Ca Co	acipient Committee Ampaign Statement over Page Iverment Code Sections 84200-84216.5)		Type or print in ink		2015 JUL 14	AM II: 20	COVER PAGE FORNIA 460 01/02 DRM	
			Statement covers period	Date of election if applicable: (Month, Day, Year)	CAMPAIGN	FINAN	1 of 19	
			from 1/1/2015	- · · ·	Que a		For Official Use Only	
			through 6/30/2015					
1.	Type of Recipient Committee: All Com	mittees- Complet	e Parts 1, 2, 3, and 4.	2. Type of Stater	ment:			
	Officeholder, Candidate Controlled Committee		y Formed Ballot Measure	Preelection Statem		Quarterly Sta		
	State Candidate Election Committee Recall	Commi		Semi-annual State		Special Odd-	•	
	(Also Complete Part 5)			(Also file a Form 410			ttach Form 495	
1	General Purpose Committee	(Also Co	mplete Part 6)	Amendment (Expla	ain below)			
			y Formed Candidate/ older Committee					
	Small Contributor Committee		mplete Part 7)			•		
3.	Committee Information	I.D. NUME 13716		Treasurer(s)				
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Local Experience We Trust for our Communit	•	lition of Working	NAME OF TREASURER	··· ·· ·· ··			
	Men and Women, Nurses, Teachers, Firefight Organizations for Sheila Kuehl for Supervi	ters and Pub		Rusty Hicks MAILING ADDRESS				
	STREET ADDRESS (NO P.O. BOX)		<u> </u>	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
	CITY STATE ZIP C	CODE /	REA CODE/PHONE	NAME OF ASSISTANT TREA	SURER, IF ANY			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O	D. BOX		MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·			
	CITY STATE ZIP (CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE	
	OPTIONAL: FAX/E-MAIL ADDRESS		·····	OPTIONAL: FAX/E-MAIL ADD	DRESS			
4.	Verification I have used all reasonable diligence in pro- under penalty of perjuty under the laws o	reparing and review of the State of Califo By	omia that the foregoing is true and	of my knowledge the Information of correct.	contained herein and in th	he attached schedules i	s true and complete. I certify	
	DATE		· · · · · · · · · · · · · · · · · · ·	SIGNATURE OF TREASURER OR ASSI	STANT TREASURER		FPPC Form 460 (January/05) FPPC Toll-Free Helpline:	
	Executed on DATE	B;	SIGNATURE OF CONTROLLING OFF	ICEHOLDER, CANDIDATE, STATE MEASURE	PROPONENT, OR RESPONSI	BLE OFFICER OF PROPONEN		
	Executed on DATE	By	SIGNATURE O	F CONTROLLING OFFICEHOLDER, CANDIDA	ATE, OR STATE MEASURE PRO	PONENT	- State of Catifornia	
	Executed on	8 <u>;</u>	SIGNATURE O	F CONTROLLING OFFICEHOLDER, CANDIDA	ATE, OR STATE MEASURE PRO	PONENT	_	

-

•

Type or print in ink



 CALIFORNIA FORM
 460

 Page
 2
 of
 19

Officeholder or Candidate Controlled	6.Primarily Formed Ballot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
OFFICE SOUGHT OR HELD(INCLUDE LOCATION AND DISTRICT NU	JMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	STATE ZIP	Identify the controlling offi	iceholder, candidate, or sta	ate measure proponent, if any	
	**	NAME OF OFFICEHLOLDER, CA	NDIDATE, OR PROPONENT		
Related Committees Not Included in this Statemen not included in this statement that are controlled by you or are prinr contributions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD 7. Primarily Formed C	andidate/Officehold		
NAME OF TREASURER	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for v			
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX		NAME OF OFFICEHOLDER OR C Sheila Kuehl	ANDIDATE OFFICE SOL Board o Supervi		
CITY STATE ZIP COD	DE AREA CODE/PHONE			t	
		Attach	continuation sheets if nec	essary	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) State of California

