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2/1/2021 (7)

Recipient Committee Campaign Statement Cover Page

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CALIFORNIA FORM 460

Page 1 of 6

For Official Use Only

\*C06040 014217

Statement covers period from 7-1-20 through 12-31-20

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

CAMPAIGN FINANCE

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Report

3. Committee Information

I.D. NUMBER 1238196

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) NILO MICHELIN FOR SCHOOL BOARD 2009

STREET ADDRESS (NO P.O. BOX)

CITY HAWTHORNE STATE CA ZIP CODE 90250 AREA CODE/PHONE 3104357472

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER NILO MICHELIN

MAILING ADDRESS

CITY HAWTHORNE STATE CA ZIP CODE 90250 AREA CODE/PHONE 3104357472

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

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

Executed on 1-31-21 Date

By

Executed on 1-31-21 Date

By Signature of

or Responsible Officer of Sponsor

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**

COVER PAGE - PART 2

|                           |            |
|---------------------------|------------|
| CALIFORNIA<br>FORM        | <b>460</b> |
| Page <u>2</u> of <u>6</u> |            |

**5. Officeholder or Candidate Controlled Committee**

|  |           |       |       |  |
|--|-----------|-------|-------|--|
| NAME OF OFFICEHOLDER OR CANDIDATE  |           |       |       |  |
| NILO MICHELIN  |           |       |       |  |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) |           |       |       |  |
| HAWTHORNE SCHOOL DISTRICT BOARD OF TRUSTEES                                |           |       |       |  |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)                              | CITY      | STATE | ZIP   |  |
|  | HAWTHORNE | CA    | 90250 |  |

**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 |
| NILO MICHELIN FOR CITY COUNCIL 2011 | 1340448     |

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
| NILO MICHELIN     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |
| HAWTHORNE         | CA                           | 90501    | 310/435-7472    |

|   |             |
|---|-------------|
| COMMITTEE NAME                            | I.D. NUMBER |
| MICHELIN FOR EL CAMINO COLLEGE BOARD 2013 | 1358942     |

|                   |   |
|-------------------|---|
| NAME OF TREASURER | CONTROLLED COMMITTEE?   |
| NILO MICHELIN     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |
| HAWTHORNE         | CA                           | 90250    | 310/435-7472    |

**6. Primarily Formed Ballot Measure Committee**

|                        |              |   |
|------------------------|--------------|---|
| NAME OF BALLOT MEASURE |              |   |
| BALLOT NO. OR LETTER   | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

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

COVER PAGE - PART 2

|                           |            |
|---------------------------|------------|
| CALIFORNIA<br>FORM        | <b>460</b> |
| Page <u>3</u> of <u>6</u> |            |

**5. Officeholder or Candidate Controlled Committee**

|   |           |       |       |
|---|-----------|-------|-------|
| NAME OF OFFICEHOLDER OR CANDIDATE<br>NILO MICHELIN  |           |       |       |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)<br>HAWTHORNE SCHOOL DISTRICT BOARD OF TRUSTEES |           |       |       |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)   | CITY      | STATE | ZIP   |
|   | HAWTHORNE | CA    | 90250 |

**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<br>MICHELIN FOR COUNCIL 2015 | I.D. NUMBER<br>1378314 |
|---|------------------------|

|                                    |  |
|------------------------------------|--|
| NAME OF TREASURER<br>NILO MICHELIN | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------------------|--|

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |
| HAWTHORNE         | CA                           | 90501    | 310/435-7472    |

|  |                        |
|--|------------------------|
| COMMITTEE NAME<br>COMMITTEE FOR BETTER HAWTHORNE SCHOOLS | I.D. NUMBER<br>1236769 |
|--|------------------------|

|                                    |  |
|------------------------------------|--|
| NAME OF TREASURER<br>NILO MICHELIN | CONTROLLED COMMITTEE?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------------------|--|

|                   |                              |          |                 |
|-------------------|------------------------------|----------|-----------------|
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX) |          |                 |
| CITY              | STATE                        | ZIP CODE | AREA CODE/PHONE |
| HAWTHORNE         | CA                           | 90250    | 310/435-7472    |

**6. Primarily Formed Ballot Measure Committee**

|                        |              |   |
|------------------------|--------------|---|
| NAME OF BALLOT MEASURE |              |   |
| BALLOT NO. OR LETTER   | JURISDICTION | <input type="checkbox"/> SUPPORT<br><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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

|  |                                |
|--|--------------------------------|
| Statement covers period<br>from <u>7-1-20</u><br>through <u>12-31-20</u> | <b>CALIFORNIA<br/>FORM 460</b> |
|  | Page <u>4</u> of <u>6</u>      |
| I.D. NUMBER<br>1238196   |                                |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
NILO MICHELIN FOR SCHOOL BOARD 2009

