Statement of Organization
Recipient Committee

Statement Type  ☑ Amendment
☐ Initial
☐ Not yet qualified  ☑ or

List I.D. number:
# 1290041
# 8, 25, 2006

1. Committee Information
NAME OF COMMITTEE
Ed Selich for City Council 2010

STREET ADDRESS (NO P.O. BOX)
627 Bayside Drive
Corona del Mar, CA 92625

MAILING ADDRESS (IF DIFFERENT)
P.O. Box 12671, Newport Beach, CA 92658

OPTIONAL: FAX/E-MAIL ADDRESS

COUNTY OF DOMICILE
Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers
NAME OF TREASURER
Patricia Zartler

STREET ADDRESS
1970 Port Provence Pl.
Newport Beach, CA 92660

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

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

MAILING ADDRESS
627 Bayside Drive
Corona del Mar, CA 92625

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

By ________________________________
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _______________________
DATE

By ________________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _______________________
DATE

By ________________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

Executed on _______________________
DATE

By ________________________________
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FFPC Form 410 (January/05)
FFPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)