

**Statement of Organization  
Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or  
 # 1359783  
 \_\_\_\_\_  
 Date qualified as committee (If applicable) \_\_\_\_\_  
 Date of Termination \_\_\_\_\_

RECEIVED  
 CITY CLERK  
 DEC -3 AM 10:00  
 CITY OF COSTA MESA  
 BY \_\_\_\_\_

**CALIFORNIA FORM 410**  
 For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE  
Capitelli for Costa Mesa City Council 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

**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 310/2189357  
 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 11/27/2013 By \_\_\_\_\_  
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 Executed on 11/27/2013 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

Page 2

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 ZIP CODE CA 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"/>