

497 Contribution Report

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

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LOS ANGELES COUNTY

497 CONTRIBUTION 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 10/29/2014	RECEIVED BY LOS ANGELES COUNTY 2014 OCT 30 AM 8:49 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1371649	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No.		
CITY	STATE	ZIP CODE		
		No. of Pages 1		

1. Contributions Received

DATE RECEIVED	FULL NAME, STREET 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
10/28/2014	Los Angeles County Federation of Labor, AFL-CIO Council on Political Education ID: 742204	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200,000. <input type="checkbox"/> Check if Loan % Provide interest rate

Reason for Amendment: _____

***Contributor Codes**
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee