

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 2012 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090 Recovery
ment
program

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Daniel Vance

ADDRESS: 225 NW Couch ST

CITY/STATE/ZIP: Portland OR 97206

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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.

**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: 5-18-11

SUBJECT: Multnomah County Fiscal Year 2012 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Michael P. Robinson

ADDRESS: 225 NW Couch

CITY/STATE/ZIP: Portland Ore 97209

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

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MEETING DATE: 5-18-2011

SUBJECT: Multnomah County Fiscal Year 2012 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Joe Hartzman

ADDRESS: 225 Couch Street #225 SE

CITY/STATE/ZIP: Portland, Oregon 97209

PHONE: _____ DAYS: 303-717-9904 EVES: 303-717-9906

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

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MEETING DATE: 5-18-11

SUBJECT: Multnomah County Fiscal Year 2012 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090

Recovery Mentor program

FOR: Y AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Hester Shea

ADDRESS: 225 NW Couch St. # 238

CITY/STATE/ZIP: Portland, OR, 97209

PHONE: DAYS: 503-899-5814

EVES: _____

EMAIL: _____

FAX: _____

WRITTEN TESTIMONY: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090

FOR: ☒ AGAINST: ☐ THE ABOVE BUDGET TOPIC

NAME: Willie Stanton

ADDRESS: 204 SW 8th AVE

CITY/STATE/ZIP: Portland OR 97205

PHONE: DAYS: (503) 737-8338 EVES:

EMAIL: WillStanton1@gmail.com FAX:

WRITTEN TESTIMONY: ~~The Recovery Mentor Program~~

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MEETING DATE: 5/18/11

SUBJECT: Multnomah County Fiscal Year 2012 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): #25090 mentor program

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Douglas Bishop

ADDRESS: 5035 NE 70th Ave

CITY/STATE/ZIP: Portland, OR 97218

PHONE: _____ DAYS: 83-484-3271 EVES: _____

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090

Recovery Mentor Program CCC

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Lynda Williams

ADDRESS: 2122 SE 92

CITY/STATE/ZIP: Portland, OR. 97216

PHONE: DAYS: 503-341-5190 EVES: _____

EMAIL: Lynda.Williams@cccconcern.org FAX: _____

WRITTEN TESTIMONY: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090-

Recovery Mentor Program - Central City Concern

FOR: X AGAINST: THE ABOVE BUDGET TOPIC

NAME: Robin Robberson

ADDRESS: 225 NW Couch #226

CITY/STATE/ZIP: Portland OR 97209

PHONE: DAYS: (503) 820-8962 EVES:

EMAIL: robinrobberson@gmail.com FAX:

WRITTEN TESTIMONY:

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090

Recovery Mentor Program/ Central City Concern

FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Timothy Walsh

ADDRESS: 225 N.W. Couch St. PDX, OR.

CITY/STATE/ZIP: Portland, OR. 97209

PHONE: _____ DAYS: (503) 347-9142 EVES: "

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090

Central city concern (Mentor Program)

FOR: ☒ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Robert McIlwain

ADDRESS: 225 NW Couch St # 252

CITY/STATE/ZIP: Portland, OR 97209

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): 25090

Recovery Mentor program / Hooper and
CC Concern
FOR: _____ AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Squire James Thomas

ADDRESS: 225 NW Couch #216

CITY/STATE/ZIP: Portland, Or. 97209

PHONE: _____ DAYS: 503 954-0697 EVES: same

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

25090 Recovery Mentor Program CCC

FOR: X AGAINST: _____ THE ABOVE BUDGET TOPIC

NAME: Michelle Webster

ADDRESS: 225 nw. coucht

CITY/STATE/ZIP: Portland

PHONE: _____ DAYS: (503) 960-7646 EVES: _____

EMAIL: _____ FAX: _____

WRITTEN TESTIMONY: _____

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