

001/002

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

AREA CODE/PHONE NUMBER _____ **I.D. NUMBER (if applicable)**
1371649

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

Date of This Filing 10/15/2014

Report No. 1

Amendment to Report No. 1
(explain below)

No. of Pages 2

Date Stamp
RECEIVED BY
LOS ANGELES COUNTY
2014 OCT 16 AM 11:18
CAMPAIGN FINANCE
DISCLOSURE SECTION
1/2

CALIFORNIA FORM 496
For Official Use Only

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		BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE
3 Other Los Angeles County	X						

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/2014 	POS \$1,373,602.35	11098.60
10/14/2014 	LIT \$1,373,602.35	17613.26
10/14/2014 	POS \$1,373,602.35	4814.26
10/14/2014 	LIT \$1,373,602.35	7847.71
10/14/2014 	POS \$1,373,602.35	34707.69

Reason for Amendment: _____

KAUFMAN LEGAL GROUP APC
10/15/2014 19:39 FAX 12134526575

Late Independent Expenditure Report

Type or print in ink.
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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 _____	Date Stamp RECEIVED BY LOS ANGELES COUNTY 2014 OCT 16 AM 11:19 CAMPAIGN FINANCE DISCLOSURE SECTION 2/2	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER _____	I.D. NUMBER (if applicable) 1371649	Report No. _____		
STREET ADDRESS _____		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY _____	STATE _____	ZIP CODE _____		
		No. of Pages _____		

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/14/2014	LIT \$1,373,802.35	41128.81

Reason for Amendment: _____

002/002
KAUFMAN LEGAL GROUP APC
10/15/2014 19:40 FAX 12134526575