

Late Independent Expenditure Report

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

LATE INDEPENDENT EXPENDITURE REPORT

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 of This Filing <u>10/10/2014</u>	Date Stamp RECEIVED BY LOS ANGELES COU 2014 OCT 10 PM 2:05 CAMPAIGN FINANCE DISCLOSURE SECTION 1/1	496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1371649	Report No. <u>1</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. <u>1</u> (explain below)		
CITY	STATE	ZIP CODE	No. of Pages <u>1</u>	

1. List Only One Candidate or Ballot Measure

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

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/09/2014 	POS \$867,093.55	11098.60
10/09/2014 	LIT \$867,093.55	17613.26

Reason for Amendment: _____