Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Statement covers period	Date of election if applicable:	Date Stamp E-Filed 01/24/2024	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	from01/01/2023 through12/31/2023	(Month, Day, Year)	11:52:48 Filing ID: 209641796	Page 1 of 3 For Official Use Only
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	mplete Parts 1, 2, 3, and 4. rimarily Formed Ballot Measure ommittee) Controlled) Sponsored lso Complete Part 6) rimarily Formed Candidate/ fficeholder Committee lso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	Spector Support State	terly Statement ial Odd-Year Report blemental Preelection ment - Attach Form 495
3. Committee information	. NUMBER .464322	Treasurer(s) NAME OF TREASURER Jennifer Mitchell MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY Riverside NAME OF ASSISTANT TREASUR	STATE ZIP CO CA 925 RER, IF ANY	
Riverside CA 9250 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS		
OPTIONAL: FAX / E-MAIL ADDRESS jennifer@campaignfinanceservices.net	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDR jennifer@troastandass		ODE AREA CODE/PHONE
 Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California 	a that the foregoing is true and correct.		rein and in the attached schedu	les is true and complete. I certify
Executed on	By	Signature of Treasurer or Assistant		
Executed on	By	Signature of Controlling Officeholder, Candidate, St		
Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	 FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	FORNIA DRM	4	160				
Page _	2	of _	3				

Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Henry Nickel							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of San Bernardino	District 5						OPPOSE
, , ,	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any
Sar	n Bernardino CA 92405		NAME OF OFFICEHOLDER, CA	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
Henry Nickel for City Council 2020 Ward 5	1361957						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car				
Jennifer Mitchell	X YES NO		officeholder(s) or candidate(s) for which th	is committee is	s primarily form	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
Riverside CA 9250	01 (951)742-7886						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)						
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Atta	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

		SU	MMARY PAGE
St	atement covers period	CALIFORNIA	460
m	01/01/2023	FORM	TUU

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

Contributions Received	(Column A TOTALTHIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	0.00	\$	0.00	1/1 through 6/30 7/1 to Date
2. Loans Received Schedule B, Line 3		0.00		0.00	1/1 through 6/30 //1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	\$	0.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3		0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	0.00	\$	0.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	0.00	\$	0.00	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0.00	\$	0.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	0.00	\$	0.00	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	0.00	То	calculate Column B, add	
13. Cash Receipts		0.00		ounts in Column A to the responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		0.00		ort. Some amounts in lumn A may be negative	'
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	0.00	fig	ures that should be	
If this is a termination statement, Line 16 must be zero.			ре	otracted from previous riod amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts				m Lines 2, 7, and 9 (if	
18. Cash Equivalents See instructions on reverse	\$	0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above		0.00	1		

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) EE INSTRUCTIONS ON REVERSE	Statement covers period from	Date of election if applicable: (Month, Day, Year)	E-Filed 01/24/2024 11:57:23 Filing ID: 209642026	CALIFORNIA 460 FORM Page 1 of 4 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	rimarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:	Spe	arterly Statement cial Odd-Year Report plemental Preelection ement - Attach Form 495
6. Committee information	NUMBER 464322	Treasurer(s) NAME OF TREASURER Jennifer Mitchell MAILING ADDRESS		CODE AREA CODE/PHONE
CITY STATE ZIP COL Riverside CA 9250: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BG	L	Riverside NAME OF ASSISTANT TREASUR MAILING ADDRESS		501
OPTIONAL: FAX / E-MAIL ADDRESS jennifer@campaignfinanceservices.net Verification	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRI jennifer@troastandasso	ESS	CODE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 01/24/2024 Date Executed on 01/24/2024 Date	that the foregoing is true and correct. By $_$ Jennifer M $_{\rm By}$ Henry Nick	itchell Signature of Treasurer or Assistant T	reasurer	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta Signature of Controlling Officeholder, Candidate, Sta	•	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	FORNIA DRM	4	460				
Page _	2	of _	4				

Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Henry Nickel							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of San Bernardino	District 5						OPPOSE
, , ,	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any
Sar	n Bernardino CA 92405		NAME OF OFFICEHOLDER, CA	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
Henry Nickel for City Council 2020 Ward 5	1361957						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car				
Jennifer Mitchell	X YES NO		officeholder(s) or candidate(s) for which th	is committee is	s primarily form	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
Riverside CA 9250	01 (951)742-7886						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)						
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Atta	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE	

Statement covers period **CALIFORNIA FORM** 01/01/2024 from _ Page 3 of 401/20/2024 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Henry Nickel for City Council Ward 5 2024 1464322

