

Statement of Organization Recipient Committee

Statement Type

☒ Initial

Not yet qualified ☒ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

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

☐ Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp



CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Scalmanini for City Council 2016

STREET ADDRESS (NO P.O. BOX)

907 N Oak St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ukiah	CA	95482	(707) 391-5853

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

sscalmanini@yahoo.com

COUNTY OF DOMICILE

Mendocino

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Ukiah

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Antonina Esposito

STREET ADDRESS (NO P.O. BOX)

907 N Oak St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ukiah	CA	95482	(707) 391-6434

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Stephen G. Scalmanini

STREET ADDRESS (NO P.O. BOX)

907 N Oak St

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Ukiah	CA	95482	(707) 391-5853

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	August 10, 2016	By	
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	August 10, 2016	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

FPPC Form 410 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

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INSTRUCTIONS ON REVERSE



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COMMITTEE NAME

Scalmanini for City Council 2016

I.D. NUMBER

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

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
Stephen G. Scalmanini	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 <input type="checkbox"/>	OPPOSE <input type="checkbox"/>
		SUPPORT <input type="checkbox"/>	OPPOSE <input type="checkbox"/>