

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

**COPY**

Type or print in ink.

COVER PAGE

<p><b>RECEIVED</b></p> <p>SEP 22 2014</p> <p>CITY CLERK'S OFFICE CITY OF BENICIA</p>	Date Stamp	<p><b>CALIFORNIA FORM 460</b></p>
	<p>Page <u>1</u> of <u>4</u></p>	<p>For Official Use Only</p>

Statement covers period  
 from 07/01/2014  
 through 09/22/2014

Date of election if applicable:  
 (Month, Day, Year)  
11/04/2014

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i>                 | <input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input checked="" type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)   |   |

**3. Committee Information**

I.D. NUMBER  
1364807

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

SCHWARTZMAN FOR COUNCIL 2014

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
BENICIA CA 94510

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

ALAN SCHWARTZMAN

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
BENICIA CA 94510

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 09/22/2014  
Date

Executed on 09/22/2014  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
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**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM 460</b>
Page <u>2</u> of <u>4</u>

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE				
ALAN M SCHWARTZMAN				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)				
CITY COUNCIL, CITY OF BENICIA				
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE	ZIP
		BENICIA, CA	94510	

**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**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>07/01/2014</u> through <u>09/22/2014</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>4</u>
NAME OF FILER SCHWARTZMAN FOR COUNCIL 2014	I.D. NUMBER 1364807

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SCHWARTZMAN FOR COUNCIL 2014

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ _____
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	_____
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ _____
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	_____
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ _____

**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 ..... Schedule E, Line 4	\$ <u>0</u>	\$ _____
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	_____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	_____
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	_____
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</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 ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

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

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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.

**Schedule B – Part 1  
Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from <u>07/01/2014</u> through <u>09/22/2014</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>4</u>	I.D. NUMBER <u>1364807</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

SCHWARTZMAN FOR COUNCIL 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
ALAN SCHWARTZMAN 836 OXFORD WAY BENICIA, CA 94510  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MORTGAGE BANKER AMERICAN PACIFIC MORTGAGE	\$ 0	\$ 100	<input checked="" type="checkbox"/> PAID \$ 100 <input type="checkbox"/> FORGIVEN	\$ 0  DATE DUE	0 % RATE \$ 0	\$ 100  07/26/14 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN	\$  DATE DUE	% RATE \$	\$  DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<b>SUBTOTALS \$</b>			100 \$	100 \$	0 \$	0		

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... \$ 100  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 100  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (**Subtract** Line 2 from Line 1.) ..... **NET \$ 0**  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

†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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.