Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)
SEE INSTRUCTIONS ON REVERSE

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

Amendment No _____

Report No 001

☐ Amendment (Explain Below)

Report covers period from 01/01/2014 through 09/30/2014

Date of election if applicable: (Month, Day, Year) 11/04/2014

Date Stamp: RECEIVED BY LOS ANGELES COUNTY 2014 OCT -9 PM 2:31 CAMPAIGN FINANCE DISCLOSURE SECTION

CALIFORNIA 1994 FORM **465**

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For Official Use Only

1. Committee/Filer Information

I.D. NUMBER (if recipient committee): 1296889

NAME OF FILER: Service Employees International Union Local 721 CTW, CLC Workers Strength Committee

STREET ADDRESS (NO P.O. BOX):

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER: Bob Schoonover

MAILING ADDRESS:

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD		SUPPORT	OPPOSE
Sheila Kuehl	Board of Supervisors		X	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION		

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

CALIFORNIA 1994 FORM **465**

Report covers period
from _____
through _____

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Service Employees International Union Local 721 CTW, CLC Workers Strength Committee

I.D. NUMBER (If Recipient Com.)
1296889

4. Summary

1. Total independent expenditures made of $100 or more this period. (Part 3) ..... $ 210425.00
2. Total independent expenditures under $100 made this period. (Not itemized.) ..... $ 0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.) ..... TOTAL $ 210425.00

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

6. 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 10/6/14
DATE

By _____
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 10/6/14
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
DATE

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period

from

through

CALIFORNIA 1994 FORM **465**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Service Employees International Union Local 721 CTW, CLC Workers Strength Committee

I.D. NUMBER (If Recipient Com.)
1296889

5. Filing Officers Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

1) NAME OF FILING OFFICER
California Secretary of State

ADDRESS (NO. AND STREET)

CITY STATE ZIP CODE

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

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

For use by an officeholder, candidate, or committee making independent expenditures totaling $500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period	Date Stamp	CALIFORNIA 1994 FORM 465
from _____		4 / 4
through _____		For Official Use Only

3. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
09/27/2014	Groundworks Campaigns. Inc. Reference No:	Field Expenses/Sheila Kuehl	150000.00	210425.00
09/27/2014	LA County Federation of Labor, AFL-CIO County COPE Reference No:	POL/Sheila Kuehl	info[59225.00]	info[210425.00]
09/27/2014	LA County Federation of Labor, AFL-CIO County COPE Reference No:	Field Expenses/Sheila Kuehl	info[1200.00]	info[210425.00]