Henry Nickel for City Council ward 5 2024				1404322
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTALTO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$ 0.00	\$	0.00	
2. Loans Received Schedule B, Line 3	1,000.00		1,000.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 1,000.00	\$	1,000.00	20. Contributions Received \$\$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 1,000.00	\$	1,000.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	0.00	\$	0.00	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 0.00	\$	0.00	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 0.00	\$	0.00	\$
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 0.00	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	1,000.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments	0.00		oort. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,000.00	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.		ре	riod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$ 0.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 1,000.00			
		ı		FPPC Form 460 (Jan/

16) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule B – Part Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 460
from	01/01/2024	FORM 400
through	01/20/2024	Page4 of4
		I.D. NUMBER
		1464200

Henry Nickel for City Council Ward 5 2	2024						1464322	
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
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			PAID \$ 0.00 FORGIVEN	\$_1,000.00	0.0_% RATE	\$_1,000.00	\$\frac{1,000.00}{PER ELECTION**}
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$	\$_1,000.00	\$		\$0.00	01/11/2024 DATE INCURRED	\$2024 1,000.00
				PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION **
†□ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	\$ PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	1,000.00	0.00	1,000.00	\$ 0.00		

Schedule B Summary

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

1. Loans received this period\$ ___ 1,000.00 (Total Column (b) plus unitemized loans of less than \$100.) 0.00 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

Enter the net here and on the Summary Page, Column A, Line 2.

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

†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

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) EE INSTRUCTIONS ON REVERSE	Statement covers period from01/21/2024 through02/17/2024	Date of election if applicable: (Month, Day, Year)	E-Filed 02/22/2024 15:58:19 Filing ID: 210652354	CALIFORNIA FORM Page 1 of 7 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	rimarily Formed Ballot Measure ommittee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement:	Spe	arterly Statement cial Odd-Year Report plemental Preelection rement - Attach Form 495
6. Committee information	. NUMBER .464322	Treasurer(s) NAME OF TREASURER Jennifer Mitchell MAILING ADDRESS CITY		CODE AREA CODE/PHONE
CITY STATE ZIP COL Riverside CA 9250: MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	1	Riverside NAME OF ASSISTANT TREASUR MAILING ADDRESS		501
OPTIONAL: FAX / E-MAIL ADDRESS jennifer@campaignfinanceservices.net Verification I have used all reasonable diligence in preparing and reviewing		OPTIONAL: FAX / E-MAIL ADDRI jennifer@troastandasso	ESS ociates.com	CODE AREA CODE/PHONE ules is true and complete. I certify
under penalty of perjury under the laws of the State of California Executed on 02/22/2024 Date Executed on 02/22/2024 Date	that the foregoing is true and correct. By	itchell Signature of Treasurer or Assistant T	reasurer	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, States Signature of Controlling Officeholder, Candidate, States	•	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	FORNIA DRM	4	l 6	0			
Page _	2	of _	7				

Officeholder or Candidate Controlled Commi	6.	Primarily Formed Ball	ot Measure	Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Henry Nickel							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of San Bernardino	District 5						OPPOSE
, , ,	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any
Sar	n Bernardino CA 92405		NAME OF OFFICEHOLDER, CA	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
Henry Nickel for City Council 2020 Ward 5	1361957						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car				
Jennifer Mitchell	X YES NO		officeholder(s) or candidate(s) for which th	is committee is	s primarily form	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
Riverside CA 9250	01 (951)742-7886						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)						
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Atta	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded

SUMMARY	PAGE

Summary Page	to whole dollars.	Statement covers period	CALIFORNIA 460
, ,		from01/21/2024	FORM TOO
SEE INSTRUCTIONS ON REVERSE		through02/17/2024	Page3 of7
NAME OF FILER			I.D. NUMBER
Henry Nickel for City Council Ward 5 2024			1464322

Contributions Received	Column A TOTALTHIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions Schedule A, Line 3	\$ 50.00	\$	50.00	General Elections
2. Loans Received Schedule B, Line 3	5,500.00		6,500.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 5,550.00	\$	6,550.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions Schedule C, Line 3	0.00		0.00	21 Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 5,550.00	\$	6,550.00	Made \$ \$
Expenditures Made				Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 353.75	\$	353.75	Candidates
7. Loans Made Schedule H, Line 3	0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 353.75	\$	353.75	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)	6,177.89		6,177.89	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$ 6,531.64	\$	6,531.64	\$
Current Cash Statement				\$
12. Beginning Cash Balance	\$ 1,000.00	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above	5,550.00		nounts in Column A to the rresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	fro	m Column B of your last	*Amounts in this section may be different from amount reported in Column B.
15. Cash Payments Column A, Line 8 above	353.75	rep Co	oort. Some amounts in blumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,196.25	fig	ures that should be btracted from previous	
If this is a termination statement, Line 16 must be zero.		ре	riod amounts. If this is e first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00	for	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts		fro	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$ 0.00		· ·	
10. Casii Equivalents See instructions on reverse				

16) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule	Δ						SCHEDULE A	
Monetary Contributions Received			s may be rounded whole dollars.	Statement cov	•	CALIFORNIA 460		
SEE INSTRUCTION	ONS ON REVERSE			through	2024	Page	e4 of7	
NAME OF FILER						I.D. N	UMBER	
Henry Nicke	el for City Council Ward 5 2024					1464	322	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 0.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$_	0.00	IND	(other	ial ient Committee r than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contributions	s of less than \$	\$100 \$	50.00		H – Other / – Politica	(e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$_	50.00			Contributor Committee	

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Sched	ule E	3 –	Part	1
Loans	Rec	eive	ed	

Amounts may be rounded to whole dollars.

Stateme	ent covers period	CALIFORNIA 460
from	01/21/2024	FORM 400
through _	02/17/2024	Page5 of7
till ough		
		I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

1464322

Henry Nickel for City Council ward 5 2	1024						1464322	
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
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			PAID \$ 0.00 FORGIVEN	\$_1,000.00	0.0 RATE	\$_1,000.00	\$ 6,500.00 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$_1,000.00	\$0.00	\$		\$0.00	01/11/2024 DATE INCURRED	\$ P2024 6,500.00
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			PAID \$0.00 FORGIVEN	\$_5,500.00	_0.0% RATE	\$_5,500.00	\$ 6,500.00 PER ELECTION **
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$_5,500.00	\$		\$0.00	02/12/2024 DATE INCURRED	\$ P2024 6,500.00
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	5,500.00	0.00	\$ 6,500.00	\$ 0.00		

Schedule B Summary

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

1.	Loans received this period	\$	5,500.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	\$_	0.00
	(Total Column (c) plus loans under \$100 paid or forgiven.)		
	(Include loans paid by a third party that are also itemized on Schedule A.)		

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

†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

Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/21/2024	FORM TOU
through02/17/2024	Page6 of7
	I.D. NUMBER
	1464322

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

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

	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)*	MTG	member communications meetings and appearances office expenses	RFD	radio airtime and production costs returned contributions campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. 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	
Peter Torres San Bernardino, CA 92407		Ca	nvasser	350.	.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	350.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	350.00
2. Unitemized payments made this period of under \$100\$	3.75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	353.75

Schedule F			
Accrued Expe	enses (Unpaid	Bills)

Amounts may be rounded to whole dollars.

Statement covers period 01/21/2024

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through $\underline{02}/17/2024$

Page $\frac{7}{}$ of $\frac{7}{}$

I.D. NUMBER 1464322

Henry Nickel for City Council Ward 5 2024

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. 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 t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor IND postage, delivery and messenger services TSF LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
David Morgan and Associates, Inc. Moreno Valley, CA 92553	CNS	0.00	6,177.89	0.00	6,177.89
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	0.00	6,177.89	0.00	6,177.89

Schedule F Summary

summarized on Schedule D.

- 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$ ____ 0.00
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$ 6,177.89

 May be a negative number

D	asiniant Cammittas		_		COVER PAGE
C	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)			Date Stamp	FORM 460
(GC	overnment Code Sections 64200-64210.3)	Statement covers period from01/21/2024	Date of election if applicable: (Month, Day, Year)	07/31/2024 15:26:07 P Filing ID:	rage 1 of 7 For Official Use Only
SEI	E INSTRUCTIONS ON REVERSE	through02/17/2024	03/05/2024	211836239	
1.	Type of Recipient Committee: All Committees - C	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	□ Preelection Statement □ Semi-annual Statement □ Termination Statement (Also file a Form 410 Te ☑ Amendment (Explain be ☐ Correct accrued e.	Special C Supplem Statemer elow)	Statement Odd-Year Report ental Preelection tt - Attach Form 495
3.	Committee Information	D. NUMBER	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	1464322	NAME OF TREASURER		
	Henry Nickel for City Council Ward 5 2024		Jennifer Mitchell MAILING ADDRESS		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY Riverside	STATE ZIP CODE CA 92501	AREA CODE/PHONE
	CITY STATE ZIP C	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR		
	Riverside CA 925	01			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
	CITY STATE ZIP C	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	RESS	
	jennifer@campaignfinanceservices.net		jennifer@troastandass	ociates.com	
4.	Verification I have used all reasonable diligence in preparing and reviewir under penalty of perjury under the laws of the State of Californ	ng this statement and to the best of my kn iia that the foregoing is true and correct.	owledge the information contained her	rein and in the attached schedules i	s true and complete. I certify
	Executed on07/31/2024	ByJennifer M	itchell		_
	Date	•	Signature of Treasurer or Assistant	Treasurer	
	Executed on	By Henry Nick Signature of Co	e1 ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sponsor	_
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	_
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	– FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
	FORNIA DRM	4	l 6	0	
Page _	2	of _	7		

Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Henry Nickel							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of San Bernardino	District 5						OPPOSE
, , ,	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any
Sar	n Bernardino CA 92405		NAME OF OFFICEHOLDER, CA	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
Henry Nickel for City Council 2020 Ward 5	1361957						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car				
Jennifer Mitchell	X YES NO		officeholder(s) or candidate(s) for which th	is committee is	s primarily form	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
Riverside CA 9250	01 (951)742-7886						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)						
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Atta	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUN	MARY PAGE
ORNIA	460

Statement covers period **CALIF FORM** 01/21/2024 from _ Page ____3 ___ of ____7 02/17/2024 through _ I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Henry Nickel for City Council Ward 5 2024					1464322
Contributions Received	(Column A TOTALTHIS PERIOD FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions Schedule A, Line 3	\$	50.00	\$	50.00	
2. Loans Received Schedule B, Line 3		5,500.00		6,500.00	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	5,550.00	\$	6,550.00	20. Contributions Received \$ \$
4. Nonmonetary Contributions		0.00		0.00	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$	5,550.00	\$	6,550.00	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$	353.75	\$	353.75	Candidates
7. Loans Made Schedule H, Line 3		0.00		0.00	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	353.75	\$	353.75	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)		0.00		0.00	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0.00		0.00	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	353.75	\$	353.75	\$
Current Cash Statement					/\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$	1,000.00	То	calculate Column B, add	
13. Cash Receipts Column A, Line 3 above		5,550.00		ounts in Column A to the responding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4		0.00	fro	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above		353.75		oort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	6,196.25	figu	ures that should be otracted from previous	
If this is a termination statement, Line 16 must be zero.			pei	riod amounts. If this is first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0.00	for car	this calendar year, only rry over the amounts	
Cash Equivalents and Outstanding Debts			fro an	m Lines 2, 7, and 9 (if y).	
18. Cash Equivalents See instructions on reverse	\$	0.00		• •	
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	6,500.00			
			I		FPPC Form 460 (Jan FPPC Advice: advice@fppc.ca.gov (866/275

Schedule	Δ						SCHEDULE A	
Monetary Contributions Received			s may be rounded whole dollars.	Statement covers period from01/21/2024		CALIFORNIA 460 FORM		
SEE INSTRUCTION	ONS ON REVERSE			through	2024	Page	e4 of7	
NAME OF FILER						I.D. N	UMBER	
Henry Nicke	el for City Council Ward 5 2024					1464	322	
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE T CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐IND ☐COM ☐OTH ☐ PTY ☐SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
		□IND □COM □OTH □PTY □SCC						
			SUBTOTAL	\$ 0.00				
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$_	0.00	IND	(other	ial ient Committee r than PTY or SCC)	
2. Amount re	eceived this period – unitemized monetary contributions	s of less than \$	\$100 \$	50.00		H – Other / – Politica	(e.g., business entity)	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Colu	mn A, Line 1.)	TOTAL \$_	50.00			Contributor Committee	

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Sched	ule B -	- Part 1
Loans	Receiv	ved

Amounts may be rounded to whole dollars.

	ent covers period 01/21/2024	CALIFORI FORM	460
from		TORM	
through _	02/17/2024	Page5	_ of
		I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

1464322

Henry Nickel for City Council ward 5 2	1024						1464322	
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
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			\$O.00	\$_1,000.00	0.0 RATE	\$ 1,000.00	\$ 6,500.00 PER ELECTION**
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000.00	\$0.00	\$0.00		\$0.00	01/11/2024 DATE INCURRED	\$
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			PAID \$ 0.00 FORGIVEN	\$_5,500.00	<u>0.0</u> % RATE	\$ 5,500.00	\$ 6,500.00 PER ELECTION **
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$	\$_5,500.00	\$0.00	12/31/2024 DATE DUE	\$0.00	02/12/2024 DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
SUBTOTALS \$ 5,500.00\$ 0.00\$ 6,500.00\$ 0.00								

Schedule B Summary

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

1.	Loans received this period	. \$	5,500.00
2.	Loans paid or forgiven this period	\$	0.00

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

†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

Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from01/21/2024	FORM TOU
through02/17/2024	Page6 of7
	I.D. NUMBER
	1464322

