

**Statement of Organization
Recipient Committee**

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type Initial
Not yet qualified or

Amendment
List I.D. number:
1290041
8 / 25 / 06
Date qualified as committee
(if applicable)

Termination - See Part 5
List I.D. number:

_____/_____/_____
Date of Termination

Date Stamp RECEIVED 2008 JUL 31 AM 11:48 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE
ED SELICH FOR CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
627 BAYSIDE DRIVE

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

MAILING ADDRESS (IF DIFFERENT)
P.O. BOX 12671 NEWPORT BEACH, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE	COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE
ORANGE	

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	949.759.9341

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

Attach additional information on appropriately labeled continuation sheets.

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 31 July 08 DATE
Executed on 29 July 08 DATE
Executed on _____ DATE
Executed on _____ DATE

By Raymond J. Zartler SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**CALIFORNIA
FORM 410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

ED SELICH FOR CITY COUNCIL

I.D. NUMBER

1290041

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.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
EDWARD D. SELICH	NEWPORT BEACH CITY COUNCIL, DISTRICT 5	2008	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

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

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER	
BANK OF AMERICA	949.760.4556	10202-40259	
ADDRESS	CITY	STATE	ZIP CODE
500 NEWPORT CENTER DRIVE, SUITE 191	NEWPORT BEACH	CA	92660

Primarily Formed Committee

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

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE