1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [ ] Officeholder, Candidate Controlled Committee
- [ ] State Candidate Election Committee
- [ ] Recall
  (Also Complete Part 5)
- [x] Primarily Formed Ballot Measure Committee
- [ ] Controlled
  (Also Complete Part 6)
- [ ] Sponsored
  (Also Complete Part 6)
- [ ] General Purpose Committee
- [ ] Sponsored
- [ ] Small Contributor Committee
- [ ] Political Party/Central Committee
- [x] Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

- [ ] Preelection Statement
- [ ] Semianual Statement
- [ ] Termination Statement
  (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection
  Statement - Attach Form 495

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 2010

<table>
<thead>
<tr>
<th>STREET ADDRESS (NO P.O. BOX)</th>
<th>627 Bayside Drive</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
<td>Newport Beach</td>
</tr>
<tr>
<td>STATE</td>
<td>Ca</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>92660</td>
</tr>
<tr>
<td>AREA CODE/PHONE</td>
<td>949-300-9465</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX</th>
</tr>
</thead>
</table>

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:**

- [ ] July 30, 2015
- [ ] July 30, 2015
- [ ] Date
- [ ] Date
- [ ] Date

**By:**

- Signature of Treasurer or Assistant Treasurer
- Signature of Controlling Officer(s), Candidate, State Measure Proponent or Responsible Officer of Sponsor
- Signature of Controlling Officer(s), Candidate, State Measure Proponent
- Signature of Controlling Officer(s), Candidate, State Measure Proponent

**Name:**

Gabriel Schmidt

**Address:**

35 Sheridan Lane

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>AREA CODE/PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ladera Ranch</td>
<td>Ca</td>
<td>92694</td>
<td>949-922-1353</td>
</tr>
</tbody>
</table>

**Name of Assistant Treasurer, if any:**

**Mailing Address:**

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

edselich@roadrunner.com

**Treasurer(s):**

**FPPC Form 460 (January/85)**

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

**State of California**
5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Edward D Selich

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member Newport Beach District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)    CITY    STATE    ZIP
627 Bayside Drive    Newport Beach Ca 92660

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>
</tbody>
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<tr>
<th>COMMITTEE ADDRESS</th>
<th>STREET ADDRESS (NO P.O. BOX)</th>
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6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER    JURISDICTION

Identify the controlling officeholder, candidate, or state measure proponent, if any.

| NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent |
| OFFICE SOUGHT OR HELD    DISTRICT NO. IF ANY |

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>
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<tbody>
<tr>
<td></td>
<td>SUPPORT</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Contributions Received

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

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received $ ____________ $ ____________  
21. Expenditures Made $ ____________ $ ____________  

Expenditures Made

6. Payments Made .............................................. Schedule E, Line 4 $ _______ 50.00 $ _______ 50.00  
7. Loans Made .................................................. Schedule H, Line 3  
8. SUBTOTAL CASH PAYMENTS ............................. Add Lines 6 + 7 $ _______ 50.00 $ _______ 50.00  
9. Accrued Expenses (Unpaid Bills) ......................... Schedule F, Line 3  
10. Nonmonetary Adjustment .................................. Schedule C, Line 3  
11. TOTAL EXPENDITURES MADE .......................... Add Lines 8 + 9 + 10 $ _______ 50.00 $ _______ 50.00  

Current Cash Statement

12. Beginning Cash Balance ................................. Previous Summary Page, Line 16 $ _______ 10,362.54  
13. Cash Receipts ............................................... Column A, Line 3 above  
14. Miscellaneous Increases to Cash ......................... Schedule I, Line 4  
15. Cash Payments .............................................. Column A, Line 8 above $ _______ 50.00  
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ _______ 10,312.54  

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*  
Date of Election (mm/dd/yy) Total to Date  
/ / / $ _______  
/ / / $ _______  

*Amounts in this section may be different from amounts reported in Column B.
Schedule E Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Ed Selich For City Council 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMB campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings
MEB member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
RKT print ads
RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF PAYEE</th>
<th>CODE</th>
<th>DESCRIPTION OF PAYMENT</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secretary of State</td>
<td>FIL</td>
<td>Annual Fee</td>
<td>50.00</td>
</tr>
</tbody>
</table>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 50.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) $ 50.00
2. Unitized payments made this period of under $100 $
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) $
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL $ 50.00