

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 10/28/2014	Date Stamp RECEIVED LOS ANGELES COUNTY 2014 OCT 29 AM 8:39 CAMPAIGN FINANCE DISCLOSURE SECTION	CALIFORNIA FORM 496 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	(explain below) No. of Pages 1		

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 Board of Supervisors	DISTRICT NO. 3	SUPPORT <input checked="" type="checkbox"/>	OPPOSE <input type="checkbox"/>	BALLOT NO./LETTER	JURISDICTION	SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/27/2014	TEL \$2,509,402.50	\$305,400.00

3. Contributions of \$100 or More Received*

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