

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Challenge # _____
Witness Form # _____

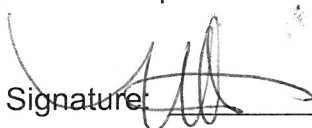
Witness Name: Kyoko Hibino Contact Number: 818 731 9367
Mailing Address: 9410 Kiltinan St. Email: Kyokohibino@aol.com
Porter Ranch, CA 91326

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 Porter Ranch Neighborhood Council."

I saw Porter Ranch N.C. Candidate Beckyleveque inside the voting room around the desk where people come in and pick up the paperwork (registration form). The time I saw her was ^{at} around 12:50 pm on 6/1/16.

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: 6/15/16
Name: Kyoko Hibino Signature: 

Department Review

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