

Late Independent Expenditure Report

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

RECEIVED BY
Date Stamp
LOS ANGELES COUNTY
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 10/18/2014

Report No. 1

Amendment to Report No. 1
(explain below)

No. of Pages 1

20 4 OCT 20 AM 11:02

CAMPAIGN FINANCE
DISCLOSURE SECTION

1/1

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
Other		X					
3	Other	Los Angeles County					

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/17/2014 	POS \$1,462,100.82	4814.26
10/17/2014 	LIT \$1,462,100.82	7847.71
10/17/2014 	POS \$1,462,100.82	34707.69
10/17/2014 	LIT \$1,462,100.82	41128.81
10/17/2014 		

Reason for Amendment: _____

10/18/2014 10:00 FAX 12134526575 KAUFMAN LEGAL GROUP APC 001/001

496 Independent Expenditure Report

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

496 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 10/18/2014	RECEIVED BY LOS ANGELES COUNTY 2014 OCT 20 AM 11:02 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1371649	Report No. 2		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Sheila Kuehl				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Supervisor, County of Los Angeles	DISTRICT NO. 3	SUPPORT X	OPPOSE				

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

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/17/2014	TEL \$1,767,500.82	\$305,400.00

Reason for Amendment: _____

10/18/2014 22:59 FAX 12134526575
 KAUFMAN LEGAL GROUP APC