONE: 2025284010 EMAIL: Johnnie.gage@aol.com

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AGENDA # 5 OR NON-AGENDA SUBJECT: E-Cigs

FOR: ☒ \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Ala Fisa Fai FAI

CONTACT INFORMATION (optional):

ADDRESS: 240 W Broadway, Suite 215

CITY/STATE/ZIP: Portland, OR 97207

PHONE: 5037522102 EMAIL: Dafisa@upstreamPublicHealth.org

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AGENDA # 5 OR NON-AGENDA SUBJECT: \_\_\_\_\_

FOR: ☒ AGAINST: \_\_\_\_\_

NAME: Corliss McKee

CONTACT INFORMATION (optional):

ADDRESS: 2800 N VANCOUVER STE 10

CITY/STATE/ZIP: PORTLAND OR 97227

PHONE: 503 951 3031

EMAIL: CorlissMcKee-portland.org

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MEETING DATE: 5 Feb 2015

AGENDA # 5 OR NON-AGENDA SUBJECT: \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: David Glenn

CONTACT INFORMATION (optional):

ADDRESS: 883 NE Hogan Dr.

CITY/STATE/ZIP: Gresham, OR 97030

PHONE: 3607209462 EMAIL: dave@fatboyvapors.com

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FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Zack Mohamed

CONTACT INFORMATION (optional):

ADDRESS: 1465 SW Beckman Pl.

CITY/STATE/ZIP: Beaverton, OR 97003

PHONE: \_\_\_\_\_ EMAIL: CIO

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10. The Chair has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with reasonable rules of conduct or who creates a disturbance may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly.

**IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:**

1. Complete this form and submit it along with your written testimony to the Board Clerk at the meeting, or by e-mail at: [lynda.grow@multco.us](mailto:lynda.grow@multco.us)
2. Written testimony will be entered into and remain a part of the official record.