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 KAUFMAN LEGAL GROUP APC
 09/27/2014 15:26 FAX 12134526575

Late Independent Expenditure Report

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

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>09/27/2014</u>	Date Stamp 2014 SEP 29 RECEIVED LA ANGEL	 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1371649	Report No. <u>1</u>	CAMPAIGN FINANCE DISCLOSURE SECTION 1/1	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. <u>1</u> <small>(explain below)</small>		
CITY	STATE	ZIP CODE		No. of Pages <u>1</u>

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Sheila Kuehl				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. Other		SUPPORT	OPPOSE	BALLOT NO./LETTER		SUPPORT	OPPOSE
3 Other Los Angeles County		X					

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/26/2014 	POS \$473,971.67	34707.69
09/26/2014 	LIT \$473,971.67	45738.11
09/26/2014 	POS \$473,971.67	4827.68
09/26/2014 	LIT \$473,971.67	6567.87
09/26/2014 	TEL \$473,971.67	382130.32

Reason for Amendment: _____