**Recipient Committee Campaign Statement Cover Page**

(Government Code Sections 84260-84216.5)

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<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>Date of election if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>from OCT 1, 2012</td>
<td>(Month, Day, Year)</td>
</tr>
<tr>
<td>through OCT 20, 2012</td>
<td>NOV 6, 2012</td>
</tr>
</tbody>
</table>

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**1. Type of Recipient Committee:**

- [x] Officeholder, Candidate Controlled Committee
  - [ ] State Candidate Election Committee
  - [ ] Recall (Also Complete Part 5)
  - [ ] General Purpose Committee
    - [ ] Sponsored
    - [ ] Small Contributor Committee
    - [ ] Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - [ ] Controlled
  - [ ] Sponsored (Also Complete Part 5)
- [ ] Primarily Formed Candidate/Officeholder Committee
  - [ ] (Also Complete Part 7)

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**2. Type of Statement:**

- [x] Prelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)

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**3. Committee Information**

<table>
<thead>
<tr>
<th>I.D. NUMBER</th>
<th>1290041</th>
</tr>
</thead>
</table>

**COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE):**

ED SELICH FOR CITY COUNCIL, 2012

**STREET ADDRESS (NO P.O. BOX):**

627 BAYSIDE DRIVE

**CITY**

CORONA DEL MAR

**STATE**

CA

**ZIP CODE**

92625

**AREA CODE/PHONE**

949.723.6383

**MAILING ADDRESS IF DIFFERENT NO. AND STREET OR P.O. BOX:**

P.O. BOX 12671

**CITY**

NEWPORT BEACH

**STATE**

CA

**ZIP CODE**

92658

**AREA CODE/PHONE**

949.759.9341

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**Treasurer(s):**

**NAME OF TREASURER**

RAYMOND J. ZARTLER

**MAILING ADDRESS**

1970 PORT PROVENCE

**CITY**

NEWPORT BEACH

**STATE**

CA

**ZIP CODE**

92660

**AREA CODE/PHONE**

949.759.9341

**NAME OF ASSISTANT TREASURER, IF ANY**

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**MAILING ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**AREA CODE/PHONE**

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**Optional: Fax / E-mail Address**

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**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules 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 7-22-2012**

**Date**

**By**

Signature of Treasurer or Assistant Treasurer

**Executed on 7-22-2012**

**Date**

**By**

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

**Executed on**

**Date**

**By**

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Executed on**

**Date**

**By**

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California
5. Officeholder or Candidate Controlled Committee

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>EDWARD D. SELICH</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)</td>
<td>COUNCIL MEMBER, CITY OF NEWPORT BEACH, DISTRICT 5</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>CITY</td>
</tr>
<tr>
<td>627 BAYSIDE DRIVE</td>
<td>CORONA DEL MAR, CA</td>
</tr>
</tbody>
</table>

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

<table>
<thead>
<tr>
<th>COMMITTEE NAME</th>
<th>I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>COMMITTEE NAME</td>
<td>I.D. NUMBER</td>
</tr>
<tr>
<td>NAME OF TREASURER</td>
<td>CONTROLLED COMMITTEE?</td>
</tr>
<tr>
<td>STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th>BALLOT NO. OR LETTER</th>
<th>JURISDICTION</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>
| Identify the controlling officeholder, candidate, or state measure proponent, if any.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>DISTRICT NO. IF ANY</th>
</tr>
</thead>
</table>

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

<table>
<thead>
<tr>
<th>NAME OF OFFICEHOLDER OR CANDIDATE</th>
<th>OFFICE SOUGHT OR HELD</th>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
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<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
### Contributions Received

1. Monetary Contributions ................................ Schedule A, Line 3 $ 500 $ 8,000
2. Loans Received .............................................. Schedule B, Line 3 0 0
3. SUBTOTAL CASH CONTRIBUTIONS ................. Add Lines 1 + 2 $ 500 $ 8,000
4. Nonmonetary Contributions ........................... Schedule C, Line 3 0 0
5. TOTAL CONTRIBUTIONS RECEIVED ............. Add Lines 3 + 4 $ 500 $ 8,000

### Expenditures Made

6. Payments Made ............................................. Schedule E, Line 4 $ 0 $ 51,136
7. Loans Made .................................................. Schedule H, Line 3 0 0
8. SUBTOTAL CASH PAYMENTS ......................... Add Lines 6 + 7 $ 0 $ 51,136
9. Accrued Expenses (Unpaid Bills) ................. Schedule F, Line 3 0 0
10. Nonmonetary Adjustment ............................. Schedule C, Line 3 0 0
11. TOTAL EXPENDITURES MADE ....................... Add Lines 8 + 9 + 10 $ 0 $ 51,136

### Current Cash Statement

12. Beginning Cash Balance ............................. Previous Summary Page, Line 16 $ 13,412
13. Cash Receipts .............................................. Schedule A, Line 3 above $ 500
14. Miscellaneous Increases to Cash ................ Schedule I, Line 4 0 0
15. Cash Payments ............................................. Schedule A, Line 8 above 0 0
16. ENDING CASH BALANCE ......................... Add Lines 12 + 13 + 14, then subtract Line 15 $ 13,912

*If this is a termination statement, Line 16 must be zero.*

### Cash Equivalents and Outstanding Debts

18. Cash Equivalents ........................................ See instructions on reverse $ 0
19. Outstanding Debts ...................................... Add Line 2 + Line 9 in Column B above $ 0

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**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

<table>
<thead>
<tr>
<th>Date of Election (mm/d/dyy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Amounts in this section may be different from amounts reported in Column B.

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FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
### Schedule A
Monetary Contributions Received

**NAME OF FILER**
ED SELICH FOR CITY COUNCIL, 2012

<table>
<thead>
<tr>
<th>DATE RECEIVED</th>
<th>FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)</th>
<th>CONTRIBUTOR CODE</th>
<th>IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS</th>
<th>AMOUNT RECEIVED THIS PERIOD</th>
<th>CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)</th>
<th>PER ELECTION TO DATE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCT 20</td>
<td>O.C. AUTOMOBILE DEALERS ASSOCIATION</td>
<td></td>
<td></td>
<td>$500.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule A Summary**

1. Amount received this period – Itemized monetary contributions.  
   (Include all Schedule A subtotals.) ......................................................... $ 500.00

2. Amount received this period – Unitemized monetary contributions of less than $100 .......... $ 0

3. Total monetary contributions received this period.  
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ................. TOTAL $ 500.00

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*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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