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

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

	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)*	MTG	member communications meetings and appearances office expenses	RFD	radio airtime and production costs returned contributions campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. 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	
Peter Torres San Bernardino, CA 92407		Ca	nvasser	350.	.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL\$	350.00

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$	350.00
2. Unitemized payments made this period of under \$100\$	3.75
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	353.75

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from01/21/2024	FORM 40U
through02/17/2024	Page of
	I.D. NUMBER
	1464322

Henry Nickel for City Council Ward 5 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Comenity - AAA Visa

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

CO	DES. If other of the following codes accurately describe	5 1116	payment, you may enter the code.	Office Mise	e, 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	t.v. 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

legal defense **LEG** PRO professional services (legal, accounting) campaign literature and mailings

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

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
David Morgan and Associates, Inc. Moreno Valley, CA 92553	CNS		6,177.89
David Morgan and Associates, Inc. Moreno Valley, CA 92553	CNS		5,903.39

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

12,081.28

print ads

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5) EE INSTRUCTIONS ON REVERSE	Statement covers period from02/18/2024 through06/30/2024	Date of election if applicable: (Month, Day, Year)	E-Filed 07/31/2024 15:33:44 Filing ID: 211836473	CALIFORNIA 460 FORM Page1 of11 For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	rimarily Formed Ballot Measure committee) Controlled) Sponsored (so Complete Part 6) rimarily Formed Candidate/ fficeholder Committee (so Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Ter Amendment (Explain be	Spermination)	arterly Statement ecial Odd-Year Report oplemental Preelection tement - Attach Form 495
6. Committee information	NUMBER 464322	Treasurer(s) NAME OF TREASURER Jennifer Mitchell MAILING ADDRESS		CODE AREA CODE/PHONE
CITY STATE ZIP CO Riverside CA 9250 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	L	Riverside NAME OF ASSISTANT TREASURI MAILING ADDRESS		501
OPTIONAL: FAX / E-MAIL ADDRESS jennifer@campaignfinanceservices.net Verification	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADDRE	ESS	CODE AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on 07/31/2024 Date Executed on 07/31/2024 Date	that the foregoing is true and correct. $By \ _ \ ^{\mathtt{Jennifer} \ \mathtt{M}}$ $By \ _ \ ^{\mathtt{Henry} \ \mathtt{Nick}}$	itchell Signature of Treasurer or Assistant To	reasurer	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, Sta Signature of Controlling Officeholder, Candidate, Sta	•	FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2							
	FORNIA DRM	_	l 60				
Page _	2	of _	11				

Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ball	ot Measure	Committee			
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE					
Henry Nickel								
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT	
City Council Member: City of San Bernardino	District 5						OPPOSE	
, , ,	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any	
Sar	n Bernardino CA 92405		NAME OF OFFICEHOLDER, CA	NDIDATE OR PE	ROPONENT			
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY	
COMMITTEE NAME	I.D. NUMBER							
Henry Nickel for City Council 2020 Ward 5	1361957							
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car					
Jennifer Mitchell	X YES NO		officeholder(s) or candidate(s) for which th	is committee is	s primarily form	nea.	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD		
Riverside CA 9250	01 (951)742-7886						SUPPORT OPPOSE	
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)							
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Atta	ach continuati	on sheets if r	necessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY F	'AGE
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Henry Nickel for City Council Ward 5 2024 1464322 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE **General Elections** \$ 5,750.00 1/1 through 6/30 7/1 to Date 6,500.00 0.00 20. Contributions \$ ____ 12,250.00 5,700.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ _____ Received 21. Expenditures Made \$ 12,250.00 **Expenditures Made Expenditure Limit Summary for State** Candidates 7. Loans Made Schedule H, Line 3 0.00 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) 14,534.77 Date of Election Total to Date (mm/dd/yy) \$ 26,659.26 **Current Cash Statement** 6,196.25 To calculate Column B, add 5,700.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 from Column B of your last reported in Column B. report. Some amounts in 11,770.74 Column A may be negative 125.51 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** anv). 18. Cash Equivalents See instructions on reverse \$ 21,034.77 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

> FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule Monetary	A Contributions Received		ts may be rounded whole dollars.	Statement coverage from 02/18/2			SCHEDULE / FORNIA 460 DRM
SEE INSTRUCTION	ONS ON REVERSE			through	024	Page .	4 of 11
NAME OF FILER						I.D. NU	MBER
Henry Nicke	l for City Council Ward 5 2024			_		14643	22
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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
03/01/2024	Inland Empire Business Alliance (ID# 1389921) Claremont, CA 91711	□IND □COM □OTH □PTY □SCC		5,500.00	5,5	00.00	
05/24/2024	P.S. Champsi San Bernardino, CA 92407		Retired N/A	200.00	2	00.00	
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$ 5,700.00			
1. Amount re	A Summary eceived this period – itemized monetary contributions. Il Schedule A subtotals.)		\$	5,700.00	IND – COM-		

2. Amount received this period – unitemized monetary contributions of less than \$100\$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

PTY - Political Party

0.00

5,700.00

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

3. Total monetary contributions received this period.

Schedule B - Part	1
Loans Received	

Amounts may be rounded to whole dollars.

Statement	covers period	CALI	FORN	1A 460
from	2/18/2024		ORM	400
through	5/30/2024	Page _	5	of 11
till ough		I.D. NU		OI <u></u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

1464322

Henry Nickel for City Council ward 5 2024					1464322			
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
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			\$O.00	\$_1,000.00	0.0_% RATE	\$_1,000.00	\$ 6,500.00 PER ELECTION**
[†] ⊠ IND □ COM □ OTH □ PTY □ SCC		\$_1,000.00	\$0.00	\$0.00		\$0.00	01/11/2024 DATE INCURRED	\$
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			PAID \$ 0.00 FORGIVEN	\$ 5,500.00	<u>0.0</u> % RATE	\$_5,500.00	\$ 6,500.00 PER ELECTION **
†⊠ IND □ COM □ OTH □ PTY □ SCC		\$_5,500.00	\$	\$0.00	12/31/2024 DATE DUE	\$	02/12/2024 DATE INCURRED	\$
				PAID \$ FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	SUBTOTALS \$ 0.00\$ 0.00\$ 6,500.00\$ 0.00							

Schedule B Summary

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

1.	Loans received this period	.\$	0.00
	(Total Column (b) plus unitemized loans of less than \$100.)		
2.	Loans paid or forgiven this period	. \$	0.00

Enter the net here and on the Summary Page, Column A, Line 2.

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

†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

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

	SCHEDULE E	
Statement covers period	CALIFORNIA 160	
from02/18/2024	FORM TOU	
through06/30/2024	Page6 of11	
	I.D. NUMBER	
	1464322	

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

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 t.v. 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 serv	ices TSF transfer between committees of the same candidate/sponsor				
LEG legal defense	PRO professional services (legal, accounting	g) 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
Brianna Winebrinner San Bernardino, CA 92405		Canvasser		500.00
David Morgan and Associates, Inc. Moreno Valley, CA 92553	CNS			3,648.73
David Morgan and Associates, Inc. Moreno Valley, CA 92553	CNS			4,751.89

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$ 8,900.62
--	-----------------------------

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)\$_	11,690.74
2. Unitemized payments made this period of under \$100\$_	80.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)\$_	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	11,770.74

Schedule E	
(Continuation She	et)
Payments Made	•

Amounts may be rounded to whole dollars.

Statement cover	rs period	CALIFORNIA 160
from02/18/	2024	FORM +OO
through06/30/	2024	Page7 of11
		I.D. NUMBER
		1464322

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

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 MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries PET petition circulating CVC civic donations TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals polling and survey research fundraising events staff/spouse travel, lodging, and meals 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 info

WEB information technology costs (internet, e-mail)

CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
РНО		450.00
CNS		121.00
CNS		581.59
CNS		400.00
CNS		382.00
	PHO CNS CNS	CNS CNS CNS

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

SUBTOTAL \$

1,934.55

Schedule E	
(Continuation Sheet))
Payments Made	

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA 160
from	02/18/2024	FORM 400
through _	06/30/2024	Page8 of11
		I.D. NUMBER
		1464322

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

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 MTG meetings and appearances campaign consultants RFD returned contributions CNS CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor POS

professional services (legal, accounting) LEG legal defense

campaign literature and mailings PRT print ads VOT voter registration

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
FNBO Omaha, NE 68103	CNS		64.57
Comenity - AAA Visa Dallas, TX 75265	CNS		371.00
FNBO Omaha, NE 68103	CNS		40.00
Comenity - AAA Visa Dallas, TX 75265	CNS		380.00

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

SUBTOTAL \$

855.57

Schedule F Accrued Expenses (Unpaid Bills)

Henry Nickel for City Council Ward 5 2024

Amounts may be rounded to whole dollars.

