

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Challenge # _____
Witness Form # _____

Witness Name: Carmine Gangemi, D.C. Contact Number: 877-225-3499

Mailing Address: on Lincoln, Venice Email: bakfixx@verizon.net

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 Carmine Gangemi, D.C. on June 10, 2016 regarding Venice Neighborhood Council."

I am a licensed Chiropractor. My one and only office is in Venice. When I attempted to vote in the VNC election on June 5 I presented identification and a business card bearing my name and the address of my office. Despite this, and over my protests, I was given a "community interest" ballot which stripped me of my right to vote for the executive officer candidates or the community officer of my choice.

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: June 10, 2016

Name: Carmine Gangemi, D.C. Signature: 

Department Review

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

Witness form reviewed by: _____ Grievance number: _____