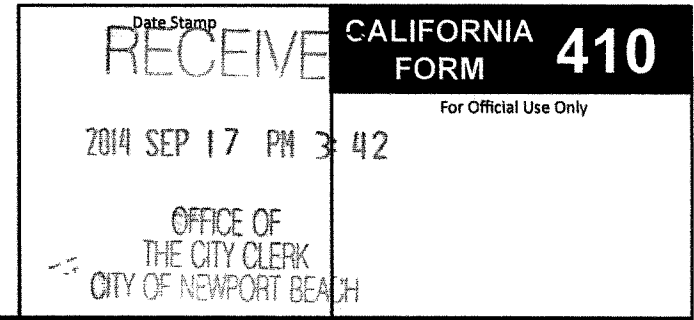


**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination – See Part 5
 Not yet qualified or
 List I.D. number: # 1290041
 Date qualified as committee: 08/29/2006
 (If applicable)
 Date of Termination: _____



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
Newport Beach Ca 92660 (949)300-9465
 MAILING ADDRESS (IF DIFFERENT)
PO Box 12671, Newport Beach Ca 92658
 FAX / E-MAIL ADDRESS
edselich@roadrunner.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Orange Newport Beach Ca

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Gabriel Schmidt
 STREET ADDRESS (NO P.O. BOX)
35 Sheridan Lane
 CITY STATE ZIP CODE AREA CODE/PHONE
Ladera Ranch Ca 92694 (949)922-1353
 NAME OF ASSISTANT TREASURER, IF ANY

 STREET ADDRESS (NO P.O. BOX)

 CITY STATE ZIP CODE AREA CODE/PHONE

 NAME OF PRINCIPAL OFFICER(S)
Ed Selich
 STREET ADDRESS (NO P.O. BOX)
627 Bayside Drive
 CITY STATE ZIP CODE AREA CODE/PHONE
Newport Beach Ca 92660 (949)300-9465

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 _____ By [Signature] 9/12/14
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on SEP 12, 2014 By [Signature]
 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