

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

COVER PAGE - PART 2

CALIFORNIA **460**
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Beth Schwartz

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council, Rancho Santa Margarita

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Rancho Santa Margarita CA 92688

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? |
|-------------------|-----------------------|

YES 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? |
|-------------------|-----------------------|

YES 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

CALIFORNIA
FORM

460

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I.D. NUMBER
1433205

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Beth Schwartz for RSM City Council 2020

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> | \$ 0 | \$ 0 |
| 2. Loans Received..... | <i>Schedule B, Line 3</i> | \$ 0 | \$ 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... | <i>Add Lines 1 + 2</i> | \$ 0 | \$ 0 |
| 4. Nonmonetary Contributions..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... | <i>Add Lines 3 + 4</i> | \$ 0 | \$ 0 |

Expenditures Made

| | | | |
|---|-----------------------------|-------|-------|
| 6. Payments Made..... | <i>Schedule E, Line 4</i> | \$ 53 | \$ 53 |
| 7. Loans Made..... | <i>Schedule H, Line 3</i> | \$ 0 | \$ 0 |
| 8. SUBTOTAL CASH PAYMENTS..... | <i>Add Lines 6 + 7</i> | \$ 53 | \$ 53 |
| 9. Accrued Expenses (Unpaid Bills)..... | <i>Schedule F, Line 3</i> | \$ 0 | \$ 0 |
| 10. Nonmonetary Adjustment..... | <i>Schedule C, Line 3</i> | \$ 0 | \$ 0 |
| 11. TOTAL EXPENDITURES MADE..... | <i>Add Lines 8 + 9 + 10</i> | \$ 53 | \$ 53 |

Current Cash Statement

| | | |
|--|--|-------|
| 12. Beginning Cash Balance..... | <i>Previous Summary Page, Line 16</i> | \$ 53 |
| 13. Cash Receipts..... | <i>Column A, Line 3 above</i> | \$ 0 |
| 14. Miscellaneous Increases to Cash..... | <i>Schedule I, Line 4</i> | \$ 0 |
| 15. Cash Payments..... | <i>Column A, Line 8 above</i> | \$ 53 |
| 16. ENDING CASH BALANCE..... | <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 0 |

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

| | | |
|-----------------------------------|---------------------------|------|
| 17. LOAN GUARANTEES RECEIVED..... | <i>Schedule B, Part 2</i> | \$ 0 |
|-----------------------------------|---------------------------|------|

Cash Equivalents and Outstanding Debts

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

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).

**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 \$ _____ \$ _____

**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**

Amounts may be rounded
to whole dollars.

SCHEDULE E

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Statement covers period
from 01/01/2021
through 01/20/2021

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1433205

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Beth Schwartz for RSM City Council 2020

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

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | tv or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
2. Unitemized payments made this period of under \$100 \$ 53
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 53**