

**Statement of Organization
Recipient Committee**

Statement Type

Initial

Not yet qualified or

Amendment

List I.D. number:

1359783

10 / 09 / 2013

Date qualified as committee
(if applicable)

Termination - See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

RECEIVED
CITY CLERK

Date Stamp

14 JAN -8 AM 9:11

CITY OF COSTA MESA
BY _____

**CALIFORNIA
FORM 410**

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Capitelli for Costa Mesa City Council 2014

STREET ADDRESS (NO P.O. BOX)

138 Lexington Lane

CITY STATE ZIP CODE AREA CODE/PHONE

Costa Mesa CA 92626 (661)312-3641

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

tony.capitelli@gmail.com

COUNTY OF DOMICILE

Orange

JURISDICTION WHERE COMMITTEE IS ACTIVE

Costa Mesa

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Joyce Bassil

STREET ADDRESS (NO P.O. BOX)

927 Natchez Street

CITY STATE ZIP CODE AREA CODE/PHONE

San Pedro CA 90731 (310)218-9357

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 1/6/2014 By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 1-6-2014 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

**CALIFORNIA
FORM 410**

COMMITTEE NAME

Capitelli for Costa Mesa City Council 2014

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I.D. NUMBER

1359783

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

| | | | |
|---|---|-----------------------------------|--------------------------|
| NAME OF FINANCIAL INSTITUTION Comerica Bank | AREA CODE/PHONE (714)435-3900 | BANK ACCOUNT NUMBER [REDACTED] | |
| ADDRESS 611 Anton Boulevard | CITY Costa Mesa | STATE CA | ZIP CODE 92626 |

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 |
|--|---|------------------|---|
| Tony Capitelli | Costa Mesa 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"/> |