## **TESTIMONY**

## 9:30 AM TIME CERTAIN

## **OREGON FOOD BANK GRANT**

IF YOU WISH TO SPEAK TO CITY COUNCIL, PRINT YOUR NAME, ADDRESS, AND EMAIL.

NAME (print)	ADDRESS AND ZIP CODE		Email
LAURA GOLINO de LOVATO	-OREGON FOOD BAN	K REPRESENTA	TWE - ON FILE
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Date 10-31-12

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