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 KAUFMAN LEGAL GROUP APC  
 09/30/2014 21:32 FAX 12134526575

# Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> 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		<b>Date of This Filing</b> 09/30/2014	Date Stamp RECEIVED LOS ANGELES 2014 OCT -1 CAMPAIGN FINANCE DISCLOSURE SECTION 1/1	<b>CALIFORNIA FORM 496</b> For Official Use Only AM ID: 55
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1371649	<b>Report No.</b> 1		
<b>STREET ADDRESS</b> 375 N		<input type="checkbox"/> <b>Amendment to Report No.</b> 1 <small>(explain below)</small>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>		
		<b>No. of Pages</b> 1		

## 1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/29/2014	POS \$637,095.41	4827.68
09/29/2014	LIT \$637,095.41	6567.87

Reason for Amendment: \_\_\_\_\_

# 496 Independent Expenditure Report

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

496 INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> 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		<b>Date of This Filing</b> _____	<b>Date Stamp</b> RECEIVED BY LOS ANGELES COUNTY 2014 OCT -2 AM 9:24 CAMPAIGN FINANCE DISCLOSURE SECTION	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1371649	<b>Report No.</b> _____		
<b>STREET ADDRESS</b>		<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> _____	

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Sheila Kuehl				<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD</b> Supervisor, Los Angeles County	<b>DISTRICT NO.</b> 3	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/30/2014	POS [\$734,348.21]	\$41,128.81
09/30/2014	LIT [\$734,348.21]	\$34,707.69
09/30/2014	CNS [\$734,348.21]	\$14,082.97
09/30/2014	CNS [\$734,348.21]	\$7,333.33

Reason for Amendment: \_\_\_\_\_

10/01/2014 22:06 FAX 12134526575 KAUFMAN LEGAL GROUP APC 001/001