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Late Independent	Expenditure	Report
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NAME OF FILER Local Experience We Trust for Nurses, Teachers, Firefighter	our Communities - A Coalition of W s and Public Safety Officers Organi	orking Men ar	nd Women- eila		his Filing 10/04/2014	LOS ANGELES COUN				
AREA CODE/PHONE NUMBE	R	I.D. NUN	IBER (if applicable)		_	2014 OCT -6 AM 10: 0	For Official Use Only			
		13716	10	F	Report No1	2011001 0 11110-0				
STREET ADDRESS		13710	45		<u> </u>	CAMPAIGN FINANCE				
					Amendment Report No. 1	DISCLOSURE SECTIO				
CITY	<u> </u>	STATE	ZIP CODE		explain below)					
CIT					lo. of Pages 2	1/2				
Los Angeles		CA	90006							
1. List Only One Car	ndidate or Ballot Measur	'ө					,			
NAME OF CANDIDATE S	SUPPORTED OR OPPOSED				NAME OF BALLOT MEASU	RE SUPPORTED OR OPPOSED	<u> </u>			
Sheila Kuehl OFFICE SOUGHT OR HE	I D/DISTRICT NO		SUPPORT	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT OPPOSE			
Other	LEDISION NO.		X	J. TOOL	LINEED I HOMELTICK	CONTROL TO THE STATE OF THE STA				
3 Other	Los Ange	les County	<u> </u>							
2. Independent Expe	enditures Made Attach	additional in	formation on appro	priately labels	d continuation sheets.					
DATE			DES	CRIPTION OF	EXPENDITURE		AMOUNT			
10/03/2014	LIT \$1,165,020.51						7847.71			
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10/03/2014	POS \$1,165,020.51						4044.06			
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Reason for Amendment:							-			

Late Independe	nt Expenditure Rep	ort	Aı		ype or prin be rounde	t in ink. ed to whole dollars.		LATE INDEPE	ENDENT EX	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 Sheila Kuehi for Supervisor 2014					Date of This Filing		. 1	date/stamp GELES COUNT			
AREA CODE/PHONE NUMBER I.D		I.D. NUMBI	I.D. NUMBER (if applicable) 1371649			No	4014 OCT	-6 AM 10:00	For Official Use Only		
STREET ADDRESS					Ame	ndment ort No.	D SCLOS	THE SECTION			
CITY STATE ZIP (ZIP CODE			ow) Pages	2/:				
1. List Only One Can	didate or Ballot Measure										
NAME OF CANDIDATE SU	JPPORTED OR OPPOSED					NAME OF BALLOT MEAS	SURE SUPPOR	TED OR OPPOSED			
OFFICE SOUGHT OR HEL	D/DISTRICT NO.		SUPPORT	OPPOSE		BALLOT NO/LETTER	JURI	SDICTION		SUPPORT	OPPOSE
2. Independent Exper	nditures Made Attach a	iditional infor	mation on app	ropriately lat	eled contin	uation sheets.				<u> </u>	1
DATE	DESCRIPTION OF EXPENDITURE								AMOUNT		
10/03/2014 	POS \$1,165,020.51									34	707.69

Reason for Amendment:

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KAUFMAN LEGAL GROUP APC