

19.

Torrance
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 CAMPAIGN FINANCE DISCLOSURE SECTION

Statement of Organization Recipient Committee

Statement Type

Initial
Not yet qualified or

Amendment
List I.D. number:

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

1. Committee Information

NAME OF COMMITTEE

Leilani Kimmel-Dagostino for Torrance City Council 2014

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Torrance

CA 90503

[REDACTED]

MAILING ADDRESS (IF DIFFERENT)

[REDACTED]

Torrance CA 90501

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Torrance

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Leilani Kimmel-Dagostino

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Torrance

CA 90503

[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Leilani Kimmel-Dagostino

STREET ADDRESS (NO P.O. BOX)

[REDACTED]

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Torrance

CA 90503

[REDACTED]

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the information provided is true and correct.

Executed on 8-28-13 By _____

DATE

TREASURER

Executed on 8-28-13 By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____

DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

Leilani Kimmel-Dagostino for Torrance City Council 2014

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

NAME OF FINANCIAL INSTITUTION Torrance Community Credit Union		AREA CODE/PHONE (310)618-9111	BANK ACCOUNT NUMBER [REDACTED]	
ADDRESS 2377 Crenshaw Blvd	CITY Torrance	STATE CA	ZIP CODE 90501	

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Leilani Kimmel-Dagostino	Torrance City Council	2014	<input checked="" type="checkbox"/> Nonpartisan
			<input type="checkbox"/> Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>