

**Statement of Organization
Recipient Committee**

Type or print in ink

RECEIVED

STATEMENT OF ORGANIZATION

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

Amendment
List I.D. number:
1290041
8/29/2004
Date qualified as committee
(if applicable)

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

_____/_____/_____
Date of Termination

Date Stamp
AUG 17 PM 4:27
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 2010

STREET ADDRESS (NO P.O. BOX)
627 Bayside Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	(949) 723-6383

MAILING ADDRESS (IF DIFFERENT)
P.O. 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
Orange	

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Patricia Zartler

STREET ADDRESS
1970 Port Provence Pl.

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE
Ed Selich

MAILING ADDRESS
627 Bayside Drive

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	(949) 723-6383

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 7-17-14
DATE

Executed on _____
DATE

Executed on _____
DATE

Executed on _____
DATE

By Patricia Zartler
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
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