Recipient Committee
Campaign Statement
Cover Page

Statement covers period from Jan 1, 2015 through June 30, 2015

Date of election if applicable: (Month, Day, Year)

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

2. Type of Statement:
   - [ ] Preelection Statement
   - [ ] Semi-annual Statement
   - [ ] Termination Statement
     (Also file a Form 410 Termination)
   - [x] Amendment (Explain below)
     Correct Error in Semi-annual Statement

3. Committee Information
   I.D. NUMBER 1290041
   COMMITTEE NAME (OR CANDIDATE’S NAME IF NO COMMITTEE)
   Ed Selich For City Council 2010

   STREET ADDRESS (NO P.O. BOX)
   627 Bayside Drive
   CITY Newport Beach
   STATE Ca
   ZIP CODE 92660
   AREA CODE/PHONE 949-300-9465

   MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
   CITY
   STATE
   ZIP CODE
   AREA CODE/PHONE

   OPTIONAL: FAX / E-MAIL ADDRESS
   edselich@roadrunner.com

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 Jan 11, 2016
   By
   Signature of Treasurer or Assistant Treasurer

   Executed on Jan 11, 2016
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

   Executed on
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

   Executed on
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COMMITTEE ADDRESS</td>
<td>STREET ADDRESS (NO P.O. BOX)</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER | JURISDICTION | SUPPORT | OPPOSE
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>
<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>
<td>OPPOSE</td>
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<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
# Campaign Disclosure Statement

## Summary Page

Amounts may be rounded to whole dollars.

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM 460</th>
</tr>
</thead>
<tbody>
<tr>
<td>from Jan 1, 2015</td>
<td>Page 3 of 4</td>
</tr>
<tr>
<td>through June 30, 2015</td>
<td>I.D. NUMBER 1290041</td>
</tr>
</tbody>
</table>

### Contributions Received

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>Schedule A, Line 3</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>Schedule B, Line 3</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>Add Lines 1 + 2</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>Schedule C, Line 3</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>Add Lines 3 + 4</td>
<td>$1,182.00</td>
</tr>
</tbody>
</table>

| Calendar Year Summary for Candidates Running in Both the State Primary and General Elections |
| 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | $1,182.00 |
| 21. Expenditures Made | $1,182.00 |

### Expenditures Made

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>Schedule E, Line 4</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>Schedule H, Line 3</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>Add Lines 6 + 7</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>Schedule F, Line 3</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>Schedule C, Line 3</td>
<td>$1,182.00</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>Add Lines 8 + 9 + 10</td>
<td>$1,182.00</td>
</tr>
</tbody>
</table>

### Current Cash Statement

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.</td>
<td>Beginning Cash Balance</td>
<td>Previous Summary Page, Line 16</td>
</tr>
<tr>
<td>13.</td>
<td>Cash Receipts</td>
<td>Column A, Line 3 above</td>
</tr>
<tr>
<td>14.</td>
<td>Miscellaneous Increases to Cash</td>
<td>Schedule I, Line 4</td>
</tr>
<tr>
<td>15.</td>
<td>Cash Payments</td>
<td>Column A, Line 8 above</td>
</tr>
</tbody>
</table>

**Ending Cash Balance**

Add Lines 12 + 13 + 14, then subtract Line 15

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).

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.</td>
<td>LOAN GUARANTEES RECEIVED</td>
<td>Schedule B, Part 2</td>
</tr>
</tbody>
</table>

### Cash Equivalents and Outstanding Debts

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Column A</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.</td>
<td>Cash Equivalents</td>
<td>See instructions on reverse</td>
</tr>
<tr>
<td>19.</td>
<td>Outstanding Debts</td>
<td>Add Line 2 + Line 9 in Column B above</td>
</tr>
</tbody>
</table>

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FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov
## Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 1,150.00
2. Unitemized payments made this period of under $100 ................................................................................. $ 32.00
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 $ 1,182.00

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### CODES:
- **FIL**: campaign literature and mailings
- **MFR**: 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)
- **PRT**: print ads
- **RAD**: radio airtime and production costs
- **RFD**: returned contributions
- **SAL**: campaign workers' salaries
- **TEL**: tv or cable airtime and production costs
- **TRC**: candidate travel, lodging, and meals
- **TSF**: staff/spouse travel, lodging, and meals
- **VOT**: transfer between committees of the same candidate/sponsor
- **WEB**: information technology costs (internet, e-mail)

**NAME AND ADDRESS OF PAYEE**

<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>
<tr>
<td>Sacramento Ca</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speak Up Newport</td>
<td>MTG</td>
<td>Mayors DInner</td>
<td>1,100.00</td>
</tr>
<tr>
<td>Newport Beach Ca</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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### Schedule E Made

<table>
<thead>
<tr>
<th>Statement covers period</th>
<th>CALIFORNIA FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>from Jan 1, 2015 through June 30, 2015</td>
<td>460</td>
</tr>
</tbody>
</table>

**I.D. NUMBER**

1290041

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**NAME OF FILER**

Ed Selich For City Council 2010

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**SEE INSTRUCTIONS ON REVERSE**

Amounts may be rounded to whole dollars.

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**FPPC Form 460 (Jan/2016)**

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