Agenda Item 391 | TESTIMONY | 9:30 AM

AUDIT OF CITY COMPREHENSIVE ANNUAL FINANCIAL REPORT

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

NAME (print)	ADDRESS AND ZIP CODE	Email
✓ David Regan	PO Box 3482 97208	✓

Date 03-24-10

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