COVER PAGE

Recipient Committee Campaign Statement Cover Page

Date Stamp: RECEIVED 2016 JAN 29 AM 10:32 CITY OF TORRANCE CITY CLERK'S OFFICE

CALIFORNIA FORM **460**

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period from 7-1-15 through 12-31-15

Date of election if applicable: (Month, Day, Year) 6-7-16

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [ ] Preelection Statement
- [x] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1370226

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Leilani Kimmel-Dagostino For Torrance City Council 2016

STREET ADDRESS (NO P.O. BOX): [redacted]

CITY: Torrance | STATE: CA | ZIP CODE: 90503 | AREA CODE/PHONE: [redacted]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: [redacted]

CITY: Torrance | STATE: CA | ZIP CODE: 90501 | AREA CODE/PHONE: [redacted]

OPTIONAL: FAX / E-MAIL ADDRESS: [redacted]

Treasurer(s)

NAME OF TREASURER: Leilani Kimmel-Dagostino

MAILING ADDRESS: [redacted]

CITY: Torrance | STATE: CA | ZIP CODE: 90503 | AREA CODE/PHONE: [redacted]

NAME OF ASSISTANT TREASURER, IF ANY:

MAILING ADDRESS:

CITY | STATE | ZIP CODE | AREA CODE/PHONE:

OPTIONAL: FAX / E-MAIL ADDRESS: [redacted]

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 1-29-16 (Date) By [redacted] (Signature of Treasurer or Assistant Treasurer)

Executed on 1-29-16 (Date) By [redacted] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Leilani Kimmel-Dagostino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Torrance City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Torrance	CA	90503

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 6550.08	$ 12752.08
2. Loans Received	*Schedule B, Line 3*	7000.00	30000.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 13550.08	$ 42752.08
4. Nonmonetary Contributions	*Schedule C, Line 3*	140.00	140.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 13690.08	$ 42892.08

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 4933.91	$ 8689.57
7. Loans Made	*Schedule H, Line 3*	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 4933.91	$ 8689.57
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	-0-	-0-
10. Nonmonetary Adjustment	*Schedule C, Line 3*	140.00	140.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 5073.91	$ 8829.57

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 25446.34
13. Cash Receipts	*Column A, Line 3 above*	13550.08
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	-0-
15. Cash Payments	*Column A, Line 8 above*	4933.91
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 34062.51

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ -0-
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 7000.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-6-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2120.00	
7-13-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2220.00	
7-20-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2320.00	
7-27-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2420.00	
8-3-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2520.00	
			SUBTOTAL $	500.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 3650.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 2900.08
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL $** 6550.08

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM 460

NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-10-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2620.00	
8-17-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2720.00	
8-24-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2820.00	
8-27-15	Robert Van Lingen [redacted] Torrance, CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Van Lingen Leasing	300.00	550.00	
8-31-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	2920.00	
			SUBTOTAL $ 700.00			

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM **460**

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NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-4-15	Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self, Leilani Kimmel-Dagostino Financial Advisor	100.00	3020.00	
9-14-15	Shawn Steel [redacted] Seal Beach, CA 90740	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Law Offices of Shawn Steel	250.00	250.00	
9-21-15	Dorothy Warner-Jeheber [redacted] Torrance, CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
9-24-15	Charlotte Svolos [redacted] Torrance, CA 90501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Teacher Torrance Unified School District	100.00	100.00	
9-24-15	James Duarte [redacted] Torrance, CA 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Firefighter City of Torrance	100.00	100.00	
			SUBTOTAL $	650.00		

*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

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-15
through 12-31-15

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NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-28-15	Allen Inouye [redacted] Santa Monica, CA 90404	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist Allen Inouye DDS	250.00	250.00	
10-9-15	Elizabeth Ciotti [redacted] Torrance, CA 90503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
10-26-15	Charles Holmes [redacted] Manhattan Beach, CA 90266	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150.00	
12-9-15	Torrance Police Officers Association [redacted] Torrance, CA 90501	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC	Police Officers Union	1000.00	1000.00	
12-18-15	Michael Carney [redacted] Torrance, CA 90505	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	300.00	
			SUBTOTAL $ 1800.00			

*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

Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self Leilani Kimmel-Dagostino Financial Advisor	$ 5,000	$ -0-	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 5,000 12-31-16 DATE DUE	0 % RATE $ -0-	$ 5,000 12-1-14 DATE INCURRED	CALENDAR YEAR $ 5,000 PER ELECTION** $ 5,000
Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self Leilani Kimmel-Dagostino Financial Advisor	$ 23,000	$ 18,000	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 23,000 12-31-16 DATE DUE	0 % RATE $ -0-	$ 18,000 6-3-15 DATE INCURRED	CALENDAR YEAR $ 23,000 PER ELECTION** $ 23,000
Leilani Kimmel-Dagostino [redacted] Torrance, CA 90503 † ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	self Leilani Kimmel-Dagostino Financial Advisor	$ 30,000	$ 7,000	☐ PAID $ _____ ☐ FORGIVEN $ _____	$ 30,000 12-31-16 DATE DUE	0 % RATE $ -0-	$ 7,000 12-31-15 DATE INCURRED	CALENDAR YEAR $ 30,000 PER ELECTION** $ 30,000
	SUBTOTALS	$ 25,000	$ -0-	$ -0-		$ -0- (Enter (e) on Schedule E, Line 3)		

Schedule B Summary

1. Loans received this period ..... $ 7,000
   (Total Column (b) plus unitemized loans of less than $100.)
2. Loans paid or forgiven this period ..... $ -0-
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ 7,000
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C

CALIFORNIA FORM **460**

Statement covers period
from 7-1-15
through 12-31-15

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER

1370226

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12-15-15	Kathryn Endo-Roberts [redacted] Torrance, CA 90504	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	candy	140.00	140.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $** 140.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ 140.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ -0-
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** 140.00

*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

SCHEDULE E

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, 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 supporting/opposing others (explain)*
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 costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The Depot 1250 Cabrillo Ave Torrance, CA 90501	FND	Fundraiser - food	480.00
RFC Communications 721 Border Avenue Torrance, CA 90501	LIT	Yard Signs	2180.00
RFC Communications 721 Border Avenue Torrance, CA 90501	LIT	Door hangers and business cards	2245.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $4905.40

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 4933.91
2. Unitemized payments made this period of under $100 ..... $ -0-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL** $ 4933.91

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7-1-15
through 12-31-15

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Leilani Kimmel-Dagostino for Torrance City Council 2016

I.D. NUMBER
1370226

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, 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 supporting/opposing others (explain)*
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 costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Paypal - WEB		Processing fees	28.51

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $28.51