Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.
   - Officeholder, Candidate Controlled Committee
   - State Candidate Election Committee
   - Recall
   - Primarily Formed Ballot Measure Committee
   - Controlled
   - Sponsored
   - General Purpose Committee
   - Primarily Formed Candidate/Officeholder Committee
   - Small Contributor Committee
   - Political Party/Central Committee

2. Type of Statement:
   - Preelection Statement
   - Semi-annual Statement
   - Termination Statement
   - Amendment (Explain below)
   - Quarterly Statement
   - Special Odd-Year Report
   - Supplemental Preelection Statement - Attach Form 495

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
   CITY
   CORONA DEL MAR
   STATE
   CA
   ZIP CODE
   92625
   AREA CODE/PHONE
   949.723.6383

Treasurer(s)
   NAME OF TREASURER
   RAYMOND J. ZARTLER
   MAILING ADDRESS
   1970 PORT PROVENCE
   CITY
   NEWPORT BEACH
   STATE
   CA
   ZIP CODE
   92660
   AREA CODE/PHONE
   949.759.9341
   NAME OF ASSISTANT TREASURER, IF ANY

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 27 Jan 2010
   By
   Signature of Treasurer or Assistant Treasurer
   Date

   Executed on 27 Jan 2010
   By
   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
   Date

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

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

FPPC Form 460 (January/06)
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)

COUNCIL MEMBER, CITY OF NEWPORT BEACH, DISTRICT 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

627 BAYSIDE DRIVE CORONA DEL MAR CA 92625

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 STREET ADDRESS (NO P.O. BOX)</td>
<td></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

<table>
<thead>
<tr>
<th>SUPPORT</th>
<th>OPPOSE</th>
</tr>
</thead>
</table>

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

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

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>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
<tr>
<td>NAME OF OFFICEHOLDER OR CANDIDATE</td>
<td>OFFICE SOUGHT OR HELD</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>OPPOSE</td>
</tr>
</tbody>
</table>

Committee Address Street Address (No P.O. Box)

<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 STREET ADDRESS (NO P.O. BOX)</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
</tbody>
</table>

Attach continuation sheets if necessary
Contributions Received

1. Monetary Contributions ........................................ Schedule A, Line 3 $ 0 $ 0
2. Loans Received .................................................. Schedule B, Line 3 0 0
3. SUBTOTAL CASH CONTRIBUTIONS ............................. Add Lines 1 + 2 0 0
4. Nonmonetary Contributions .................................... Schedule C, Line 3 0 0
5. TOTAL CONTRIBUTIONS RECEIVED .......................... Add Lines 3 + 4 0 0

Expenditures Made

7. Loans Made .......................................................... Schedule H, Line 3 0 0
8. SUBTOTAL CASH PAYMENTS ................................. Add Lines 6 + 7 178. 1,358.
9. Accrued Expenses (Unpaid Bills) .............................. Schedule F, Line 3 0 0
10. Nonmonetary Adjustment ....................................... Schedule C, Line 3 0 0
11. TOTAL EXPENDITURES MADE ............................... Add Lines 8 + 9 + 10 178. 1,358.

Current Cash Statement

13. Cash Receipts .................................................... Column A, Line 5 above 0 0
14. Miscellaneous Increases to Cash ............................. Schedule I, Line 4 0 0
16. ENDING CASH BALANCE ................................. Add Lines 12 + 13 + 14, then subtract Line 15 $ 5,523.

Cash Equivalents and Outstanding Debts

16. Cash Equivalents ................................................... See instructions on reverse 0 0
19. Outstanding Debts ............................................. Add Line 2 + Line 9 in Column B above $ 0 0

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

20. Contributions Received $ 0 0
21. Expenditures Made $ 0 0

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit)
   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**

**NAME OF FILER**

ED SELICH FOR CITY COUNCIL

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

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

### Payment Details

<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>NEWPORT BEACH CHAMBER OF COMMERCE 1470 JAMBOREE ROAD NEWPORT BEACH, CA 92660</td>
<td>CVC</td>
<td>$150.00</td>
<td></td>
</tr>
</tbody>
</table>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .......................................................... $ 150.00
2. Unitemized payments made this period of under $100 .......................................................... $ 28.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .......................................................... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ................. TOTAL $ 178.00

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