

## **TESTIMONY**

2:00 PM TIME CERTAIN

## **2017 ARTS OVERSIGHT COMMITTEE REPORT**

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

NAME (print)	ADDRESS AND ZIP CODE (Optional)	Email (Optional)
Shedrick Wilkin	945 NW March Pkny Apt 13 Portland, OR 97209	Email (Optional)  y wilkinsshedricke  y Ahoo. com
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Date 09-13-2017

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