

**Statement of Organization
Recipient Committee**

Statement Type

Initial
Not yet qualified or

Amendment

List I.D. number:
1359783

Termination – See Part 5

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

_____/_____/_____
Date of Termination

RECEIVED
CITY CLERK
Date Stamp

15 MAY 26 AM 9:00

CITY OF COSTA MESA
BY _____

CALIFORNIA FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Capitelli for Costa Mesa City Council 2016

STREET ADDRESS (NO P.O. BOX)

138 Lexington Ln

<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>
<u>Costa Mesa</u>	<u>CA</u>	<u>92626</u>	<u>(661)312-3641</u>

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

tony.capitelli@gmail.com

<small>COUNTY OF DOMICILE</small>	<small>JURISDICTION WHERE COMMITTEE IS ACTIVE</small>
<u>Orange</u>	<u>Costa Mesa</u>

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Julia Capitelli

STREET ADDRESS (NO P.O. BOX)

138 Lexington Ln

<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>
<u>Costa Mesa</u>	<u>CA</u>	<u>92626</u>	<u>(949)887-1064</u>

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>
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NAME OF PRINCIPAL OFFICER(S)

STREET ADDRESS (NO P.O. BOX)

<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>AREA CODE/PHONE</small>
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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 05/19/2015 By _____
DATE

Executed on 05/19/2015 By _____
DATE

Executed on _____ By _____
DATE

Executed on _____ By _____
DATE

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

COMMITTEE NAME
Capitelli for Costa Mesa City Council 2016

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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	2016	<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"/>