

TESTIMONY

10:30 AM TIME CERTAIN

DISABILITY LEADERSHIP ACADEMY REPORT

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>
- Cynthia Wojack	220 C 116 11 1	wojackwestayahoo.
Shedrick J. Wilking	945 NW Maito rkwy, Apt 134 Port Land, OR, Apt 134	withingshedricke
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