DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT WITNESS STATEMENT FORM

FOR DEPT USE ONLY

Challenge #_____
Witness Form #_____

Witness Name: Steve Yeager	Contact Number: 310-584-1016
Mailing Address: Venice, CA 9029	1 Email: rsyla@me.com
Challenges are covered in the Los	Angeles Administrative Code Section 22.818.
facts and circumstances surroundir	d herein is within my own personal knowledge and relates only to ng the Grievance submitted by Robin Rudisill on June 10th, 201 aborhood Council."
SCOPA. I went there, and along wi following persons: Ira Koslow, Geo Matt Kline, and Steve Livigni." At S	ction, I heard that free meals and drinks were being offered at ith my meal, I was handed a flyer telling me to vote for the rge Francisco, Melissa "24/7" Diner, Matthew Royce, Evan White, copa, I joined other diners who received meals, in boarding a polling place. At the polling place, I voted as I was instructed to."
and correct. I understand that all inf	nder the laws of the State of California that the foregoing is true formation on this form is public record.
Name: Steve Yaeger	Signature: July Jany
Department Review	
Date witness form received:	Date witness form reviewed:
Witness form reviewed by:	Grievance number: