

497 Contribution Report

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

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 10/23/2014	Date Stamp RECEIVED BY LOS ANGELES COIM 2014 OCT 24 AM 11:19 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
10/22/2014	AFSCME Local 2712 PAC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,980.15 <input type="checkbox"/> Check if Loan % Provide interest rate
10/22/2014	Committee to Protect California Seniors and People with Disabilities Sponsored by SEIU-United Long ID: 1364083	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$350,000. <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

10/23/2014 22:17 FAX 12134526575 KAUFMAN LEGAL GROUP APC 001/001