

**Officeholder and Candidate
Campaign Statement –
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

| | |
|---|-------------------------------|
| RECEIVED '05 JUL 13 A8:33 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH | CALIFORNIA FORM 470 |
| | For Official Use Only |

| | |
|--|---|
| Date of election if applicable: (Month, Day, Year) _____ | <input type="checkbox"/> Amendment (Explain Below) _____ _____ |
|--|---|

1. Statement Covers Calendar Year 20 05 .

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

EDWARD D SELICH

STREET ADDRESS

621 BAYSIDE DRIVE

CITY

NEWPORT BEACH

STATE

CA

ZIP CODE

92660

AREA CODE/DAYTIME PHONE NUMBER

714-723-6383

OPTIONAL: FAX / E-MAIL ADDRESS

EDSELICH@DELPHIA.NET

3. Office Sought or Held

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

NEWPORT BEACH

DISTRICT NUMBER
(IF APPLICABLE)

5

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

| COMMITTEE NAME AND I.D. NUMBER | COMMITTEE ADDRESS | NAME OF TREASURER |
|--------------------------------|-------------------|-------------------|
| | | |
| | | |

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____

July 11, 2005

DATE

By _____

[Handwritten Signature]

SIGNATURE OF OFFICEHOLDER OR CANDIDATE