Compaign Disclosure Statement	Type or print	in ink.			SUMMARY PAGE		
Campaign Disclosure Statement Summary Page	Amounts may be rounded to whole dollars.			tatement covers period	CALIFORNIA 460		
Summary Fage			from	1/1/2015	FORM		
			throu	agh 6/30/2015	Page <u>3</u> of <u>19</u>		
NAME OF FILER					I.D. NUMBER		
Local Experience We Trust for our Communities - A Coalition Public Safety Officers Organizations for Sheila Kuehl for S		omen, Nurses, Teac	chers,	Firefighters and	1371649		
Contributions Received	Column A	Column B		Calendar Year Sum	mary for Candidates		
	Total This Period (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE		Running in Both the General Elections	e State Primary and		
1. Monetary Contributions Schedule A, Line 3	\$65,170.99	\$65,170.	.99		1/1 through 6/30 7/1 to Date		
2. Loans Received Schedule B, Line 3	\$0.00	\$0.	.00	20. Contributions			
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+ 2	\$65,170.99	\$65,170.	.99	Received			
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.	.00	21. Expenditures			
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$65,170.99	\$65,170.	.99	Made			
Expenditures Made				Expenditure Limit S Candidates	summary for State		
6. Payments Made Schedule E, Line 4	\$75,105.93	\$75,105.	.93				
7. Loans Made Schedule H, Line 3	\$0.00	\$0.	.00	22. Cumulative Expenditures Made * (If Subject to Voluntary Expenditure Limit)			
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$75,105.93	\$75,105.	.93				
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	-\$139,769.77	\$0.	.00	Date of Election	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.	.00	(mm/dd/yyyy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 +9 + 10	-\$64,663.84	\$75,105.	.93				
Current Cash Statement							
12. Beginning Cash Balance Previous Summary Page, Line 16	\$3,583.85	To calculate Column B, add amounts in Column A to the					
13. Cash Receipts Column A, Line 3 above	\$65,170.99	corresponding amounts from	m l				
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$6,351.09	Column B of your last report Some amounts in Column A	A				
15. Cash Payments Column A, Line 8 above	\$75,105.93	may be negative figures tha should be subtracted from	at	*Amounts in this secti	on may be different from amounts		
16. ENDING CASH BALANCEAdd Lines 12+13+14, then subtract Line 15	\$0.00	previous period amounts. If this is the first report being		reported in schedule			
If this is a termination statement, Line 16 must be zero.		filed for this calendar year, only carry over the amounts					
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	from Lines 2, 7, and 9 (if any).					
Cash Equivalents and Outstanding Debts							
18. Cash Equivalents See instructions on reverse	\$0.00						
19. Outstanding Debts Add Line 2+Line 9 in Column B above							
				EPPC Toll Fro	FPPC Form 460 (January/05 e Helpline: 866/ASK-FPPC (866/275-3772		

Schedule A Monetary Contributions Received		т	ype or print in ink.				SCHEDULE
		Amounts may be rounded to whole dollars.		Statement covers from1/1/2 through6/30/2	2015	CALIFO FOR Page	
	e We Trust for our Communities - A Coalition of Working or Sheila Kuehl for Supervisor 2014	Men and Women,	Nurses, Teachers, Firefighters	and Public Safety		I.D. NUMBER 1371649	
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 THIS PERIOD	CALENE	VE TO DATE DAR YEAR 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
04/15/2015	Los Angeles County Federation of Labor, AFL-CIO Council on Political Education	☐ IND ✓ COM ☐ OTH ☐ PTY ☐ SCC		\$7,000.00	\$65 ,	170.99	
	ID: 742204			-			
05/07/2015	Los Angeles County Federation of Labor, AFL-CIO Council on Political Education			\$58,170.99	\$65,	170.99	
	ID: 742204						

SUBTOTAL	\$65,170.99	
Schedule A Summary		*Contributor Codes
1. Amount received this period -itemized monetary contributions.		IND- Individual
(Include all Schedule A subtotals.)	\$65,170.99	COM- Recipient Committee
2. Amount received this period -unitemized monetary contributions of less than \$100	\$0.00	(other than PTY or SCC) OTH- Other (e.g., business entity)
3. Total monetary contributions received this period.		PTY- Political Party SCC- Small Contributor Committee
(Add Lines 1 and 2. Enter here on the Summary Page, Column A, Line 1.)	\$65,170.99	FPPC Form 460 (January/05)
		SCC- Small Contributor Committ

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE [D
------------	---

Supporting/ Candidates, NAME OF FILER Local Experience	f Expenditures Opposing Other , Measures and Committees We Trust for our Communities - A Coalition of Wor r Sheila Kuehl for Supervisor 2014		Type or print in ink. Amounts may be rounded to whole dollars. m, Nurses, Teachers, Firefight	from1 through6/3	/1/2015 30/2015	FO Page I.D. NUMB	CALIFORNIA FORM460Page5of10. NUMBER1371649		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT/FAIR MARKET VALUE	CUMULATIVE CALENDAR (JAN. 1-DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)		
06/30/2015	Los Angeles County Federation of Labor, AFL-CIO Council on Political Education	Monetary Contribution		\$7,192.38	\$7 , :	192.38			

SUBTOT	AL \$7,192.38
Schedule D Summary	
1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)	\$7,192.38
2. Unitemized contributions and independent expenditures made this period of under \$100	\$0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Sum	mary Page.)

		Туре	or print in ink.			SCHEDULE E
Schedule E Payments Made	Amounts may be rounded to whole dollars.			Statement covers period from1/1/2015 through6/30/2015	CALIFOR FORM Page 6	
VAME OF FILER Local Experience We Trust for our Communities - A (Organizations for Sheila Kuehl for Supervisor 2014	Coalition of Working Men	and Women, Nur:	ses, Teachers, Firefight		I.D. NUMBER 1371649	
CODES: If one of the following codes accura	tely describes the pay	ment, you ma	y enter the code. Othe	erwise, describe the paymen	t.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating ks	-	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sal TEL t.v. or cable airtime ann TRC candidate travel, lodgi TRS staff/spouse travel, lod TSF transfer between comr VOT voter registration WEB information technolog	aries d production costs ng, and meals lging, and meals nittees of the same	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Info AK, Inc.		рно				\$900.00
Kaufman Legal Group		PRO				\$2,688.14
Kaufman Legal Group		OFC				\$92.14
* Payments that are contributions or Independent expend	litures must also be summa	arized on Schedul	le D.		SUBTOTAL	\$3,680.28
Schedule E Summary						
1. Itemized payments made this period. (Include all Sch						\$75,055.93
2. Unitemized payments made this period of under \$100						\$50.00
Total interest paid this period on loans. (Enter amoun						\$0.00
 Total payments made this period. (Add Lines 1, 2, an 	d 3. Enter here and on the	Summary Page,	Column A, Line 6.)	•		\$75,105.93

Schedule E		Туре	or print in ink.			SCHEDULE
Payments Made			may be rounded hole dollars.	Statement covers period	CALIFOR	RNIA 460
rayments made				from 1/1/2015	FORM	
				through 6/30/2015	Page	7 of 19
NAME OF FILER Local Experience We Trust for our Communities - A Coalit: Organizations for Sheila Kuehl for Supervisor 2014	ion of Working Men	and Women, Nur:	ses, Teachers, Firefighters	and Public Safety Officers	I.D. NUMBER 1371649	
CODES: If one of the following codes accurately d	escribes the pay	ment, you ma	y enter the code. Otherw	ise, describe the paymen	t.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating ks	• • • • • • • • •	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sal TEL t.v. or cable airtime and TRC candidate travel, lodgi TRS staff/spouse travel, lod TSF transfer between comr VOT voter registration WEB information technolog	aries d production costs ng, and meals lging, and meals nittees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	<u></u>	CODE	OR D	ESCRIPTION OF PAYMENT		AMOUNT PAID
Los Angeles County Federation of Labor Council on Political Education ID: 742204	, AFL-CIO	СТВ				\$7,192.3
NGP Van, Inc		OFC				\$250.0
The Card Service Center			Credit Card Payme	ent		\$2,720.1
* Payments that are contributions or independent expenditures	must also be summa	rized on Schedul	e D.		SUBTOTAL	\$10,162.
Schedule E Summary					·	4-1
1. Itemized payments made this period. (Include all Schedule B	E subtotals.)					\$75,055.9
2. Unitemized payments made this period of under \$100						\$50.0
3. Total interest paid this period on loans. (Enter amount from						\$0.0
4. Total payments made this period. (Add Lines 1, 2, and 3. Er						\$75,105.9

