

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED BY LOS ANGELES COUNTY 2014 OCT -6 PM 8:29 CAMPAIGN FINANCE DISCLOSURE DIVISION	CALIFORNIA FORM 460
	Page <u>1</u> of <u>27</u> For Official Use Only

Statement covers period from <u>01/01/2014</u> through <u>09/30/2014</u>	Date of election if applicable: (Month, Day, Year) <u>11/04/2014</u>
--	--

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="radio"/> State Candidate Election Committee
<input type="radio"/> Recall
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> Controlled
<input type="radio"/> Sponsored
<i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee
<input type="radio"/> Sponsored
<input type="radio"/> Small Contributor Committee
<input type="radio"/> Political Party/Central Committee | <input checked="" type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement
<input type="checkbox"/> Semi-annual Statement
<input type="checkbox"/> Termination Statement
(Also file a Form 410 Termination)
<input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee Information

I.D. NUMBER
1371649

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
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

STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CODE/PHONE
(213) 381-5611

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS
(213) 383-0772/sshin@kaufmanlegalgroup.com

Treasurer(s)

NAME OF TREASURER
Maria Elena Durazo
 MAILING ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE
(213) 381-5611

NAME OF ASSISTANT TREASURER, IF ANY
 MAILING ADDRESS
 CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX / E-MAIL ADDRESS
(213) 383-0772/sshin@kaufmanlegalgroup.com

4. Verification

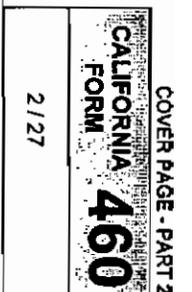
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/06/2014
 Date
 Executed on _____
 Date
 Executed on _____
 Date
 Executed on _____
 Date

By _____
 Signature of Treasurer or Assistant Treasurer
 By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent
 By _____
 Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page – Part 2**

Type or print in Ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP _____

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	
CITY	STATE	ZIP CODE
		AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE _____

BALLOT NO. OR LETTER JURISDICTION SUPPORT OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT _____

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY _____

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary.

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

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

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 775000.00	\$ 775000.00
2. Loans Received	Schedule B, Line 7 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 775000.00	\$ 775000.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 775000.00	\$ 775000.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 464319.11	\$ 464319.11
7. Loans Made	Schedule H, Line 7 0.00	0.00
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 464319.11	\$ 464319.11
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 308928.72	308928.72
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 773247.83	\$ 773247.83

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 18 \$ 0.00	\$ 0.00
13. Cash Receipts	Column A, Line 3 above 775000.00	\$ 775000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00	0.00
Cash Payments	Column A, Line 8 above 464319.11	\$ 464319.11
16. ENDING CASH BALANCE.....	Add Lines 12 + 13 + 14, then subtract Line 15 310680.89	\$ 310680.89

If this is a termination statement, Line 18 must be zero.

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 308928.72

Statement covers period from _____ through _____

CALIFORNIA FORM 460

I.D. NUMBER 1371649

3 / 27

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

17/1 through 6/30 7/1 to Date

20. Contribution Received \$ _____ \$ _____

21. Expenditures Made \$ _____ \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (if subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

\$ _____

\$ _____

\$ _____

\$ _____

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM 460

Statement covers period
from _____ through _____
4 / 27
I.D. Number
1371649

SEE INSTRUCTIONS ON REVERSE

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 RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE - <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 09/19/2014	AFSCME CA District Council 36 PAC 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	50000.00	
Rcpt Dt: 09/25/2014	AFSCME CA District Council 36 PAC 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	250000.00	
Rcpt Dt: 09/19/2014	Assn. for LA Deputy Sheriff's 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	250000.00	
Rcpt Dt: 09/25/2014	Assn for LA Deputy Sheriff's 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		25000.00	50000.00	
Rcpt Dt: 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	50000.00	
SUBTOTAL \$						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 775000.00
- Amount received this period - unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 775000.00

