Executed on



Statement of Organization **CALIFORNIA Recipient Committee** Statement Type **V** Initial Amendment List I.D. number: Not yet qualified or Date qualified as committee Date of Termination Date qualified as committee (If applicable) 2. Treasurer and Other Principal Officer 1. Committee Information NAME OF COMMITTEE NAME OF TREASURER Capitelli for Costa Mesa City Council 2014 Rohit Joy STREET ADDRESS (NO P.O. BOX) STREET ADDRESS (NO P.O. BOX) Deputy 1630 North Main Street #192 138 Lexington Lane ZIP CODE STATE AREA CODE/PHONE (916)538-7466 CA 92626 Walnut Creek CA 94596 Costa Mesa MAILING ADDRESS (IF DIFFERENT) NAME OF ASSISTANT TREASURER, IF ANY FAX / E-MAIL ADDRESS STREET ADDRESS (NO P.O. BOX) tony.capitelli@gmail.com COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE CITY ZIP CODE AREA CODE/PHONE Costa Mesa Orange NAME OF PRINCIPAL OFFICER(S) STREET ADDRESS (NO P.O. BOX) Attach additional information on appropriately labeled continuation sheets. ZIP CODE AREA CODE/PHONE 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 07/30/2013 Executed on SIGNATURE OF TRASURER OR ASSISTANT TREASURER Executed on SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

FPPC Form 410 (Dec/2012)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Statement of Organization				CALIFORNIA 110
Recipient Committee	•			FORM 410
NSTRUCTIONS ON REVERSE			·	Page 2
OMMITTEE NAME				I.D. NUMBER
Capitelli for Costa Mesa City Council 2014				
All committees must list the financial institution where the campaig	n bank account is located.			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOL	JNT NUMBER	···
Comerica Bank	(925)988-034	17		
ADDRESS	CITY	STATE	ZIP CODE	
1442 North Main Street	Walnut Creel	k CA	94596	
 List the political party with which each officeholder or candida If this committee acts jointly with another controlled committee NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT 	ee, list the name and ider вьесті		er controlled committee. YEAR OF ELECTIO	DN PARTY
TAME OF GRADEN AND THE STATE OF	,,,,,,			Nonpartisan
Tony Capitelli	Costa Mesa Cit	y Council	2014	
				Nonpartisan
Primarily Formed Committee Primarily formed to support o CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR		ntes or measures in a single e CANDIDATE(S) OFFICE SOUGHT OR F (INCLUDE DISTRICT NO., CITY	IELD OR MEASURE(S) JURISDICTIC	ON CHECK ONE SUPPORT OPPOSE
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