

Late Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Local Experience We Trust for our Communities - A Coalition of Working Men and Women, Nurses, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for Supervisor 2014		Date of This Filing <u>09/26/2014</u>	RECEIVED LOS ANGELES 2014 SEP 29 PM 2:37 CAMPAIGN FINANCE DISCLOSURE SECTION 1/4	CALIFORNIA 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1371649	Report No. <u>1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/25/2014 	AFSCME CA District Council 36 PAC Los Angeles ID: 747152	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25000.00
09/25/2014 	Assn. for LA Deputy Sheriffs State PAC ID: 1359227	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125000.00
09/25/2014 	CA Assn. of Professional Employees PAC ID: 761351	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____

09/26/2014 18:20 FAX 12134526575 KAUFMAN LEGAL GROUP APC 001/004

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LATE CONTRIBUTION REPORT

NAME OF FILER Local Experience We Trust for our Communities - A Coalition of Working Men and Women, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for State Senate District 40		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	RECEIVED LOS ANGELES COUNTY 2014 SEP 29 PM 2:37 CAMPAIGN FINANCE DISCLOSURE SECTION 214
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1371649		
STREET ADDRESS			
CITY		STATE	ZIP CODE

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
	ID:	Ballot: Dist:		

Reason for Amendment: _____

09/20/2014 16:20 FAX 12134320973 MAURITIAN LEGAL GROUP LLC 09/20/2014

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NAME OF FILER Local Experience We Trust for our Communities - A Coalition of Working Men and Women, Nurses, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp RECEIVED LOS ANGELES CA 2014 SEP 29 PM 2:37 CAMPAIGN FINANCE DISCLOSURE SECTION 3/4	CALIFORNIA FORM 497 For Official Use Only
STREET ADDRESS CITY _____ STATE _____ ZIP CODE _____	I.D. NUMBER (if applicable) 1371649			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
09/25/2014 	CA Assn. of Professional Employees PAC ID: 761351	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25000.00
09/25/2014 	LA County Firefighters Local 1014 Firefighters Organized Ready & Committed in Emergencies ID: 1279318	<input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		125000.00
09/25/2014 	LA County Probation Officers Union AFSCME, Local 685 Political Action Fund ID: 744558	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25000.00

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IND - Individual	PTY - Political Party
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Reason for Amendment: _____

09/26/2014 16:21 FAX 12194920073

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NAME OF FILER Local Experience We Trust for our Communities - A Coalition of Working Men and Women, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for		Date of this Filing _____	RECEIVED BY LOS ANGELES CO 2014 SEP 29 PM 2:37 CAMPAIGN FINANCE DISCLOSURE SECTION 4/4	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1371649	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
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09/25/2014	LA County Professional Peace Officers' Assn. Independent Expenditure Cmte. ID: 810614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		62500.00

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Reason for Amendment: _____