

ORA

X

# 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\*\*\*

Budget Hearing

MEETING DATE: 5/14/14

AGENDA # 1 OR NON-AGENDA SUBJECT: Attendance Case Worker in Schools

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

NAME: Kenan Ginsberg DAVID DOUGLAS SCHOOL

CONTACT INFORMATION (optional):

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

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

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

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

1. Fill out this form and submit to the Board Clerk.
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FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_

NAME: Bill Gentile Elders In Action

CONTACT INFORMATION (optional):

ADDRESS: "GENTEEL"

CITY/STATE/ZIP: EIA SUPPORTS PROGRAM 25144 & EXPANDING

PHONE: FUNDING FOR VETERANS EMAIL: \_\_\_\_\_

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

NAME: Dave Carboneau AFFORDABLE HOUSING DEV.

CONTACT INFORMATION (optional):

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

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

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

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PUBLIC COMMENT SIGN-UP SHEET**

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Budget Hearing

MEETING DATE: 5/14/14

AGENDA # 1 OR NON-AGENDA SUBJECT: Attendance Case Worker in Schools

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

NAME: Dunya Minoo FROM OFFICE EQUITY PARTNERSHIPS IN SCHOOLS

CONTACT INFORMATION (optional):

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

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

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

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MEETING DATE: MAY 14

AGENDA # me A OR NON-AGENDA SUBJECT: MOATS

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

NAME: JOHN GRAMSTAD MULT CO  
ANIMAL SERVICES  
PROGRAM #91009

CONTACT INFORMATION (optional):

ADDRESS: 1306 NE 153

CITY/STATE/ZIP: PORTLAND, OR 97230

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

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MEETING DATE: 5/14/14

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

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_  
NAME: Bartlett Spear ANIMAL SERVICES  
JOHN TESTIFIED FOR  
BOTH OF THEM

CONTACT INFORMATION (optional):

ADDRESS: 3762 SE Market

CITY/STATE/ZIP: Portland, OR 97214

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

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

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MEETING DATE: 5/14/2014

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

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

NAME: SHEYLA RAMIREZ

CONTACT INFORMATION (optional):

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

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

PHONE: 503.688.2503 EMAIL: \_\_\_\_\_

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MEETING DATE: 05/14/2014

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: EL PROGRAMA

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

NAME: Yenia Perez

CONTACT INFORMATION (optional):

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

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

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

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

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

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: VOZ WORKERS RIGHT  
U O F  
LABOR EDUCATION  
RESEARCH CTR  
FOR: \_\_\_\_\_ AGAINST: N/A  
NAME: Helen Moss  
CONTACT INFORMATION (optional): MLK CTR

ADDRESS: 7440 NE Siskiyou St

CITY/STATE/ZIP: 97213

PHONE: 503-760 6732 EMAIL: \_\_\_\_\_

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MEETING DATE: 5/15/14

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

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

NAME: Romeo Sosa MILK WORK OTR

CONTACT INFORMATION (optional):

ADDRESS: 1131 SE PAK DAY LABOR

CITY/STATE/ZIP: Portland, OR WORKER  
22K IN LAST -

PHONE: \_\_\_\_\_ EMAIL: CLASSES PROGRAMS

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

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

NAME: Kat Kelley CRISIS LINE FOR

CONTACT INFORMATION (optional):

ADDRESS: \_\_\_\_\_ 1500 ASSISTED

CITY/STATE/ZIP: \_\_\_\_\_ LAST YEAR

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ CULTURALLY SPECIFIC

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

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: EL PROGRAMA HISPANO

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

NAME: John Herrera CATHOLIC CHARITIES

CONTACT INFORMATION (*optional*):

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

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

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

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DEC 15/10  
TO  
SPEAK

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING  
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AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: \_\_\_\_\_

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

NAME: Joagvin Pastor

CONTACT INFORMATION (optional):

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

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

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

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**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: 5-14-14

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: EL PROGRAMA HISPANO

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

NAME: Bertha Madrigal

CONTACT INFORMATION (optional): FUNDS HELP COMM

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

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

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

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

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

MEETING DATE: 05/14/14

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: EL PROGRAMA HISPAÑO

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

NAME: ADRIANA CHAVEZ

DOMESTIC VIOLENCE  
SURVIVORS ADVOCATE

CONTACT INFORMATION (optional):

ADDRESS: 2

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

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

EMAIL: chavez.gimenez@gmail.com

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

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

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

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: Budget Hearing

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

NAME: GERALD Deloney COALITION OF COMMUNITIES  
OF COCOA CO CHAIR

CONTACT INFORMATION (optional):

ADDRESS: 3920 N. Kerby Ave

CITY/STATE/ZIP: P. Ore

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

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5-11-11

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Comm Smith  
amendment - and overall Budget.

