

**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: _____

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Bruce Broussard

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

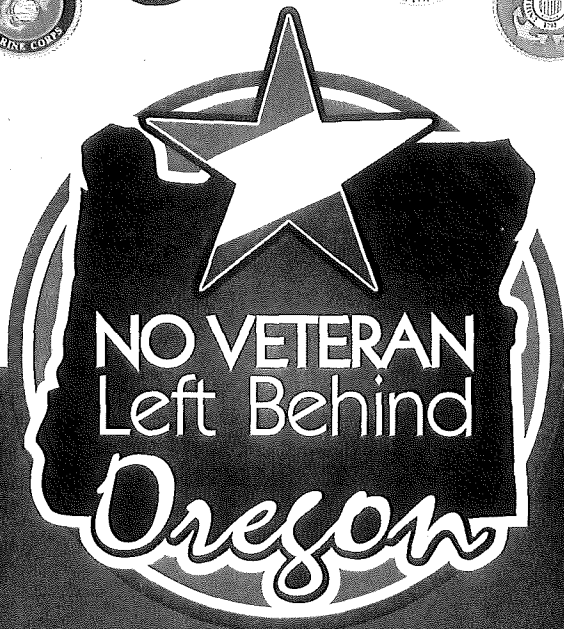
PHONE: _____ E-MAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk 15 minutes before meeting begins.
2. Comment for Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Comment for Agenda items will be called during that item's presentation, before the vote is taken.
4. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order of the agenda and the order in which testimony is given or ask Invited Guests or Elected Officials to speak first.
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WHO WE ARE

No Veteran Left Behind Oregon, Inc. is a non-profit organization dedicated to supporting all Veterans.

We work to provide aid in the following areas:

1. Assistance in pursuing and attaining benefits
2. Senior Home visits/outreach
3. Providing a platform to address No Veteran Left Behind Oregon support once a month via the "Oregon Voters Digest" show.
4. Focus on vetting existing organizations that offer veterans support.

WHAT IS OUR MISSION

We hope to assist any underserved veteran acquire the necessary resources to improve the quality of their lives.

NO VETERAN Left Behind *Oregon*

WHO ARE OUR PARTNERS

- Dedicated, like minded, vision agreed organizations
- Other community based outreach organizations

WHERE WE ARE LOCATED

The corporate office is in Portland Oregon however, our staff is willing to reach out Nationwide to further our mission.

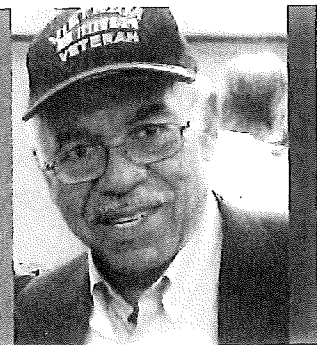
WHO WILL BENEFIT

- You-Veteran
- Your Family
- Your Community



Call us today!

Help us connect
with and provide
quality support to
our **Veterans!**



NVLBOregon@gmail.com
NVLBOregon.com

Bruce Broussard
Executive Administrator
503.701.0457

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: FIRE ALARMS

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: Who is responsible for
messes under steel & Burnside
and homeless sleeping on
public sidewalks on
Brid

FOR: _____ AGAINST: _____

NAME: Shirley J. Hand

CONTACT INFORMATION (optional):

ADDRESS: 615 NW Naito Pkwy - Apt 509

CITY/STATE/ZIP: Portland OR 97209

PHONE: 817-815-6335 E-MAIL: Shirley.hand@live.com

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AGENDA ITEM # ____ OR NON-AGENDA SUBJECT: Hewett Blvd. right-of-way

FOR: _____ AGAINST: _____

NAME: Mubashir Cheema

CONTACT INFORMATION (optional):

ADDRESS: 5568 SW Hewett Blvd.

CITY/STATE/ZIP: Portland, OR 97221

PHONE: 503-880-5699 E-MAIL: cheema@cheema.com

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2. Comment for Non-Agenda items will be called immediately after the vote on the Consent Agenda.
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4. Speakers are called to testify in the order forms are received. The Presiding Officer may rearrange the order of the agenda and the order in which testimony is given or ask Invited Guests or Elected Officials to speak first.
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AGENDA ITEM # / OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Lightning Supa Watchdog &

CONTACT INFORMATION (optional): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: X

FOR: _____ AGAINST: _____

NAME: Ken Pearce

CONTACT INFORMATION (optional):

ADDRESS: 

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Police accountability for households

FOR: _____ AGAINST: _____

NAME: Steve Entwistle

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Commission

FOR: _____ AGAINST: _____

NAME: JOE WALK

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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FOR: _____ AGAINST: _____

NAME: CRYSTAL LEIGH ELINSKI

CONTACT INFORMATION (optional):

ADDRESS: _____

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