

# 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>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1371649
<b>STREET ADDRESS</b>	
<b>CITY</b>	<b>STATE</b> <b>ZIP CODE</b>

<b>Date of This Filing</b> <u>10/02/2014</u>
<b>Report No.</b> <u>1</u>
<input type="checkbox"/> <b>Amendment to Report No.</b> <u>1</u> (explain below)
<b>No. of Pages</b> <u>1</u>

RECEIVED BY  
LOS ANGELES CO. CLERK  
2014 OCT -3 AM 10:53  
CAMPAIGN FINANCE DISCLOSURE SECTION  
1/1

DATE STAMP  
CALIFORNIA 496  
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## 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
10/01/2014	POS \$747,010.18	4814.26
10/01/2014	LIT \$747,010.18	7847.71

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

001/001  
NAUFMAN LEGAL GROUP APC  
12194920070  
10/02/2014 21:10 PAA 12194920070

# Late Contribution Report

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

LATE CONTRIBUTION 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> <u>10/02/2014</u>	RECEIVED BY LOS ANGELES COUNTY 2014 OCT -3 AM 10:53 CAMPAIGN FINANCE DISCLOSURE SECTION 1/2	497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1371649	<b>Report No.</b> <u>1</u>		
<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> <u>2</u>				

## 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
10/01/2014 	AFSCME  ID: 745604	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150000.00
10/01/2014 	Glen Dake  ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Landscape Architect  GDML	10000.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

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

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

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LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> 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 AREA CODE / PHONE NUMBER _____ I.D. NUMBER (if applicable) 1371649		<b>Date of This Filing</b> _____  <b>Report No.</b> _____  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ <small>(explain below)</small>  <b>No. of Pages</b> _____	RECEIVED BY LOS ANGELES COUNTY 2014 OCT -3 AM 10:53 CAMPAIGN FINANCE DISCLOSURE SECTION 2/2
STREET ADDRESS _____  CITY _____ STATE _____ ZIP CODE _____		CALIFORNIA 497 For Official Use Only	

## Late Contribution(s) Made

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

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

10/02/2014 21:16 FAX 12134526575 KAUFMAN LEGAL GROUP APC