Late Independe	ent Expenditure Repo	ort	Amounts ma	Type or prical ay be round	ed to whole dollars.	RECEIVED BATE INDEP	PENDENT EXI	PENDITURE	E 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 Shella Kuehl for Supervisor 2014 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				Date of This Fi		ICT-6 AM 10: 05				
		ì			No. 1 CAM	PAICAL FILLS	For	Official Use	Only	
STREET ADDRESS		1371649		Ame	DISCI endment	PAIGH FINANCE OSURE SECTION				
CITY		STATE ZIP	CODE	to Repe (explain be No. of I	low)	1/1				
1. List Only One Car	ndidate or Ballot Measure	<u> </u>		<u> </u>			<u> </u>			
NAME OF CANDIDATE SUPPORTED OR OPPOSED Sheila Kuehl						RE SUPPORTED OR OPPOSED				
OFFICE SOUGHT OR HI Other 3 Other	Los Angeles		PPORT OPPOSE X	E	BALLOT NO/LETTER	JURISDICTION		SUPPORT	OPPOSE	
2. Independent Expe	enditures Made Attach ad	ditional information	on appropriately la	abeled conti	nuation sheets.					
DATE		DESCRIPTION OF EXPENDITURE							AMOUNT	
10/02/2014	TEL \$1,047,810.18							300	800.00	
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Reason for Amendment: ,	-								-	
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