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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: 6/9/11

SUBJECT: SUN System

AGENDA NUMBER OR TOPIC: Public Comment

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Bill Scott

ADDRESS: 2925 NE 11th Ave

CITY/STATE/ZIP: Portland OR 97212

PHONE: DAYS: 503 2270040 EVES: 503 2270040

EMAIL: WCScott@comcast.net FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: Co-Op. Sun

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: 4/9/11

SUBJECT: SUN Coord Council

AGENDA NUMBER OR TOPIC: Budget

FOR: X AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: KRISTA LARSON

ADDRESS: 1808 SE Belmont

CITY/STATE/ZIP: Portland OR 97214

PHONE: DAYS: 503.232.0007 EVES: 503.248.9314

EMAIL: KRISTAL@METFAMILY.ORG FAX: 503.232.9178

SPECIFIC ISSUE: support amendment + budget
for SUN

WRITTEN TESTIMONY: _____

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MEETING DATE: _____

SUBJECT: Sun Schools Partnership

AGENDA NUMBER OR TOPIC: _____

FOR: ☒ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Joyce Henstrand

ADDRESS: 4235 West Bay Rd

CITY/STATE/ZIP: Lake Oswego

PHONE: DAYS: 503-661-7200 EVES: 503-635-9880

EMAIL: Joyce-henstrand@Reynolds.k12.or.us FAX: _____

SPECIFIC ISSUE: Support for Commission McKee's amendment
to include support for adding Hatley Elementary + Reynolds Middle
School to SUN system

WRITTEN TESTIMONY: _____

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MEETING DATE: 06/09/11

SUBJECT: SON Community Schools, budget

AGENDA NUMBER OR TOPIC: County Budget/Approval of SON pym

FOR: ☒ AGAINST: ☐ THE ABOVE AGENDA ITEM

NAME: Everett Barr-Hertel

ADDRESS: 1115 NW 15th #B 301

CITY/STATE/ZIP: Gresham, OR 97030

PHONE: DAYS: 360 224-6711

EVES: _____

EMAIL: _____

FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: As a SON site coordinator, I fully support the approval of SON schools in the County Budget

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MEETING DATE: 6/9/11

SUBJECT: Proposed New Expenditure for SUN
in Gresham-Burlew SD

AGENDA NUMBER OR TOPIC: _____

FOR: ☒ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: April Olson

ADDRESS: 1620 NE Broadway #328

CITY/STATE/ZIP: Portland, OR 97232

PHONE: DAYS: 503 618 2450 EVES: 503 314-2820

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: Thanking Commissioners for
funding SUN CS

WRITTEN TESTIMONY: _____

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MEETING DATE: 6/9/11

SUBJECT: SUN Community Schools

AGENDA NUMBER OR TOPIC: _____

FOR: ☒ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Shana manasco

ADDRESS: 1365 SE 5th St.

CITY/STATE/ZIP: Bresham, OR. 97080

PHONE: _____ DAYS: 503-933-8929 EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: As a parent of a child
in the SUN School program I
fully support the funding of
this program.

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MEETING DATE: 6/9/11

SUBJECT: SUN schools - Reynolds school Dist

AGENDA NUMBER OR TOPIC: _____

FOR: ✓ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Chris Russo

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: DAYS: _____

EVE: _____

EMAIL: _____

FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: _____

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Please complete this form and return to the Board Clerk
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MEETING DATE: 6-9-17

SUBJECT: Budget

AGENDA NUMBER OR TOPIC: _____

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: MARK JACKSON

ADDRESS: MARK JACKSON

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: _____

WRITTEN TESTIMONY: REAP DIRECTOR

IF YOU WISH TO ADDRESS THE BOARD:

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