		Type or print in ink.			SCHEDULE E
Schedule E Payments Made		Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2015 through 6/30/2015	CALIFORNI FORM Page 8	A 460
NAME OF FILER Local Experience We Trust for our Communities - A Organizations for Sheila Kuehl for Supervisor 2014	Coalition of Working Men	and Women, Nurses, Teachers, Firefighte		I.D. NUMBER 1371649	
CODES: If one of the following codes accura		ment, you may enter the code. Othe	rwise, describe the payment		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member con MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, del	mmunications nd appearances ises ilating s	RAD radio airtime and produ RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodgin TRS staff/spouse travel, lodg TSF transfer between commi VOT voter registration WEB information technology	ction costs ries production costs g, and meals ling, and meals ittees of the same ca	
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
The Card Service Center		Credit Card Pay	ment		\$2,198.16
The Card Service Center		Credit Card Pay	ment		\$2,049.26
The Card Service Center		Credit Card Pay	ment		\$1,575.00
* Payments that are contributions or independent expend	litures must also be summa	rized on Schedule D.	S	UBTOTAL	\$5,822.42
Schedule E Summary 1. Itemized payments made this period. (Include all Sch					\$75,055.93 \$50.00
 Uniternized payments made this period of under \$10 Total interest paid this period on loans. (Enter amour 					\$0.00
 Total interest paid this period on loans. (Enter amount 4. Total payments made this period. (Add Lines 1, 2, ar 					\$75,105.93
r. Total payments made this period. (Add Lines 1, 2, al	a o, Enter nore and on the	caninary rage, colamin, cine officiaria			,

-

Schedule E Payments Made		Amounts	or print in ink. s may be rounded hole dollars.	Statement covers period CA from 1/1/2015 through 6/30/2015	SCHEDULE E LIFORNIA 460 FORM ge 9 of 19
NAME OF FILER Local Experience We Trust for our Communities - A Organizations for Sheila Kuehl for Supervisor 2014		and Women, Nur	ses, Teachers, Firefighters		NUMBER 1649
CODES: If one of the following codes accurate	ately describes the pay	ment, you ma	y enter the code. Otherv	vise, describe the payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings		nd appearances nses ulating ks	-	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and produc TRC candidate travel, lodging, and TRS staff/spouse travel, lodging, ar TSF transfer between committees of VOT voter registration WEB information technology costs	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR [DESCRIPTION OF PAYMENT	AMOUNT PAID
The Strategy Group, Inc.		IND	POS, Sheila Kueh	l, Support	\$11,098.60
The Strategy Group, Inc.		IND	LIT, Sheila Kueh	l, Support	\$17,613.26
The Strategy Group, Inc.		IND	POS, Sheila Kueh	l, Support	\$4,814.26
* Payments that are contributions or independent expen	litures must also be summa	rized on Schedul	e D.	SUBT	DTAL \$33,526.12
Schedule E Summary 1. Itemized payments made this period. (Include all Sch 2. Unitemized payments made this period of under \$10	•				
 Total interest paid this period on loans. (Enter amountable) 					
4. Total payments made this period. (Add Lines 1, 2, ar	d 3. Enter here and on the	Summary Page,	Column A, Line 6.)	TOTAL	\$75,105.93

