



10/06/2014 20:12 FAX 121345266575 KAUFMAN LEGAL GROUP APC 0002/004

# Late Contribution Report

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

LATE CONTRIBUTION REPORT

NAME OF FILER  
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

Date of This Filing \_\_\_\_\_

RECEIVED BY  
LOS ANGELES COUNTY  
2014 OCT -7 AM 10:17  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

497

PHONE NUMBER \_\_\_\_\_

I.D. NUMBER (if applicable) \_\_\_\_\_

Report No. \_\_\_\_\_

For Official Use Only

1371649

STREET ADDRESS \_\_\_\_\_

Amendment to Report No. \_\_\_\_\_  
(explain below)

2 / 4

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

No. of Pages \_\_\_\_\_

## Late Contribution(s) Made

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

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

10/06/2014 20:12 FAX 121345266575 KAUFMAN LEGAL GROUP APC 003/004

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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, Nurses, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for November 2014		<b>Date of This Filing</b> _____ RECEIVED BY LOS ANGELES COUNTY	<b>Date Stamp</b> 10/07/2014 4:17 PM 497
<b>AREA CODE PHONE NUMBER</b> _____	<b>I.D. NUMBER (if applicable)</b> 1371649	<b>Report No.</b> _____ 2014 OCT -7 AM 10:17	For Official Use Only
<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> _____	3 / 4

## 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
10/03/2014 	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
10/03/2014 	California Conference Board Amalgamated Transit Union PAC  ID: 761357	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		25000.00
10/03/2014 	LA County Professional Peace Officers' Assn. Independent Expenditure Cmte.  ID: 810614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		62500.00

**\*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, Nurses, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for Supervisor 2014		Date of This Filing _____ Report No. _____ <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT -7 AM 10:17 CAMPAIGN FINANCE DISCLOSURE SECTION 4 / 4	497 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1371649			
STREET ADDRESS _____				
CITY _____	STATE _____	ZIP CODE _____		

## 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
10/03/2014 	Local 770 United Food And Commercial Workers Union PAC  ID: 921242	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		50000.00
10/03/2014 	SEIU United Healthcare Workers West PAC  ID: 747285	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		50000.00
10/03/2014 	Sheet Metal Workers Int'l Association Local Union 105 PAC  ID: 962809	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		4000.00

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

10/06/2014 20:12 FAX 121345266575 KAUFMAN LEGAL GROUP APC 004/004

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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, Nurses, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for Supervisor 2014		<b>Date of This Filing</b> 10/06/2014	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT -7 AM 10:17 CAMPAIGN FINANCE DISCLOSURE SECTION 1/3	497 For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>	<b>I.D. NUMBER (if applicable)</b> 1371649	<b>Report No.</b> 2		
<b>STREET ADDRESS</b>		<input checked="" type="checkbox"/> <b>Amendment to Report No. 1</b> (explain below)		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>No. of Pages</b> 3	

## 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
10/03/2014 	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
10/03/2014 	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
10/03/2014 	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

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Reason for Amendment: Contributions amended

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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, Nurses, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for 2014 OCT 7 AM 10:17 FINDER CODE/PHONE NUMBER _____ I.D. NUMBER (if applicable) _____ 1371649		Date of This Filing _____ Report No. _____ 2014 OCT -7 AM 10:17 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____ 2/3	RECEIVED BY LOS ANGELES COUNTY CAMPAIGN FINANCE DISCLOSURE SECTION 497 For Official Use Only
STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____			

## Late Contribution(s) Made

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

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

002/003  
 KAUFMAN LEGAL GROUP APC  
 12134320573  
 20:23 FAX  
 14/00/2014

# Late Contribution Report

Type or print in ink.  
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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, Nurses, Teachers, Firefighters and Public Safety Officers Organizations for Sheila Kuehl for SUPERVISOR 2014		Date of This Filing _____ Report No. <u>2014 OCT -7</u> <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT -7 AM 10:17 CAMPAIGN FINANCE DISCLOSURE SECTION 3/3	49 For Official Use Only
AREA CODE / PHONE NUMBER _____	I.D. NUMBER (if applicable) 1371649			
STREET ADDRESS _____				
CITY _____	STATE _____	ZIP CODE _____		

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10/03/2014	LA County Professional Peace Officers' Assn. Independent Expenditure Cmte.  ID: 810614	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		62500.00

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10/06/2014 20:23 FAA 12134320373 RAUFMAN LEGAL GROUP APC 0037003