DEPARTMENT OF NEIGHBORHOOD EMPOWERMENT WITNESS STATEMENT FORM

FOR DEPT USE ONLY

Challenge #______
Witness Form #______

Witness Name:	ALEX	KIM		Contact Numb	er: <u></u>	18 321	0899	
Mailing Address:					dius	sa @ 0	ol. com	
_	PORTER	RANCH OF	1 9/3	26				
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 on regarding								
This is to confirm to registration table in After a while, Glen while, (about 15 M It was during 12-1 forming a line I wo	nside of the po Bailey walked linutes) PM last hour c	lling room. away from the of the election.	table b	ut Becky kept ake holders sh	on stai	nding by the	e table for a	
I declare under pe and correct. I unde						at the foreg	joing is true	
Date: 6/19	-116					А	/>	
Name: ACC	X KIM	1	Signat	ure:	<u>/o</u> ~	[fh	<u> </u>	
<u>Department Review</u>								
Date witness form received:			Date w	Date witness form reviewed:				
Witness form reviewed by:			Grieva	rievance number:				