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

Schedule A Monetary Contributions Received

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

Statement covers period
from _____ through _____

CALIFORNIA FORM 460
5 / 27

SEE INSTRUCTIONS ON REVERSE

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

I.D. Number: 1371649

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 09/25/2014	CA Assn. of Professional Employees PAC ID: 761351	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		25000.00	50000.00	
Rept Dt: 09/19/2014	LA County Firefighters Local 1014 Firefighters Organized ID: 1279318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Committed in Emergencies	125000.00	250000.00	
Rept Dt: 09/25/2014	LA County Firefighters Local 1014 Firefighters Organized ID: 1279318	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Committed in Emergencies	125000.00	250000.00	
Rept Dt: 09/19/2014	LA County Probation Officers Union AFSCME, Local 685 ID: 744558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Union Action Fund	25000.00	50000.00	
Rept Dt: 09/25/2014	LA County Probation Officers Union AFSCME, Local 685 ID: 744558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Union Action Fund	26000.00	50000.00	
SUBTOTAL \$						

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____

2. Amount received this period - unitemized contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

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

Schedule A Monetary Contributions Received

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

Statement covers period
from _____ through _____

6 / 27

I.D. Number
1371649

CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

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 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 THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 09/19/2014	LA County Professional Peace Officers' Assn. Independent Committee ID: 810614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTY <input type="checkbox"/> SCC		62500.00	125000.00	
Rept Dt: 09/19/2014	LA County Professional Peace Officers' Assn. Independent Committee ID: 810614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTY <input type="checkbox"/> SCC		62500.00	125000.00	

SUBTOTAL \$ 775000.00					
------------------------------	--	--	--	--	--

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ _____
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTY - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
I.D. NUMBER 1371649	7 / 27

SEE INSTRUCTIONS ON REVERSE
 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	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	TEL	311500.00	723247.83	
		District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/23/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POL	59225.00	723247.83	
		District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/23/2014	Service Employees International Union Local 721, CTW, CLC Workers' Strength Committee	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	POL	info[59225.00]	info[60425.00]	
	Ref: VNV5Q9PC4Y3	District No: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ 783672.83
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** 783672.83

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from _____ through _____

CALIFORNIA
FORM
460

I.D. NUMBER
 8 / 27

SEE INSTRUCTIONS ON REVERSE

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	CANDIDATE AND OFFICE MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR JAN 1 - DEC 31	PER ELECTION TO DATE (IF REQUIRED)
09/23/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	43053.79	723247.83	
		District No: 3 <input type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/23/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	38349.02	723247.83	
		District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/26/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	34707.89	723247.83	
		District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$						

- Schedule D Summary**
- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
 - Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
 - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

**Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

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

Statement covers period
from _____
through _____

**CALIFORNIA
FORM
460**

9 / 27

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
1371649

DATE	CANDIDATE AND OFFICE MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	45736.11	723247.83	
	District No: 3					
09/26/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	4827.68	723247.83	
	District No: 3					
09/26/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	6567.87	723247.83	
	District No: 3					
SUBTOTAL \$						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from _____ through _____

CALIFORNIA
FORM
460

I.D. NUMBER
 10 / 27

SEE INSTRUCTIONS ON REVERSE

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

I.D. NUMBER
 1371649

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR JAN 1 - DEC 31	PER ELECTION TO DATE (IF REQUIRED)
09/27/2014	Service Employees International Union Local 724, CTW, CLC Workers' Strength Committee	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	LIT	[info] 1200.00]	[info] 60425.00]	
	Ref: VNV5Q9PNZ97 District No:	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/29/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	POS	4827.68	723247.83	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/29/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	6567.87	723247.83	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$						

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from _____ through _____
 CALIFORNIA
 FORM
460
 11/27
 I.D. NUMBER
 1371649

SEE INSTRUCTIONS ON REVERSE

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	CANDIDATE AND OFFICE MEASURE AND JURISDICTION, OR COMMITTEE	DISTRICT NO.	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/30/2014	Sheila Kuehl Board of Supervisors County	District No: 3	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	LIT	41128.81	723247.83	
09/30/2014	Sheila Kuehl Board of Supervisors County	District No: 3	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	POS	34707.69	723247.83	
09/30/2014	Sheila Kuehl Board of Supervisors County	District No: 3	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	CNS	7333.33	723247.83	
SUBTOTAL \$							

Schedule D Summary

- Contributions and Independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from _____ through _____

CALIFORNIA
 FORM
460

12 / 27

SEE INSTRUCTIONS ON REVERSE

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

CANDIDATE AND OFFICE: MEASURE AND JURISDICTION, OR COMMITTEE

DATE: 09/26/2014

PER ELECTION TO DATE (IF REQUIRED): 1371949

DATE	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
09/26/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	TEL	70630.32	723247.83	
		District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
09/30/2014	Sheila Kuehl Board of Supervisors County	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	CNS	14082.97	723247.83	
		District No: 3 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose				
SUBTOTAL \$				723247.83		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$ _____
- Unitemized contributions and independent expenditures made this period of under \$100 \$ _____
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)..... **TOTAL \$** _____

