

**Statement of Organization  
Recipient Committee**

Statement Type

Initial  
Not yet qualified  or

Amendment

List I.D. number:

# 1359783

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

10 / 09 / 2013

Date qualified as committee  
(if applicable)

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

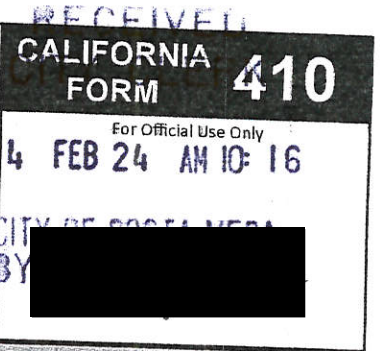
# \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Termination

**RECEIVED AND FILED**  
in the office of the Secretary of State  
of the State of California

JAN 08 2014

**DEBRA BOWEN**  
Secretary of State



**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 JURISDICTION WHERE COMMITTEE IS ACTIVE

Orange Costa Mesa

Attach additional information on appropriately labeled continuation sheets.

**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

**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 [REDACTED]  
 Executed on 1-6-2014 By [REDACTED]  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_

**Statement of Organization  
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA  
FORM 410**

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COMMITTEE NAME

Capitelli for Costa Mesa City Council 2014

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"/>