

**Statement of Organization Recipient Committee**

Statement Type  Initial  Amendment  Termination – See Part 5  
 Not yet qualified  or List I.D. number: # 1359783 # 1359783  
 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date qualified as committee (if applicable) 01/31/2016 Date of Termination

RECEIVED  
CITY CLERK  
Date Stamp

16 FEB -1 AM 8:40  
CITY OF COSTA MESA  
BY *m. tray*

**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**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Costa Mesa CA 92626 (661)312-3641**

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER  
**Julie Capitelli**

STREET ADDRESS (NO P.O. BOX)  
**138 Lexington Ln**

CITY STATE ZIP CODE AREA CODE/PHONE  
**Costa Mesa CA 92626 (661)312-3641**

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 11-31-2016 By [REDACTED]  
 Executed on 1-31-2016 By [REDACTED]  
 Executed on \_\_\_\_\_ By \_\_\_\_\_  
 Executed on \_\_\_\_\_ By \_\_\_\_\_