FOR: X AGAINST: \_\_\_\_\_ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Tony Hopson

ADDRESS: 3920 N Kerby

CITY/STATE/ZIP: Portland OR

PHONE: \_\_\_\_\_ DAYS: 503-249-1721

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

EYES: \_\_\_\_\_

FAX: \_\_\_\_\_

PRES. SEI  
Comm COALITION  
MEMBER OF  
Comm  
OF  
COCOR

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

1. Please complete this form and submit to the Board Clerk.
2. Submittal of this form at the beginning of the meeting is appreciated.
3. Individuals making public comment will be called up in the order these forms are received. The Chair may call on Invited Guests or Elected Officials to speak first.
4. When your name is called, come forward & be seated at the Presenter's table.
5. When it is your turn, start by stating your name for the record. Make sure to speak clearly into the microphones. All meetings are recorded.
6. Public comment is limited to **3 minutes** per person, but the Chair has the authority to shorten time, based on the number of folks testifying.
7. If you wish to present written documentation with your oral comments, please bring 7 copies and submit to the Board Clerk, who will distribute them to the Commissioners. Your testimony will be kept permanently.

**IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:**

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: [lynda.grow@multco.us](mailto:lynda.grow@multco.us)
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## MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING PUBLIC COMMENT SIGN-UP SHEET

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MEETING DATE: 5/14

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

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

NAME: Tatiana Centunon

CONTACT INFORMATION (optional):

ADDRESS: 4804 SE Franklin

CITY/STATE/ZIP: Portland, OR 97206

PHONE: 503 688-2571 EMAIL: tcentunon@catholiccharities

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

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MEETING DATE: 5-14-14

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

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

NAME: Ro Jane Prideaux

CONTACT INFORMATION (optional): DOMESTIC VIOLENCE SURVIVOR ADVOCATE  
WORKED W/LATINA COMM 10 YRS

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

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

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

EMAIL: rprideaux@catholiccharities  
oregon.org

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

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

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

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

NAME: \_\_\_\_\_

Gabriella GOMER

WORKS @ SAFE PLACE  
ADVOCATE FOR VICTIMS  
OF DOMESTIC & SEXUAL  
VIOLENCE 11 YEARS

CONTACT INFORMATION (optional):

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

12600 NE Russell

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

Portland, OR 97280

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

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

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

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MEETING DATE: 5/14/2014

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

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

NAME: Zadok Taylor VOLUNTEER COORDINATOR

CONTACT INFORMATION (optional): ENGLISH TEACHER

ADDRESS: FUND THE WORKER CENTER REQUESTED

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

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

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

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MEETING DATE: 5/14/14

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: UNICA CRISIS LINE  
CATHOLIC CHARITIES

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

NAME: GRISEIDA MENDOZA Survivor  
DOMESTIC VIOLENCE

CONTACT INFORMATION (optional):

ADDRESS: EL PROGRAMA HISPANO

CITY/STATE/ZIP: PROYECTO UNICA

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

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

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MEETING DATE: 5 / 14 2014

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

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

NAME: Lotena Diaz

CONTACT INFORMATION (*optional*):

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

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

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

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N.S.

**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH  
REGISTRO PARA TESTIMONIO PÚBLICO**

**Por favor, complete este formulario y someta lo a la Secretaria de Junta  
\*\*\* Este formulario es un documento público \*\*\***

FECHA DE REUNION: \_\_\_\_\_

**ASUNTO: Presupuesto del Año Fiscal 2015 del Condado de Multnomah**

TEMA PRESUPUSTARIA (Departamento o Programa):  
\_\_\_\_\_

EN FAVOR: X EN CONTRA: \_\_\_\_\_ DEL TEMA PRESUPUESTARIO

NOMBRE (Por favor escribe tu nombre en la forma que se pronuncia):

Maura Marti

DIRECCIÓN: 1720

CIUDAD / ESTADO / CODIGO POSTAL: Portland, OR

TELÉFONO: DÍAS (503) 923-1905 VISPERAS: \_\_\_\_\_

CORREO ELECTRONICO: X FAX: X

**SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:**

1. Por favor, complete este formulario y someta lo a la Secretaria de Junta.
2. Se le aprecia que someta este formulario en el comienzo de la reunión.
3. Las personas que hacen comentarios públicos serán llamados en el orden en que se reciben estos formularios. El Presidente (Chair) podrá pedir que invitados o funcionarios electos presenten primero.
4. Cuando su nombre se llama, tome asiento en la mesa de Presentadores.
5. Cuando sea su turno, empieza su presentación diciendo su nombre para el registro. Asegúrese de hablar con claridad en los micrófonos. Todas las reuniones son grabadas.
6. Los comentarios del público se limitan a 3 minutos por persona, pero el Presidente (Chair) tiene la autoridad para acortar el tiempo, basado en el número de personas que testifican.
7. Si usted desea presentar documentación por escrito con sus comentarios orales, por favor traiga 7 copias y presente las al Secretario de la Junta, que las distribuirá a los miembros de la Comisión. Su testimonio se mantendrá permanente.

**SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES A LA JUNTA DE COMISIONADOS:**

1. Por favor, complete este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaría de Junta, o mande los através de e-mail a: [lynda.grow@multco.us](mailto:lynda.grow@multco.us)
2. El testimonio escrito será inscrito en el registro oficial.



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## 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

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MEETING DATE: 5/14/14

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: EL PROGRAMA HISPANO

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

NAME: Patricio Vale EMPLOYEE T.P.H.

CONTACT INFORMATION (optional): "PATRICK SEEH"

ADDRESS: AMERICORP

CITY/STATE/ZIP: JESUIT VOLUNTEER

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

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\*

## 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: 5/14/2014

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

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

NAME: Joice A. Taylor, NNEBT

FOOD CARTS  
SMALL BUSINESS  
"NEVA"

CONTACT INFORMATION (optional):

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

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

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

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MEETING DATE: 5/14/2014

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

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

HOUSING ADVOCATE

NAME: Dora Aleman UMCA

CONTACT INFORMATION (optional):

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

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

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

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

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MEETING DATE: 5.14.2014

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: Food pantry staffing

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

NAME: Mandy Hurley

CONTACT INFORMATION (optional):

ADDRESS: GILBERT PARK - FOOD

CITY/STATE/ZIP: PANTRY -> IRCO -> REQUESTING

PHONE: \_\_\_\_\_ EMAIL: FUNDS FOR THIS PROGRAM

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

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MEETING DATE: 5/14

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: County budget

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

NAME: Lilian Perey Victim-Domestic Violence

CONTACT INFORMATION (optional):

ADDRESS: 8980 N Columbia

CITY/STATE/ZIP: Portland, OR

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

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

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MEETING DATE: 5/14/14

AGENDA # ✓ OR NON-AGENDA SUBJECT: Budget Testimony

FOR: ✓ AGAINST:         

NAME: LoRay Patton CCFC

CONTACT INFORMATION (optional):

ADDRESS: 8630 SW Fairway Drive Comm on CHILDREN

CITY/STATE/ZIP: Portland OR 97225 FAMILIES & COMMUNITY

PHONE: 503-284-9805 EMAIL: lpatt@bigplanet.com

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5/14/14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM):

SUN-  
Vestal K8 School

FOR: ☒ AGAINST: ☐ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION):

Emily Glasgow  
PRONOUNCIATION

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

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

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

DAYS: \_\_\_\_\_

EVENINGS: \_\_\_\_\_

EMAIL: e.glasgow@pps.net

FAX: \_\_\_\_\_

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS  
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: 5/14/2014

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): \_\_\_\_\_

Economic Equity - DMWESB Capacity Building

FOR: X AGAINST: \_\_\_\_\_ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Tony Jones

ADDRESS: 2808 NE Martin Luther King Jr. Blvd #4

CITY/STATE/ZIP: Portland OR 97212

PHONE: \_\_\_\_\_ DAYS: (503) 288-1211 EVES: \_\_\_\_\_

EMAIL: tony@mlip-pdx.org FAX: \_\_\_\_\_

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MEETING DATE: 6/14/14

SUBJECT: Multnomah County Fiscal Year 2015 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): \_\_\_\_\_

FOR: \_\_\_\_\_ AGAINST: \_\_\_\_\_ THE ABOVE BUDGET TOPIC

NAME (PRINT & INCLUDE PRONUNCIATION): Sarah Adams

ADDRESS: 22 Programo Hispano

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

PHONE: \_\_\_\_\_ DAYS: \_\_\_\_\_ EVES: \_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

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

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MEETING DATE: 5/14/14

AGENDA # ✓ OR NON-AGENDA SUBJECT: Budget Testimony

FOR: ✓ AGAINST: \_\_\_\_\_

NAME: Loray Patten

CONTACT INFORMATION (optional):

ADDRESS: 8630 SW Fairway Drive

CITY/STATE/ZIP: Portland OR 97225

PHONE: 503-284-9805 EMAIL: lpatten@bigplanet.com

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS**  
**PUBLIC TESTIMONY SIGN-UP**

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

SUBJECT: **Multnomah County Fiscal Year 2015 Budget** \_\_\_\_\_

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Cully SUN  
SUN Impact NW

FOR: X AGAINST: \_\_\_\_\_ THE ABOVE BUDGET TOPIC

NAME (**PRINT** & INCLUDE **PRONUNCIATION**): Nicole Iroz-Elardo

ADDRESS: 60101 NE Fremont St.

CITY/STATE/ZIP: Portland OR 97213

PHONE: \_\_\_\_\_ DAYS: 614-499-3103 EVES: Same

EMAIL: irozelardo FAX: \_\_\_\_\_

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MEETING DATE: 5/14/14

AGENDA # \_\_\_\_\_ OR NON-AGENDA SUBJECT: El Programa Hispano

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

NAME: Patricia Rojas

CONTACT INFORMATION (optional):

" ROH HAASS "

ADDRESS: 2740 se powell blvd

CITY/STATE/ZIP: Be, OR

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

EMAIL: projas@catholiccharitiesoregon.org

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