Schedule E Payments Made

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

CALIFORNIA
FORM 460
SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Canal Partners Media LLC	IND	TEL, Sheila Kuehl, Support	311500.00
David Binder Research	CTB	POL Service Employees International Union Local 721, CTW, CLC Workers Strength Committee 1286889 Ref: VNV5Q9PC4Y3	intol 59225.00]
GroundWorks Campaigns, Inc.	CNS		50000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 464319.11
2. Unitemized payments made this period of under \$100. \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 464319.11

Schedule E Payments Made

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460 SCHEDULE E 14 / 27 I.D. NUMBER 1371649
--	---

SEE INSTRUCTIONS ON REVERSE

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFI | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/pollster fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	COOE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Strategy Group, Inc. ID:	IND		LIT, Sheila Kuehl, Support	43053.79
The Strategy Group, Inc. ID:	IND		POS, Sheila Kuehl, Support	38349.02
The Strategy Group, Inc. ID: Ref. VNV5QG9PNZ97	CTB	LIT	Service Employees International Union Local 721, CTW, CLC Workers' Strength Committee 1296889	Info [1200.00]
SUBTOTAL \$				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** _____

Schedule E Payments Made

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	15 / 27
	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE

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

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POI | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Strategy Group, Inc.		IND		CNS, Sheila Kuehl, Support	7333.33
VR Research, Inc.		IND		CNS, Sheila Kuehl, Support	14082.97

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 464319.11

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100. \$ _____
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ _____**

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	16 / 27
	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE

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 Superior 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv, or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD <small>(ALSO REPORT ON B)</small>	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
David Binder Research	ID:	IND POL, Sheila Kuehl, Support	0.00	59225.00	0.00	59225.00
The Strategy Group, Inc.	ID:	IND POS, Sheila Kuehl, Support	0.00	34707.69	0.00	34707.69
The Strategy Group, Inc.	ID:	IND LIT, Sheila Kuehl, Support	0.00	45738.11	0.00	45738.11
SUBTOTALS \$			\$	\$	\$	\$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$ 308928.72**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$ 0.00**
- Net change this period. Subtract Line 2 from Line 1. Enter the difference here and **NET \$ 308928.72**

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	17 / 27
	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Local Experience We Trust For Our Communities - A Coalition of Working Men and Women, Nurses, Teachers, Freighters and Public Safety Officers Organizations for Sheila Kuehl for
SUPERVISOR 2014
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	ID:	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD <small>(ALSO REPORT ON E)</small>	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Strategy Group, Inc.		IND POS, Sheila Kuehl, Support-	0.00	4827.68	0.00	4827.68
The Strategy Group, Inc.		IND LIT, Sheila Kuehl, Support-	0.00	6567.87	0.00	6567.87
The Strategy Group, Inc.		IND POS, Sheila Kuehl, Support-	0.00	4827.68	0.00	4827.68
SUBTOTALS \$			\$	\$	\$	\$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
- Net change this period. Subtract Line 2 from Line 1. Enter the difference here and **NET \$** _____

May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	18 / 27
	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE

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 Superior 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- AMP campaign paraphernalia/trisc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Strategy Group, Inc.	IND LIT, Sheila Kuehl, Support-	0.00	41128.81	0.00	41128.81
The Strategy Group, Inc.	IND POS, Sheila Kuehl, Support-	0.00	34707.69	0.00	34707.69
SUBTOTALS \$		\$	\$	\$	\$

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
- Net change this period. Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** _____

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

SCHEDULE F

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	19 / 27
	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE

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
September 2014

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/balot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	ID:	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Three Point Media, LLC		IND TEL, Sheila Kuehl, Support	0.00	70630.32	0.00	70630.32

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** _____
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** _____
3. Net change this period. **Subtract** Line 2 from Line 1. Enter the difference here and **NET \$** _____
May be a negative number.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period from _____ through _____	CALIFORNIA FORM 460
20 / 27	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE

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
 STATE OF CALIFORNIA
 NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | |
|--|--|
| CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/bailot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
* Payments that are contributions or independent expenditures must also be summarized on Schedule D. | MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email) |
|--|--|

