37390 Agenda Item 1101 **TESTIMONY** 10:15 AM TIME CERTAIN **REQUIRE CITY EMPLOYEES TO DISCLOSE OUTSIDE WORK** IF YOU WISH TO SPEAK TO CITY COUNCIL, PRINT YOUR NAME, ADDRESS, AND EMAIL. NAME (PRINT) ADDRESS AND ZIP CODE (Optional) Email (Optional) Shedrick J. Wilkins 945 NW Nuito "Km, 19+134 wilkinsshedrick PortCard, OR 97209 @yahoo.com Lightning Super Creativity XXIP.DX Jor Walar ane

Date 10-24-2018

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