

**Statement of Organization  
Recipient Committee**

**Statement Type**

Initial

Not yet qualified  or

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee

Amendment

List I.D. number:

# 1360192

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date qualified as committee  
(if applicable)

Termination – See Part 5

List I.D. number:

# 13601

06 / 30 / 2014  
Date of Termination

Date Stamp	<b>CALIFORNIA FORM 410</b>
RECEIVED	For Official Use Only
2014 JUL -9 PM 1:04	
CITY OF TORRANCE CITY CLERK'S OFFICE	

**1. Committee Information**

NAME OF COMMITTEE

Leilani Kimmel Dagostino for Torrance City Council 2014

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT)

\_\_\_\_\_ Torrance CA 90503

FAX / E-MAIL ADDRESS

\_\_\_\_\_

COUNTY OF DOMICILE

JURISDICTION WHERE COMMITTEE IS ACTIVE

Los Angeles \_\_\_\_\_

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Leilani Kimmel Dagostino

STREET ADDRESS (NO P.O. BOX)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 \_\_\_\_\_

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)

\_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE

Torrance CA 90503 \_\_\_\_\_

*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 foregoing is true and correct.

Executed on 7-9-14 By \_\_\_\_\_

DATE

\_\_\_\_\_  
TREASURER

Executed on 7-9-14 By \_\_\_\_\_

DATE

\_\_\_\_\_  
DATE, 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

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COMMITTEE NAME

Leilani Kimmel Dagostino for Torrance City Council 2014

I.D. NUMBER

1360192

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

NAME OF FINANCIAL INSTITUTION <b>Torrance Community Credit Union</b>	AREA CODE/PHONE <b>(310)618-9111</b>	BANK ACCOUNT NUMBER <b>[REDACTED]</b>
ADDRESS <b>2377 Crenshaw Blvd #150</b>	CITY <b>Torrance</b>	STATE <b>CA</b>
		ZIP CODE <b>90501</b>

**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"/>

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COMMITTEE NAME

Leilani Kimmel Dagostino for Torrance City Council 2014

I.D. NUMBER

1360192

**4. Type of Committee** (Continued)

**General Purpose Committee**

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee  COUNTY Committee  STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

**Sponsored Committee**

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

**Small Contributor Committee**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified

**5. Termination Requirements**

By signing this verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
  - This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - This committee has no surplus funds; and
  - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 - 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.