Schedule E			or print in ink. may be rounded	Statement covers period CALIFORNIA			
Payments Made			hole dollars.	from 1/1/2015 through 6/30/2015	FORM		
VAME OF FilER Local Experience We Trust for our Communities - A (Drganizations for Sheila Kuehl for Supervisor 2014	Coalition of Working Men a	and Women, Nurs	ses, Teachers, Firefighters	and Public Safety Officers	I.D. NUMBER 1371649		
CODES: If one of the following codes accura	tely describes the payn	nent, you ma	y enter the code. Otherw	ise, describe the payment			
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member com MTG meetings and OFC office expens PET petition circula PHO phone banks POL polling and su POS postage, deliv PRO professional PRT print ads	d appearances ses ating urvey research very and messeng	••••••	RAD radio airtime and produ RFD returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodg TSF transfer between commi VOT voter registration WEB information technology	ries production costs g, and meals ing, and meals ittees of the same		
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	ÖR C	DESCRIPTION OF PAYMENT		AMOUNT PAID	
The Strategy Group, Inc.		IND	LIT, Sheila Kueh	L, Support		\$7,847.71	
The Strategy Group, Inc.		MBR				\$1,726.63	
The Strategy Group, Inc.		IND	LIT, Sheila Kueh	l, Support		\$4,900.00	
* Payments that are contributions or independent expend	itures must also be summari	zed on Schedul	e D.	S	UBTOTAL	\$14,474.34	
Schedule E Summary 1. Itemized payments made this period. (Include all Sch	edule E subtotals.)					\$75,055.93	
2. Unitemized payments made this period of under \$100						\$50.00	
3. Total interest paid this period on loans. (Enter amoun	t from Schedule B, Part 1, C	olumn (e).)			·····	\$0.00	
4. Total payments made this period. (Add Lines 1, 2, an	d 3. Enter here and on the S	ummary Page,	Column A, Line 6.)	тс		\$75,105.93	

Schedule E Payments Made	Type or print in Ink. Amounts may be rounded to whole dollars. of Working Men and Women, Nurses, Teachers, Firefighte	from <u>1/1/2015</u> through <u>6/30/2015</u>	SCHEDULE E CALIFORNIA FORM 460 Page 11 of 19 19 D. NUMBER 371649
CODES: If one of the following codes accurately des CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging, a TRS staff/spouse travel, lodging	s oduction costs and meals a, and meals es of the same candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) The Strategy Group, Inc.	CODE OR IND LIT, Sheila Kue		\$3,475.00
The Strategy Group, Inc.	MBR		\$3,915.25

.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL	\$7,390.25
Schedule E Summary	1	1
1. Itemized payments made this period. (Include all Schedule E subtotals.)	······	\$75,055.93
2. Unitemized payments made this period of under \$100	·····	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		\$0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	OTAL	\$75,105.93

Schedule F	Δ	Type or print in ink. nounts may be rounded	Redemost		SCHEDULE		
Accrued Expenses (Unpaid Bills)			CALIF	ORNIA RM 460			
NAME OF FILER Jocal Experience We Trust for our Communities - A Co Organizations for Sheila Kuehl for Supervisor 2014	alition of Working Men and Women,	, Nurses, Teachers, Firefig	ghters and Public Safet	LD. NUMB			
CODES: If one of the following codes accurate	ely describes the payment, you	u may enter the code. O	therwise, describe th	ne payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and me PRO professional services (le PRT print ads	ces rch essenger services	RFD returned SAL campaig TEL t.v. or cc TRC candida TRS staff/spo TSF transfer VOT voter re	rtime and production costs d contributions an workers' salaries able airtime and production of the travel, lodging, and meal- buse travel, lodging, and meal- buse travel, lodging, and me between committees of the gistration tion technology costs (Intern	s als same candidate/sponsor		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(C) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
The Card Service Center	IND, Field Program, Sheila Kuehl, Support	\$2,198.16	\$0.00	\$2,198.1	6 \$0.00		
The Card Service Center	IND, Field Program, Sheila Kuehl, Support	\$1,575.00	\$0.00	\$1,575.0	0 \$0.00		
The Card Service Center	IND, Field Program, Sheila Kuehl, Support	\$2,049.26	\$0.00	\$2,049.2	6 \$0.00		
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$5,822.42	\$0.00	\$5,822.4	2 \$0.0		
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized				NCURRED TOTALS	(\$75,836.50)		
2. Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized	chedule F, Column (c) subtotals for p payments on accrued expenses und	ayments on er \$100.)		PAID TOTALS	\$63,933.27		
 Net change this period. (Subtract Line 2 from Line 1. En and on the Summary Page, Column A, Line 9.) 				NET	(\$139,769.77)		
					(May be a negative number)		

