Recipient Committee
Campaign Statement
Cover Page

Statement covers period
from January 1, 2017
through June 30, 2017

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

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officetholder, 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 6)
   - Primarily Formed Candidate/Officetholder Committee
     (Also Complete Part 7)

2. Type of Statement:
   - Preliminary Statement
   - Semi-annual Statement
   - Semi-annual Statement
     (Also file a Form 410 Termination)
   - Amendment (Explain below)

NAME OF TREASURER
Gabriel Schmidt

MAILING ADDRESS
35 Sheridan Lane
Ladera Ranch Ca 92694 949-922-1253

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

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 31, 2017

Date

Executed on July 31, 2017

Date

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

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov
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>City Council Member Newport Beach</td>
</tr>
<tr>
<td>RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)</td>
<td>627 Bayside Drive</td>
</tr>
<tr>
<td>CITY STATE ZIP</td>
<td>Newport Beach, Ca 92660</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>COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE ZIP CODE AREA CODE/PHONE</td>
</tr>
</tbody>
</table>

6. Primarily Formed Ballot Measure Committee

<table>
<thead>
<tr>
<th>NAME OF BALLOT MEASURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BALLOT NO. OR LETTER</td>
<td>JURISDICTION</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

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.

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD |
| OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |
| OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |
| OFFICE SOUGHT OR HELD | SUPPORT | OPPOSE |

Attach continuation sheets if necessary
**Contributions Received**

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>2.</td>
<td>Loans Received</td>
<td>$0</td>
</tr>
<tr>
<td>3.</td>
<td>SUBTOTAL CASH CONTRIBUTIONS</td>
<td>$0</td>
</tr>
<tr>
<td>4.</td>
<td>Nonmonetary Contributions</td>
<td>$0</td>
</tr>
<tr>
<td>5.</td>
<td>TOTAL CONTRIBUTIONS RECEIVED</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Expenditures Made**

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Payments Made</td>
<td>$0</td>
</tr>
<tr>
<td>7.</td>
<td>Loans Made</td>
<td>$0</td>
</tr>
<tr>
<td>8.</td>
<td>SUBTOTAL CASH PAYMENTS</td>
<td>$0</td>
</tr>
<tr>
<td>9.</td>
<td>Accrued Expenses (Unpaid Bills)</td>
<td>$0</td>
</tr>
<tr>
<td>10.</td>
<td>Nonmonetary Adjustment</td>
<td>$0</td>
</tr>
<tr>
<td>11.</td>
<td>TOTAL EXPENDITURES MADE</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Current Cash Statement**

12. Beginning Cash Balance | $8930.54

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents | $0
19. Outstanding Debts | $0

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

<table>
<thead>
<tr>
<th></th>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Contributions Received</td>
<td>$0</td>
</tr>
<tr>
<td>21.</td>
<td>Expenditures Made</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made*  

<table>
<thead>
<tr>
<th>Date of Election (mm/dd/yy)</th>
<th>Total to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/2017</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

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).
### Schedule A Summary

1. Amount received this period – itemized monetary contributions.  
   (Include all Schedule A subtotals.) .................................................. $ 0

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 $ 0

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**NOTES:**

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

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   - [ ] General Purpose Committee
   - [ ] Small Contributor Committee
   - [ ] Primarily Formed Candidate/Officerholder Committee

2. Type of Statement:
   - [ ] Preliminary Statement
   - [ ] Semi-annual Statement
   - [ ] Appointment Statement (Also file a Form 410 Appointment)
   - [ ] Amendment (Explain below)

3. Committee Information
   I.D. NUMBER
   1290041
   COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
   Ed Selich for City Council
   STREET ADDRESS (NO P.O. BOX)
   627 Bayside Drive
   Canvas

   CITY
   Newport Beach
   STATE
   Ca
   ZIP CODE
   92660
   AREA CODE/PHONE
   949-300-9465
   MAILING ADDRESS (IF DIFFERENT) NO. ANG STREET OR P.O. BOX

   CITY
   Ladera Ranch
   STATE
   Ca
   ZIP CODE
   92694
   AREA CODE/PHONE
   949-922-1253
   NAME OF TREASURER
   Gabriel Schmidt
   MAILING ADDRESS
   35 Sheridan Lane
   Ladera Ranch
   Ca
   92694
   949-922-1253
   NAME OF ASSISTANT TREASURER, IF ANY
   Mailing Address

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 31, 2017
   By ____________________________
   Signature of Treasurer or Assistant Treasurer

   Executed on July 31, 2017
   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

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