

**Recipient Committee
Campaign Statement
Cover Page**

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OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 460

Page 1 of 4

For Official Use Only

Statement covers period
from Jan 1, 2018
through June 30, 2018

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

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
(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/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

Preelection Statement
 Semi-annual Statement
 Termination Statement
(Also file a Form 410 Termination)
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report

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 STATE ZIP CODE AREA CODE/PHONE
Nwewport Beach Ca 92660 949-300-9465

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Gabriel Schmidt

MAILING ADDRESS
35 Sheridan Lane

CITY STATE ZIP CODE AREA CODE/PHONE
Ladera Ranch Ca 92694 949-922-1353

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

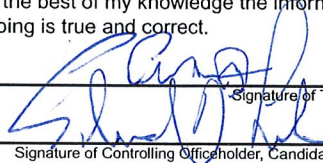
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on July 31, 2018
Date

Executed on July 31, 2018
Date

Executed on _____
Date

Executed on _____
Date

By 
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

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)
City Council Member

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
627 Bayside Drive Newport Beach Ca 92660

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.*

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

| | |
|-------------------|---|
| COMMITTEE NAME | I.D. NUMBER |
| NAME OF TREASURER | CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |
| CITY | STATE ZIP CODE AREA CODE/PHONE |

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

| | | |
|----------------------|--------------|---|
| BALLOT NO. OR LETTER | JURISDICTION | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|----------------------|--------------|---|

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 | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--------------------------------|
| Statement covers period from <u>Jan 1, 2018</u> | CALIFORNIA FORM 460 |
| through <u>June 30, 2018</u> | |
| | Page <u>3</u> of <u>4</u> |
| | I.D. NUMBER 1290041 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Edward D Selich

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i> | \$ _____ | \$ _____ |
| 2. Loans Received..... <i>Schedule B, Line 3</i> | _____ | _____ |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i> | \$ _____ | \$ _____ |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | _____ | _____ |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ _____ | \$ _____ |

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

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ _____ | \$ _____ |
| 21. Expenditures Made | \$ _____ | \$ _____ |

Expenditures Made

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i> | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 7. Loans Made..... <i>Schedule H, Line 3</i> | _____ | _____ |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i> | \$ <u>50.00</u> | \$ <u>50.00</u> |
| 9. Accrued Expenses (Unpaid Bills)..... <i>Schedule F, Line 3</i> | _____ | _____ |
| 10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i> | _____ | _____ |
| 11. TOTAL EXPENDITURES MADE..... <i>Add Lines 8 + 9 + 10</i> | \$ <u>50.00</u> | \$ <u>50.00</u> |

**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 |
|--------------------------------|---------------|
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|-------------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i> | \$ <u>8930.54</u> |
| 13. Cash Receipts..... <i>Column A, Line 3 above</i> | _____ |
| 14. Miscellaneous Increases to Cash..... <i>Schedule I, Line 4</i> | _____ |
| 15. Cash Payments..... <i>Column A, Line 8 above</i> | <u>50.00</u> |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ <u>8880.54</u> |

If this is a termination statement, Line 16 must be zero.

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).

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

17. LOAN GUARANTEES RECEIVED..... *Schedule B, Part 2* \$ _____

Cash Equivalents and Outstanding Debts

| | |
|---|----------|
| 18. Cash Equivalents..... <i>See instructions on reverse</i> | \$ _____ |
| 19. Outstanding Debts..... <i>Add Line 2 + Line 9 in Column B above</i> | \$ _____ |

**Schedule C
Nonmonetary Contributions Received**

Amounts may be rounded
to whole dollars.

| | |
|--|--------------------------------|
| Statement covers period from <u>Jan 1, 2018</u> through <u>June 30, 2018</u> | CALIFORNIA FORM 460 |
| Page <u> </u> of <u>4</u> | I.D. NUMBER 1290041 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Edward D Selich

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|--|----------------------------------|---------------------------|---|------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | | | | SUBTOTAL \$ | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.).....\$ _____
- Amount received this period – unitemized nonmonetary contributions of less than \$100\$ _____
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.).....**TOTAL \$** _____

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