

TESTIMONY

9:45 AM TIME CERTAIN

37343

PORTLAND CHILDREN'S LEVY

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

	NAME (PRINT)	ADDRESS AND ZIP CODE (Optional)	Email <i>(Optional)</i>
	Mimi Village Of Hope Germa	2~~~	
2004	Julie Young		
	Mimi Village Of Hope Germa Julie Young Criston Eurski	POBOX 8973-97257	2
v	Gar StarFer		
SPOK	Dish BizBech		

Date 02-07-2018

Page of