

**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: 3/20/2014

AGENDA #      OR NON-AGENDA SUBJECT: 2/13/14 + ERIC  
HOLDER

FOR:      AGAINST:     

NAME: PAUL, ADOLPH, PHILLIPS

CONTACT INFORMATION (optional):

ADDRESS: 1212 SW CLAY APT # 217  
CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE:      EMAIL:     

**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.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
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9. A buzzer will signify the end of your allotted time.
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**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)
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MEETING DATE: 3/20/14

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: Public voting on referendum

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

NAME: Peter Watts

CONTACT INFORMATION (optional):

ADDRESS: 13348 Fielding Rd

CITY/STATE/ZIP: Mt. Hood Community College Clatsop County OR 97034

PHONE: 598-7070 EMAIL: peter.watts@jordanvancouver.com

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**Petition for Local Initiative Referendum Measure Signature Sheet**

Some circulators for this petition are being paid. It is unlawful to sign a petition more than one time.

This is a local petition. Signers of this page must be active registered voters of the jurisdiction at the time of signing.

To the County Election Filing Officer/City Recorder (Auditor), County/City District of: Multnomah County

We, the undersigned voters, request this measure to be submitted to the residents of the county/city/district for their approval or rejection. A full and correct copy of this measure was made available for review and I have not previously signed a petition sheet for this measure.

Insert Caption of Ballot Title or Number of Ordinance/Resolution and Date Adopted  
 Ordinance Number 1206 as adopted on 12/19/2013.

→ Signers must initial any changes that they or the circulator makes to their printed name, residence address or date they signed the petition.

Signature	Date Signed mm/dd/yy	Print Name	Residence Address street, city, zip code
1 <i>Shawn Medlin</i>	1-30-14	Shawn Medlin	3000 NW Woodlawn 97212
2 <i>Bret Kohl</i>	1-30-14	Bret Kohl	2926 NE US Grant Pl Portland, OR 97212
3 <i>Sarah Hillman</i>	1-30-14	Sarah Hillman	820 SE 14th Apt 208 Portland, OR 97212
4 <i>Nathan A Davis Thomas</i>	1-31-14	Nathan A Davis Thomas	8520 N. Sunnyside Apt 208 97205
5 <i>Kate Notmann</i>	1/31/14	Kate Notmann	170 E Bakery Gladstone, OR 97027
6 <i>Joseph Wood</i>	1/31/14	Joseph Wood	3715 NE Hassalo, OR 97232
7 <i>Richard C McCreath</i>	1/31/14	Richard C McCreath	1434 SW Morrison St 97205
8 <i>Camille Jean</i>	1/31/14	Camille Jean	325 SE 84th Ave. Portland, OR 97216
9 <i>S. Jones</i>	1/31/14	S. Jones	209 SE 162 Ave PDX 97216
10 <i>Sarah Lewis</i>	1/31/14	Sarah Lewis	36211 NE 14th Ave Portland, 97212

**Circulator Certification** This certification must be signed by the circulator!

You should not collect any additional signatures on this sheet once you have signed and dated the certification!

I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet and I believe each person is a qualified voter in the county/city/district. (ORS 250.165, 250.265, 255.135, 198.750, 221.031) I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

*Aaron Burbach*  
 Circulator Signature

01-31-14

Date Signed mm/dd/yy

Aaron Burbach  
 Printed Name of Circulator

6730 SE 93rd Ave Portland OR 97266  
 Circulator's Address street, city, zip code

**County Elections Official Certification**

I hereby certify \_\_\_\_\_ signatures on this petition are those of active registered voters in \_\_\_\_\_ County/City/District of Oregon.

Signature of County Elections Official

Date Certified mm/dd/yy

Sheet Number

814

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MEETING DATE: 20 Mar 2014

AGENDA # NA OR NON-AGENDA SUBJECT: Good work, volunteers, bad work

FOR: NA AGAINST: NA

NAME: Charles JOHNSON

CONTACT INFORMATION (optional):

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

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

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

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MEETING DATE: 20 Mar. 2014

AGENDA # R1 OR NON-AGENDA SUBJECT: \_\_\_\_\_

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

NAME: Charles JOHNSON

CONTACT INFORMATION (optional):

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

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

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

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