

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or
_____/_____/_____
Date qualified as committee

Amendment
List I.D. number:
1290041
08 / 25 / 06
Date qualified as committee
(If applicable)

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

_____/_____/_____
Date of Termination

Date Stamp RECEIVED 2013 JUL 31 PM 2:29 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 410
	For Official Use Only

1. Committee Information

NAME OF COMMITTEE
ED SELICH FOR CITY COUNCIL

STREET ADDRESS (NO PO BOX)
627 BAYSIDE DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CORONA DEL MAR	CA	92625	949-723-6383

MAILING ADDRESS (IF DIFFERENT)
PO BOX 12671 NEWPORT BEACH, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
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Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RAYMOND J. ZARTLER

STREET ADDRESS
1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92660	949-759-9341

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 29 July 2013
DATE

Executed on July 30 2013
DATE

Executed on _____
DATE

Executed on _____
DATE

By Raymond J. Zartler
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Sheld Red
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE OR STATE MEASURE PROPONENT