

# 496 Independent Expenditure Report

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

**NAME OF FILER** First Responders for Sheila Kuehl for LA County Supervisor 2014, a coalition of deputy sheriffs, district attorney investigators, nurses and victims rights advocates, with major funding by Association for Los Angeles Deputy Sheriffs State Political Action Committee

**AREA CODE/PHONE NUMBER**

**I.D. NUMBER (if applicable)**

1372337

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**Date of This Filing** 10/10/14

**Report No.** 101014

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

**No. of Pages** 1

RECEIVED 496 INDEPENDENT EXPENDITURE REPORT  
Date Stamp  
2014 OCT 14 AM 8:52  
CALIFORNIA FORM 496  
For Official Use Only  
CAMPAIGN FINANCE DISCLOSURE SECTION

## 1. List Only One Candidate or Ballot Measure

**NAME OF CANDIDATE SUPPORTED OR OPPOSED**

Sheila Kuehl

**OFFICE SOUGHT OR HELD**

County Supervisor

**DISTRICT NO.**

3

**SUPPORT**

X

**OPPOSE**

**NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED**

**BALLOT NO./LETTER**

**JURISDICTION**

**SUPPORT**

**OPPOSE**

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/6/14	LIT (122,248.90)	24,375.00
10/6/14	POS (122,248.90)	97,873.90

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