

**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: 8-18-16

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Mayor Hale's

FOR: _____ AGAINST: _____

NAME: MARY ENG

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 that testimony is given or ask Invited Guests or Elected Officials to speak first.
5. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
6. Public comment is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
7. A buzzer will signify the end of your allotted time.
8. If submitting handouts to be given to the Board, seven (7) copies are required. If only one (1) copy is provided, it will be received for the file and electronically shared with the Board and County Attorney after the meeting.
9. All meetings are audio and video recorded and can be viewed at: multco.us.
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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
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MEETING DATE: Aug 18, 2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Lightning ~~FOX~~ Watchdog PDR

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Communication

FOR: _____ AGAINST: _____

NAME: JOSEPH WALSH

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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MEETING DATE: 8/18/16

AGENDA # OR NON-AGENDA SUBJECT: CIC Appointments

FOR: x AGAINST:

NAME: Gary Marschke

CONTACT INFORMATION (*optional*):

ADDRESS: 6027 NE 34th Ave

CITY/STATE/ZIP: Portland, OR 97211

PHONE: 503-412-8520 EMAIL: marschke.g@gmail.com

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Gary Marschke
written testimony

8/18/16

Good morning Commissioners, my name is Gary Marschke and this is a story of the power of privilege and the will of the people.

On June 9th of this year, three apparently privileged and entitled members of the Citizen Involvement Committee's Executive Committee marched into the Office of Citizen Involvement and fired its Executive Director.

They did this without the knowledge, approval or authority from the rest of the not so entitled and not so privileged committee members - setting in motion a series of events that now threaten the independence if not the very existence of that committee.

Subsequently, the Citizen Involvement Committee refused to recognize the firing and initiated actions to remove the members of their Executive Committee that perpetrated it.

Since then, barriers of all types have been thrust in their path by those privileged few intent on obstructing the committee from its mission – transparent, inclusive, and equitable community engagement in county policy and budget decision making.

Many of those obstacles have been perpetrated by this body, specifically by continuously delaying legitimate appointments to the committee and even insisting that both new and existing members be somehow “vetted” - which we can only presume means “handpicked” by the very body the voters mindfully mandated that the committee be independent from.

This is clearly NOT the transparent, inclusive, and equitable community engagement the voters intended.

Established in the county charter in 1985 to provide that very means for community engagement, it now seems apparent that the voice of privilege is the only one being heard while the remaining voices – the majority of the

Citizen Involvement Committee – are being bullied, manipulated, ignored, and ultimately silenced.

Such is the power of privilege.

The Citizen Involvement Committee also has power – at least according to the people and the charter of Multnomah County.

Such is the will of the people.

I ask you:

Will privilege once again allowed to prevail?

Will this earnest, diverse, and community driven attempt at transparent, inclusive, and equitable community engagement in county policy and budget decision making be relegated to a distant memory?

At this moment you, the Multnomah County Board of Commissioners, have a golden opportunity to support them and to choose inclusive, transparent, and equitable rather than perpetuating exclusive, opaque, and discriminatory.

I call on this body to do the right thing by fulfilling its duty and mandate as outlined by the voters in the county charter and give **at least equal voice** to these unheard and underrepresented voices and not to simply bow to the power of privilege.

I call on this body to approve the pending Citizen Involvement Committee appointments of these 7 committed volunteers who care enough about their community to step up and be counted instead of once again telling them that they don't count...that once again, only the voice of privilege really counts.

I call on this body to care enough...to be brave enough to choose the will of the people over the power of privilege.

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MEETING DATE: 08-18-2016

AGENDA ITEM # _____ OR NON-AGENDA SUBJECT: Citizens Involvement
Centre (CIC)

FOR: _____ AGAINST: _____

NAME: Matthew Charles Cardinale

CONTACT INFORMATION (optional):

ADDRESS: 555 NW Park Ave Apt 314

CITY/STATE/ZIP: Portland OR 97209

PHONE: (409) 983 6049

E-MAIL: matthew.cardinale
@gmail.com

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MEETING DATE: Thur 18 Aug

AGENDA ITEM # → OR NON-AGENDA SUBJECT: Public Comment

FOR: _____ AGAINST: _____

NAME: Charles JOHNSON

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ E-MAIL: _____

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