Statement covers period rom _____02/18/2024

CALIFORNIA 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through ____06/30/2024

Page ___9 ___ of ___11__

I.D. NUMBER

1464322

CO	DES: If one of the following codes accurately describe	s the	payment, you may enter the code.	Otherwise	e, 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	t.v. 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Comenity - AAA Visa Dallas, TX 75265	CNS	0.00	10,827.28	0.00	10,827.28
Comenity - AAA Visa Dallas, TX 75265	OFC Interest	0.00	289.39	0.00	289.39
Comenity - AAA Visa Dallas, TX 75265	OFC Interest	0.00	293.99	0.00	293.99
* Payments that are contributions or independent expenditures must also be	SURTOTAL S	\$ 0.00	11 410 66	0 00	11 410 66

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTALS \$ 0.00\$ 11,410.66\$ 0.00\$ 11,410.66

Schedule F Summary

www.fppc.ca.gov

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

		, ,
Staten	nent covers period	CALIFORNIA 460
from	02/18/2024	FORM TOO
through_	06/30/2024	Page 10 of 11
		I.D. NUMBER
		1464322

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

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	t.v. 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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
FNBO Omaha, NE 68103	CNS	0.00	3,124.11	0.00	3,124.11
	SUBTOTALS	\$ 0.00	3,124.11	\$ 0.00	\$ 3,124.11

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA 160
from02/18/2024	FORM 40U
through06/30/2024	— Page <u>11</u> of <u>11</u>
	I.D. NUMBER
	1464322

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Henry Nickel for City Council Ward 5 2024

NAME OF AGENT OR INDEPENDENT CONTRACTOR

FNBO

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

campaign paraphernalia/misc. member communications radio airtime and production costs campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor independent expenditure supporting/opposing others (explain)* postage, delivery and messenger services TSF LEG legal defense professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

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

CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
CNS		3,228.68

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

3,228.68

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

D	asiniant Committee		_		COVER PAGE
C	ecipient Committee ampaign Statement over Page overnment Code Sections 84200-84216.5)			Date Stamp	CALIFORNIA 460 FORM
(GC	overnment Code Sections 64200-64216.5)	Statement covers period from07/01/2024	Date of election if applicable: (Month, Day, Year)	09/26/2024 19:47:02 F iling ID:	For Official Use Only
SEI	E INSTRUCTIONS ON REVERSE	through09/21/2024	11/05/2024	212190960	
1.	Type of Recipient Committee: All Committees - C	Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	 State Candidate Election Committee ○ Recall (Also Complete Part 5) ☐ General Purpose Committee 	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)		Special C Supplem Statemer	r Statement Odd-Year Report ental Preelection nt - Attach Form 495
3.	Committee Information	.D. NUMBER	Treasurer(s)		
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE	1464322	NAME OF TREASURER		
	Henry Nickel for City Council Ward 5 2024		Jennifer Mitchell		
			MAILING ADDRESS		
	STREET ADDRESS (NO P.O. BOX)		CITY Riverside	STATE ZIP CODE CA 92501	AREA CODE/PHONE
	CITY STATE ZIP C	CODE AREA CODE/PHONE	NAME OF ASSISTANT TREASUR	RER, IF ANY	
	Riverside CA 925	. ,			
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	BOX	MAILING ADDRESS		
	CITY STATE ZIP C	CODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS jennifer@campaignfinanceservices.net		OPTIONAL: FAX / E-MAIL ADDR jennifer@troastandass		
4.	Verification				
	I have used all reasonable diligence in preparing and reviewi under penalty of perjury under the laws of the State of Californ	ng this statement and to the best of my kn nia that the foregoing is true and correct.	owledge the information contained her	rein and in the attached schedules i	s true and complete. I certify
	Executed on09/26/2024	ByJennifer M	itchell		_
	Date	•	Signature of Treasurer or Assistant	Treasurer	
	Executed on	By Henry Nick Signature of Co	e1 ontrolling Officeholder, Candidate, State Measure Pro	ponent or Responsible Officer of Sponsor	_
	Executed onDate	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	_
	Executed on	Ву	Signature of Controlling Officeholder, Candidate, St	tate Measure Proponent	_ FPPC Form 460 (Jan/2016)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2					
CALIFORNIA FORM		4	160		
Page _	2	of _	6		

Officeholder or Candidate Controlled Commi	ittee	6.	Primarily Formed Ball	ot Measure	Committee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Henry Nickel							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTI	ON		SUPPORT
City Council Member: City of San Bernardino	District 5						OPPOSE
, , ,	TY STATE ZIP		Identify the controlling of	ficeholder, ca	ndidate, or st	ate measure	proponent, if any
Sar	n Bernardino CA 92405		NAME OF OFFICEHOLDER, CA	NDIDATE OR PE	ROPONENT		
Related Committees Not Included in this Sta not included in this statement that are controlled by you contributions or make expenditures on behalf of your can	or are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME	I.D. NUMBER						
Henry Nickel for City Council 2020 Ward 5	1361957						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Car				
Jennifer Mitchell	X YES NO		officeholder(s) or candidate(s) for which th	is committee is	s primarily form	nea.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO	DX)		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	
Riverside CA 9250	01 (951)742-7886						SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BC	DX)						
CITY STATE ZIP CO	ODE AREA CODE/PHONE		Atta	ach continuati	on sheets if r	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAG	Ε	
SOMINAN I FAG	_	

Stateme	ent covers period	CALIFORNIA 160					
from	07/01/2024	FORM TOO					
through	09/21/2024	Page 3 of 6					
		I.D. NUMBER					
		1464200					

Henry Nickel for City Council Ward 5 2024 1464322 Column A **Calendar Year Summary for Candidates** Column B Contributions Received TOTALTHIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTAL TO DATE **General Elections** 5,750.00 1/1 through 6/30 7/1 to Date 6,500.00 0.00 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 0.00 12,250.00 Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 21. Expenditures Made 0.00 12,250.00 **Expenditures Made Expenditure Limit Summary for State** Candidates \$ 12,124.49 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 12,124.49 (If Subject to Voluntary Expenditure Limit) 0.00 14,534.77 Date of Election Total to Date (mm/dd/yy) 0.00 0.00 0.00 26,659.26 **Current Cash Statement** To calculate Column B, add 0.00 amounts in Column A to the 13. Cash Receipts Column A, Line 3 above corresponding amounts *Amounts in this section may be different from amounts 0.00 14. Miscellaneous Increases to Cash Schedule I. Line 4 from Column B of your last reported in Column B. report. Some amounts in 0.00 Column A may be negative 125.51 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 0.00 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____ carry over the amounts from Lines 2, 7, and 9 (if **Cash Equivalents and Outstanding Debts** any). 18. Cash Equivalents See instructions on reverse \$ _____ 21,034.77 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ _____

Schedule B – Part	1
Loans Received	

Amounts may be rounded to whole dollars.

Staten	nent covers period	CALIFORNIA	160
from	07/01/2024	FORM	400
through	09/21/2024	Page <u>4</u> of	6
		I.D. NUMBER	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

1464322

Henry Nickel for City Council Ward 5 2	2024						1464322	
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
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			PAID \$ 0.00 FORGIVEN	\$_1,000.00	0.0 RATE	\$_1,000.00	\$ 6,500.00 PER ELECTION**
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$_1,000.00	\$0.00	\$		\$0.00	01/11/2024 DATE INCURRED	\$ P2024 6,500.00
Henry Nickel San Bernardino, CA 92405	IT County of San Bernardino			PAID \$ 0.00 FORGIVEN	\$_5,500.00		\$ 5,500.00	\$ 6,500.00 PER ELECTION **
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$_5,500.00	\$	\$		\$0.00	DATE INCURRED	\$ P2024 6,500.00
				PAID FORGIVEN	\$	% RATE	\$	CALENDAR YEAR \$ PER ELECTION **
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS \$	0.00	0.00	\$ 6,500.00	\$ 0.00		

Schedule B Summary

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

Enter the net here and on the Summary Page, Column A, Line 2.

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

†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

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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Schedule F **Accrued Expenses (Unpaid Bills)**

Henry Nickel for City Council Ward 5 2024

Amounts may be rounded to whole dollars.

Statement covers period 07/01/2024

through $\frac{09/21/2024}{}$

0.00\$

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1464322

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs campaign consultants meetings and appearances returned contributions contribution (explain nonmonetary)* SAL campaign workers' salaries office expenses CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks TRC candidate travel, lodging, and meals fundraising events polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* transfer between committees of the same candidate/sponsor postage, delivery and messenger services LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings print ads information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Comenity - AAA Visa Dallas, TX 75265	CNS	10,827.28	0.00	0.00	10,827.28
Comenity - AAA Visa Dallas, TX 75265	OFC Interest	289.39	0.00	0.00	289.39
Comenity - AAA Visa Dallas, TX 75265	OFC Interest	293.99	0.00	0.00	293.99

Schedule F Summary

summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for 0.00

SUBTOTALS \$

11,410.66\$

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)PAID TOTALS \$ _____ 0.00
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

 NET \$

 May be a negative number

0.00\$

11,410.66

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

	(/
Statement covers period	CALIFORNIA 460
from07/01/2024	FURIWI
through09/21/2024	Page 6 of 6
	I.D. NUMBER
	1464322

NAME OF FILER

Henry Nickel for City Council Ward 5 2024

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		campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. 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)

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
FNBO Omaha, NE 68103	CNS	3,124.11	0.00	0.00	3,124.11
	SUBTOTALS	\$ 3,124.11	0.00	\$ 0.00	\$ 3,124.11