

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Challenge # _____
Witness Form # _____

Witness Name: Esther Woojan Contact Number: (213) 680-9739
Mailing Address: 927 BEAUDRY AVE. Email: ca279POON@yahoo.com
L.A. 90012

Challenges are covered in the Los Angeles Administrative Code Section 22.818.

"The following information contained herein is within my own personal knowledge and relates only to facts and circumstances surrounding the Grievance submitted by Edmund Soohoo on May 10, 2016 regarding Historic Cultural Neighborhood Council."

I am a Candidate for the Residential Representative of Victor Heights - Historic Cultural Neighborhood Council. I registered online for the elections with the assistance of the Chinatown Senior Citizens Service Center. I did not receive any information to allow me to vote, although I am a candidate.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that all information on this form is public record.

Date: May 10, 2016

Name: Esther Woojan Signature: ESTHER Woojan

Department Review

Date witness form received: _____ Date witness form reviewed: _____
Witness form reviewed by: _____ Grievance number: _____

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Challenge # _____
Witness Form # _____

Witness Name: GiHao Cheung

Contact Number: (213)-680-9739

Mailing Address: 927 BEAUDRY AVE
LOS ANGELES, CA 90012

Email: ca278p00n@yahoo.com

Challenges are covered in the Los Angeles Administrative Code Section 22.818.

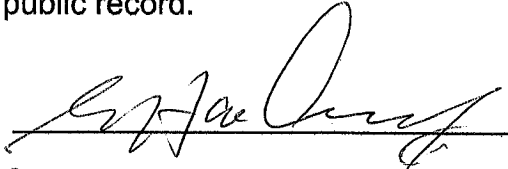
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I am a Candidate for the Residential Representative of Victor Heights - Historic Cultural Neighborhood Council. I registered online for the elections with the assistance of the Chinatown Senior Citizens Service Center. I did not receive any information to allow me to vote, although I am a candidate.

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Date: May 10, 2016

Name: GiHao Cheung

Signature: 

Department Review

Date witness form received: _____ Date witness form reviewed: _____

Witness form reviewed by: _____ Grievance number: _____