## **TESTIMONY**

## **REGULAR AGENDA**

## **US DEPT OF JUSTICE ASSISTANCE GRANT**

IF YOU WISH TO SPEAK TO CITY COUNCIL, PRINT YOUR NAME, ADDRESS, AND EMAIL.

NAME (print)	ADDRESS AND ZIP CODE	Email
		on Fyle
Charles JOHNEON		(
	a,	
	*	

Date <u>08-27-2014</u>

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