-

		Type or print in ink.			SCHEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be rounded			/2015 CALIF	
			from/1 through6/30	/2015 Page _	13 of 19
NAME OF FILER Local Experience We Trust for our Communities - A Co. Organizations for Sheila Kuehl for Supervisor 2014	alition of Working Men and Women,	Nurses, Teachers, Firefigh	nters and Public Safet	y Officers 137164	
CODES: If one of the following codes accurate	ely describes the payment, you	u may enter the code. Oth	nerwise, describe the	e payment.	
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communications MTG meetings and appearance OFC office expenses PET petition circulating PHO phone banks POL polling and survey resear POS postage, delivery and me PRO professional services (leg PRT print ads	rch essenger services	RFD returned SAL campaign TEL t.v. or cal TRC candidat TRS staff/spo TSF transfer t VOT voter rec	n workers' salaries ble airtime and production o te travel, lodging, and meals use travel, lodging, and me between committees of the	s als same candidate/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
The Card Service Center	IND, Field Program, Sheila Kuehl, Support	\$2,720.14	\$0.00	\$2,720.1	4 \$0.00
The Strategy Group, Inc.	MBR	\$1,726.63	\$0.00	\$1,726.6	3 \$0.00
The Strategy Group, Inc.	MBR	\$3,915.25	\$0.00	\$3,915.2	5 \$0.00
*Payments that are contributions or independent expenditures must also be	SUBTOTALS	\$8,362.02	\$0.00	\$8,362.0	2 \$0.00
summarized on Schedule D.					
1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized			IN	CURRED TOTALS	(\$75,836.50)
2. Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized	chedule F, Column (c) subtotals for p payments on accrued expenses und	payments on ler \$100.)		PAID TOTALS	\$63,933.27
3. Net change this period. (Subtract Line 2 from Line 1. En and on the Summary Page, Column A, Line 9.)	nter the difference here			NET _	(\$139,769.77) (May be a negative number)

•

		Type or print in ink.						SCHEDULE F	
Schedule F Accrued Expenses (Unpaid Bills)		to whole dollars.		Statement covers period			CALIFORNIA FORM 4		
			from throug	6/20	/2015	Page _	14	of 19	
NAME OF FILER Local Experience We Trust for our Communities - A Co Organizations for Sheila Kuehl for Supervisor 2014	alition of Working Men and Women,	Nurses, Teachers, Firefig	ghters and Pub	lic Safety	y Officers	I.D. NUMB 137164			
CODES: If one of the following codes accurate	ely describes the payment, you	u may enter the code. O	therwise, de	scribe the	e payment	t.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and me PRO professional services (le PRT print ads	rch assenger services	RF SA TE TF TF TS VO	D returned L campaign L t.v. or cat C candidate S staff/spot F transfer b DT voter reg	ime and produ contributions n workers' sala ble airtime and e travel, lodgin use travel, lodgin use travel, lodgin etween comm istration ion technology	ries production c ig, and meals ging, and me ittees of the	als same cand		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INC THIS PER			PAID THIS RIOD	BAL	(d) UTSTANDING ANCE AT CLOSE THIS PERIOD	
The Strategy Group, Inc.	IND, LIT, Sheila Kuehl, Support	\$17,613.26		\$0.00	\$17	7,613.2	5	\$0.00	
The Strategy Group, Inc.	IND, POS, Sheila Kuehl, Support	\$11,098.60		\$0.00	\$11	1,098.6		\$0.00	
The Strategy Group, Inc.	IND, LIT, Sheila Kuehl, Support	\$7,847.71		\$0.00	\$7	7,847.7	1	\$0.00	
*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$36,559.57		\$0.00	\$36	5,559.5	7	\$0.00	
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized				IN		OTALS	(\$7	5,836.50)	
2. Total accrued expenses paid this period. (Include all So accrued expenses of \$100 or more, plus total unitemized	chedule F, Column (c) subtotals for p payments on accrued expenses und	ayments on er \$100.)				OTALS	\$	63,933.27	
3. Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)								9,769.77)	
							(May be a n	egative number)	

....

