Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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COVER PAGE

CALIFORNIA 2001/02 FORM **460**

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SEE INSTRUCTIONS ON REVERSE

Statement covers period from October 01, 2014 through October 18, 2014

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

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

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [x] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1371953

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee to Elect Lori Nickel for City Council 2014

STREET ADDRESS (NO P.O. BOX) [redacted]

CITY Moreno Valley | STATE CA | ZIP CODE 92553 | AREA CODE/PHONE [redacted]

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

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS [redacted]

Treasurer(s)

NAME OF TREASURER
Lori Nickel (AKA Lori Nickel)

MAILING ADDRESS [redacted]

CITY Moreno Valley | STATE CA | ZIP CODE 92553 | AREA CODE/PHONE [redacted]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY | STATE | ZIP CODE | AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS [redacted]

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. [redacted]

Executed on October, 23, 2014 (Date) [redacted]

Executed on October 23, 2014 (Date) [redacted]

Executed on _____ (Date) By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ (Date) 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

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Lori Nickel

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

Moreno Valley City Council Member District 4

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
[redacted]	Moreno Valley	CA	92553

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. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ 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 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	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ 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 October 01, 2014 through October 18, 2014

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Lori Nickel (Committee to Elect Lori Nickel for City Council 2014

I.D. NUMBER
1371953

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 0	$ 475
2. Loans Received	*Schedule B, Line 3*	0	1170
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 0	$ 1645
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 0	$ 1645

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

6. Payments Made	*Schedule E, Line 4*	$ 0	$ 545
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 0	$ 545
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	1551.92	1822.28
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 1551.92	$ 2367.28

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
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$
__/__/__	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 1100
13. Cash Receipts	*Column A, Line 3 above*	0
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	0
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 1100

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 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).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 2992.28

Schedule F
Accrued Expenses (Unpaid Bills)

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

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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)

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
CAPITAL ONE WORLD MASTERCARD	CMP, LIT	$270.36	$1551.92	$0.00	$1822.28
		$270.36	$1551.92	$0.00	$1822.28
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS $	270.36	$ 1551.92	$ 00.00	$ 1822.28

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 1551.92
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 $** ~~1822.28~~ $ 1551.92 HW
   May be a negative number