Statement of Organization Recipient Committee

Statement Type  X Initial
Not yet qualified  or

□ Amendment
List I.D. number:
#
Date qualified as committee (if applicable)

□ Termination – See Part 5
List I.D. number:
#
Date of Termination

1. Committee Information

NAME OF COMMITTEE
ED SELICH FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
627 BAYSIDE DRIVE
NEWPORT BEACH, CA 92660

MAILING ADDRESS
PO BOX 12671 NEWPORT BEACH, CA 92658

2. Treasurer and Other Principal Officers

NAME OF TREASURER
RAYMOND J. ZARTLER

STREET ADDRESS
1970 PORT PROVENCE

CITY  STATE  ZIP CODE  AREA CODE/PHONE
NEWPORT BEACH  CA  92660  949.723.6383

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE

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

MAILING ADDRESS

CITY  STATE  ZIP CODE  AREA CODE/PHONE

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 28 AUG 06

Executed on 28 AUG 06

Executed on

Executed on

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROponent

FPPC Form 410 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Statement of Organization**
**Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME
ED SELICH FOR CITY COUNCIL

**4. Type of Committee** Complete the applicable sections.

**Controlled Committee**

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

<table>
<thead>
<tr>
<th>NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT</th>
<th>ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)</th>
<th>YEAR OF ELECTION</th>
<th>PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDWARD SELICH</td>
<td>NEWPORT BEACH CITY COUNCIL, DISTRICT 5</td>
<td>2006</td>
<td>☑ Non-Partisan</td>
</tr>
</tbody>
</table>

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

<table>
<thead>
<tr>
<th>NAME OF FINANCIAL INSTITUTION</th>
<th>AREA CODE/PHONE</th>
<th>BANK ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK OF AMERICA</td>
<td>949.760.4556</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 NEWPORT CENTER DRIVE, SUITE 191</td>
<td>NEWPORT BEACH</td>
<td>CA</td>
<td>92660</td>
</tr>
</tbody>
</table>

**Primarily Formed Committee** Primarily formed to support or oppose specific candidates or measures in a single election. List below:

<table>
<thead>
<tr>
<th>CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)</th>
<th>CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)</th>
<th>CHECK ONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OPPOSE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUPPORT</td>
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<td></td>
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