		Type or print in ink.				SC	HEDULE F
Schedule F Accrued Expenses (Unpaid Bills)	An	from	covers period	CALIFOI FORI Page		460	
VAME OF FILER Local Experience We Trust for our Communities - A Co Organizations for Sheila Kuehl for Supervisor 2014	alition of Working Men and Women,	, Nurses, Teachers, Firefig			I.D. NUMBER 1371649		
CODES: If one of the following codes accurate	ely describes the payment, you	u may enter the code. Of	herwise, describe	e the payment.			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and me PRO professional services (le PRT print ads	ces rch essenger services	RFD retu SAL cam TEL t.v. o TRC can TRS staf TSF tran VOT vote	o airtime and product rned contributions paign workers' salarie or cable airtime and p didate travel, lodging, f/spouse travel, lodgir sfer between committ er registration rrmation technology c	es roduction cost , and meals ng, and meals ees of the san	ne candidate	/sponsor
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURREI THIS PERIOD	(c) AMOUNT P PERIO (ALSO REPO	DD	OUTS1 BALANCE	(d) TANDING E AT CLOSE S PERIOD
The Strategy Group, Inc.	IND, POS, Sheila Kuehl, Support	\$4,814.26	\$0.0	00 \$4,	814.26		\$0.00
The Strategy Group, Inc.	IND, LIT, Sheila Kuehl, Support	\$41,128.81	(\$41,128.83	L)	\$0.00		\$0.00
* Memo reference: VNS779H6K70	l	i I					
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$45,943.07	-\$41,128.	81 \$4,	,814.26		\$0.00
Schedule F Summary							
 Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized 	Il Schedule F, Column (b) subtotals payments on accrued expenses und	for ler \$100.)				(\$75,8	336.50)
2. Total accrued expenses paid this period. (Include all Source expenses of \$100 or more, plus total uniternized				PAID TO	TALS	\$63,	933.27
3. Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)					NET	(\$139,7 ay be a negativ	

•

~

(May be a negative number)

				-	PPC Form 460 (January/05)
3. Net change this period. (Subtract Line 2 from Line 1. E and on the Summary Page, Column A, Line 9.)				NET	(\$139,769.77) (May be a negative number)
2. Total accrued expenses paid this period. (Include all Se accrued expenses of \$100 or more, plus total unitemized	payments on accrued expenses und	bayments on ler \$100.)		PAID TOTALS	\$63,933.27
Schedule F Summary 1. Total accrued expenses incurred this period. (Include a accrued expenses of \$100 or more, plus total unitemized			IN	CURRED TOTALS	(\$75,836.50)
Peyments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$39,607.69	-\$34,707.69	\$4,900.00	\$0.00
The Strategy Group, Inc.	IND, LIT, Sheila Kuehl, Support	\$4,900.00	\$0.00	\$4,900.00	\$0.00
The Strategy Group, Inc. * Memo reference: VNS779H6K86	IND, POS, Sheila Kuehl, Support	\$34,707.69	(\$34,707.69)	\$0.00	\$0.00
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(8) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and me PRO professional services (le PRT print ads	ces rch essenger services gal, accounting)	RFD returned SAL campaign TEL t.v. or cal TRC candidat TRS staff/spo TSF transfer t VOT voter reg WEB informat	n workers' salaries ble airtime and production of e travel, lodging, and meals use travel, lodging, and mea between committees of the s pistration ion technology costs (Intern	lls ame candidate/sponsor et, e-mail)
CODES: If one of the following codes accurate	-			y Officers 137164	
NAME OF FILER			through 6/30	/2015 Page	16 of 19
ccrued Expenses (Unpaid Bills)			Statement cover	/2015 FOI	RM 400
Schedule F		Type or print in ink.			SCHEDULE F

