

# 496 Independent Expenditure Report

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

**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 Filing** 11/1/2014  
2014 NOV -3 AM 9:06

**Report No.** \_\_\_\_\_

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

**No. of Pages** 2

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LOS ANGELES COUNTY  
496 INDEPENDENT EXPENDITURE REPORT  
CALIFORNIA FORM 496  
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CAMPAIGN FINANCE DISCLOSURE SECTION

## 1. List Only One Candidate or Ballot Measure

|   |                          |   |   |  |                     |  |   |
|---|--------------------------|---|---|--|---------------------|--|---|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b><br>Sheila Kuehl |                          |   |   | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> |                     |  |   |
| <b>OFFICE SOUGHT OR HELD</b><br>Board of Supervisors          | <b>DISTRICT NO.</b><br>3 | <b>SUPPORT</b><br><input checked="" type="checkbox"/> | <b>OPPOSE</b><br><input type="checkbox"/> | <b>BALLOT NO./LETTER</b>                           | <b>JURISDICTION</b> | <b>SUPPORT</b><br><input type="checkbox"/> | <b>OPPOSE</b><br><input type="checkbox"/> |

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE | AMOUNT       |
|------------|----------------------------|--------------|
| 10/31/2014 | POL \$3,123,826.89         | \$55,000.00  |
| 10/31/2014 | POL \$3,123,826.89         | \$11,343.53  |
| 10/31/2014 | WEB \$3,123,826.89         | \$25,000.00  |
| 10/31/2014 | WEB \$3,123,826.89         | \$5,000.00   |
| 10/31/2014 | TEL \$3,123,826.89         | \$100,000.00 |
| 10/31/2014 | TEL \$3,123,826.89         | \$18,080.86  |

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE ** | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES |
|---------------|---|---------------------|---|-----------------|----------------|
|---------------|---|---------------------|---|-----------------|----------------|

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

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*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

001/001  
NAUFMAN LEGAL GROUP APC