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Asendia ID:	IND	POS		4184.49
Asendia ID:	IND	POS		1172.58
Asendia ID:	IND	POS		3876.93
Asendia ID:	IND	POS		1172.58
Asendia ID:	IND	POS		3876.93

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	I.D. NUMBER 1371649
	21 / 27

SEE INSTRUCTIONS ON REVERSE
 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
 NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, Inc

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FILE candidate filing/ballot fees
- FND fundraising events
- FND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL i.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- VOT voter registration
- WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Continental Colorcraft	IND	LIT		15519.86
Continental Colorcraft	IND	LIT		3704.98
Continental Colorcraft	IND	LIT		14822.10
Continental Colorcraft	IND	LIT		3704.98
Continental Colorcraft	IND	LIT		14822.10

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
22 / 27	SCHEDULE G

SEE INSTRUCTIONS ON REVERSE
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
NAME OF AGENT OR INDEPENDENT CONTRACTOR

The Strategy Group, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings
 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (OF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fortified Design	IND	LIT		1056.00
Fortified Design	IND	LIT		1056.00
Fortified Design	IND	LIT		1056.00
Fortified Design	IND	LIT		1056.00
Fortified Design	IND	LIT		1056.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
23 / 27	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE
 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
 NAME OF PAYEE OR INDEPENDENT CONTRACTOR

The Strategy Group, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings
 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Political Data, Inc.	IND	LIT		544.64
Political Data, Inc.	IND	LIT		403.86
Political Data, Inc.	IND	LIT		544.64
Political Data, Inc.	IND	LIT		403.86
Political Data, Inc.	IND	LIT		544.64
TOTAL * \$				

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	I.D. NUMBER 1371649

SEE INSTRUCTIONS ON REVERSE
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
NAME OF PAYEE OR INDEPENDENT CONTRACTOR

The Strategy Group, Inc.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MGR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL I.V. or cable airline and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (Internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
United States Postal Service	IND	POS		34184.26
United States Postal Service	IND	POS		3655.10
United States Postal Service	IND	POS		30830.76
United States Postal Service	IND	POS		3655.10
United States Postal Service	IND	POS		30830.76
TOTAL * \$				

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460 I.D. NUMBER 1371649
25 / 27	

SEE INSTRUCTIONS ON REVERSE

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 STATE SENATOR
 NAME OF AGENT OR INDEPENDENT CONTRACTOR

Canal Partners Media LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | REF returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSE transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KABC - TV	IND	TEL		60180.00
KCAL - TV	IND	TEL		5440.00
KCBS - TV	IND	TEL		28390.00
KNBC - TV	IND	TEL		24735.00
KTLA - TV	IND	TEL		6800.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

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

Statement covers period from _____ through _____	CALIFORNIA FORM 460
26 / 27	SCHEDULE G
I.D. NUMBER 1371649	

SEE INSTRUCTIONS ON REVERSE
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
NAME OF PAYEE OR INDEPENDENT CONTRACTOR

Canal Partners Media LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FIL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 LIT campaign literature and mailings
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAD radio airtime and production costs
 RFD returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/spouse travel, lodging, and meals
 TSP transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KTTV - TV	IND	TEL		4250.00
NCC - Cable TV System	IND	TEL		142172.70
Three Point Media	IND	TEL		7080.00
Three Point Media	IND	TEL		640.00
Three Point Media	IND	TEL		3340.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.
 FPPC Form 460 (June/01)
 FPPC Toll-Free Helpline: 888/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

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

STATEMENT OF WORKING MEN AND WOMEN, NURSES, LEADERS, FIREFIGHTERS AND PUBLIC SAFETY OFFICERS ORGANIZATIONS FOR STELLA KUENH FOR
 NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Canal Partners Media LLC

Statement covers period
 from _____ through _____
 27 / 27

CALIFORNIA
 FORM
460

I.D. NUMBER
 1371649

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Local Experience We Trust For Our Communities - A Coalition of Working Men and Women, Nurses, Leaders, Firefighters and Public Safety Officers Organizations for Stella Kuenh for

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Canal Partners Media LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Three Point Media	IND	TEL		2910.00
Three Point Media	IND	TEL		800.00
Three Point Media	IND	TEL		500.00
Three Point Media	IND	TEL		16726.20
TOTAL * \$				

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.