-

	Type or print in ink.			SCHEDULE F		
A		Statement cove				
			72013 Bago	17 of 19		
Coalition of Working Men and Womer	, Nurses, Teachers, Firefig	ghters and Public Safet	/ Officers 1371649			
ately describes the payment, yo	u may enter the code. O	therwise, describe the	e payment.			
MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey reser POS postage, delivery and n	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)			ne candidate/sponsor		
CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
IND, LIT, Sheila Kuehl, Support	\$3,475.00	\$0.00	\$3,475.00	\$0.00		
	Coalition of Working Men and Women ately describes the payment, yo MBR member communication MTG meetings and appearan OFC office expenses PET petition circulating PHO phone banks POL polling and survey reser POS postage, delivery and m PRO professional services (h PRT print ads CODE OR DESCRIPTION OF PAYMENT IND, LIT, Sheila	Coalition of Working Men and Women, Nurses, Teachers, Firefi ately describes the payment, you may enter the code. Of MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads CODE OR DESCRIPTION OF PAYMENT IND, LIT, Sheila S3, 475, 00	Amounts may be rounded to whole dollars. Statement cover from 1/1 through 6/30 Coalition of Working Men and Women, Nurses, Teachers, Firefighters and Public Safety ately describes the payment, you may enter the code. Otherwise, describe the MBR member communications RAD radio aint RFD returned MTG meetings and appearances RAD radio aint RFD returned OFC office expenses SAL campaign TEL tv. or cat PHO phone banks TRC candidat POL polling and survey research PRO professional services (legal, accounting) VOT voter req VOT voter req PRT print ads (a) (b) IND, LIT, Sheila S3, 475, 00 \$0,00	Amounts may be rounded to whole dollars. Statement covers period from CALIFO 1/1/2015 through from 1/1/2015 through CALIFO FOR Page 1 Coalition of Working Men and Women, Nurses, Teachers, Firefighters and Public Safety Officers I.D. NUMBER 1371649 Coalition of Working Men and Women, Nurses, Teachers, Firefighters and Public Safety Officers I.D. NUMBER 1371649 Ately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airlime and production costs SAL campaign workers' salaries MBR member communications MTG meetings and appearances OFC office expenses RAD radio airlime and production costs SAL campaign workers' salaries PET petition circulating PHO phone banks POL poling and survey research PRO professional services (legal, accounting) TEL t.v. or cable airlime and production cost TSF transfer between committees of the san VOT voter registration VOT voter registration PRT print ads (a) (b) (c) IND, LIT, Sheila S3, 475, 00 S0, 00 S3, 475, 00		

•

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$3,475.00	\$0.00	\$3,475.00	\$0.00
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all Schedu accrued expenses of \$100 or more, plus total unitemized payments 	ile F, Column (b) subtotals for s on accrued expenses under \$1	00.)	INCUR	RED TOTALS	(\$75,836.50)
Total accrued expenses paid this period. (Include all Schedule F accrued expenses of \$100 or more, plus total unitemized payments				PAID TOTALS	\$63,933.27
3. Net change this period. (Subtract Line 2 from Line 1. Enter the d and on the Summary Page, Column A, Line 9.)				NET	(\$139,769.77) May be a negative number)

	ous Increases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from 1/1/2015 through 6/30/2015	CALIFORNIA 460 FORM Page 18 of 19
	the We Trust for our Communities - A Coalition of Working Men and for Sheila Kuehl for Supervisor 2014 FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		Prion OF RECEIPT	I.D. NUMBER 1371649 AMOUNT OF INCREASE TO CASH
06/30/2015	Canal Partners Media LLC	Refund		\$6,351.09

•

Attach additional information on appropriately labeled continuation sheets. SUB	TOTAL	\$6,351.09
Schedule I Summary		
1. Itemized increases to cash this period.	ينف في الرواني فإذ والمعروبين	\$6,351.09
2. Unitemized increases to cash of under \$100 this period		\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)		\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)		\$6,351.09
	5000 F	

Notes and Memos

,_`

,

FORM/SCHEDULE	REFERENCE NUMBER (IF APPLICABLE)	TEXT
F	VNS779H6K70	Accrued in Error
F	VNS779H6K86	Accrued in Error