**Contributions Received**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions..... <i>Schedule A, Line 3</i>    | \$ 0   | \$ 0                                       |
| 2. Loans Received..... <i>Schedule B, Line 3</i>            | \$ 0   | \$ 2171                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS..... <i>Add Lines 1 + 2</i>  | \$ 0   | \$ 2171                                    |
| 4. Nonmonetary Contributions..... <i>Schedule C, Line 3</i> | \$ 0   | \$ 0                                       |
| 5. TOTAL CONTRIBUTIONS RECEIVED..... <i>Add Lines 3 + 4</i> | \$ 0   | \$ 2171                                    |

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

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

**Expenditures Made**

|   | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---|--|--|
| 6. Payments Made..... <i>Schedule E, Line 4</i>                   | \$ 0   | \$ 0                                       |
| 7. Loans Made..... <i>Schedule H, Line 3</i>                      | \$ 0   | \$ 0                                       |
| 8. SUBTOTAL CASH PAYMENTS..... <i>Add Lines 6 + 7</i>             | \$ 0   | \$ 0                                       |
| 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>      | \$ 0   | \$ 0                                       |

**Expenditure Limit Summary for State  
Candidates**

**22. Cumulative Expenditures Made\***  
(If Subject to Voluntary Expenditure Limit)

| Date of Election<br>(mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| ____/____/____                 | \$ _____      |
| ____/____/____                 | \$ _____      |

**Current Cash Statement**

|   |            |
|---|------------|
| 12. Beginning Cash Balance..... <i>Previous Summary Page, Line 16</i>             | \$ 1202.45 |
| 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>                              | \$ 0       |
| 16. ENDING CASH BALANCE..... <i>Add Lines 12 + 13 + 14, then subtract Line 15</i> | \$ 1202.45 |

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).

*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> | \$ 2171 |

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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

|  |                            |
|--|----------------------------|
| Statement covers period<br>from <u>7-1-20</u><br>through <u>12-31-20</u> | <b>CALIFORNIA FORM 460</b> |
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

NILO MICHELIN FOR SCHOOL BOARD 2009

I.D. NUMBER  
1238196

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)                                       | (b)                         | (c)  | (d)   | (e)                       | (f)                                 | (g)   |
|---|---|---|-----------------------------|--|---|---------------------------|-------------------------------------|---|
|   |   | OUTSTANDING BALANCE BEGINNING THIS PERIOD | AMOUNT RECEIVED THIS PERIOD | AMOUNT PAID OR FORGIVEN THIS PERIOD  | OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | INTEREST PAID THIS PERIOD | ORIGINAL AMOUNT OF LOAN             | CUMULATIVE CONTRIBUTIONS TO DATE                    |
| NILO MICHELIN<br>HAWTHORNE, CA 90250<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER,<br>LAUSD   | \$ 1771                                   | \$ 0                        | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 1771<br>1-1-22<br>DATE DUE               | 0 %<br>RATE<br>\$ 0       | \$ 5177<br>8-14-01<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ _____ |
| NILO MICHELIN<br>HAWTHORNE, CA 90250<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER,<br>LAUSD   | \$ 100                                    | \$ 0                        | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 100<br>1-1-22<br>DATE DUE                | 0 %<br>RATE<br>\$ 0       | \$ 100<br>2-15-13<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ _____ |
| NILO MICHELIN<br>HAWTHORNE, CA 90250<br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER,<br>LAUSD   | \$ 100                                    | \$ 0                        | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 100<br>1-1-22<br>DATE DUE                | 0 %<br>RATE<br>\$ 0       | \$ 100<br>3-11-13<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>  |   | \$  | \$                          | \$   | \$ 1971                                     | \$                        |                                     |   |

**Schedule B Summary**

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

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

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

**Schedule B – Part 1  
Loans Received**

Amounts may be rounded  
to whole dollars.

Statement covers period  
from 1-1-20  
through 6-30-20

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

NILO MICHELIN FOR SCHOOL BOARD 2009

I.D. NUMBER

1238196

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a)<br>OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b)<br>AMOUNT RECEIVED THIS PERIOD | (c)<br>AMOUNT PAID OR FORGIVEN THIS PERIOD*  | (d)<br>OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e)<br>INTEREST PAID THIS PERIOD | (f)<br>ORIGINAL AMOUNT OF LOAN     | (g)<br>CUMULATIVE CONTRIBUTIONS TO DATE                 |
|---|---|--|------------------------------------|--|--|----------------------------------|------------------------------------|---|
| NILO MICHELIN<br>HAWTHORNE, CA 90250<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER;<br>LAUSD   | \$ 100   | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 100<br>1-1-22<br>DATE DUE                       | 0<br>%<br>RATE<br>0              | \$ 100<br>7-1-13<br>DATE INCURRED  | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ _____     |
| NILO MICHELIN<br>HAWTHORNE, CA 90250<br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | TEACHER,<br>LAUSD   | \$ 100   | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | \$ 100<br>1-1-22<br>DATE DUE                       | 0<br>%<br>RATE<br>0              | \$ 100<br>1-13-14<br>DATE INCURRED | CALENDAR YEAR<br>\$ 0<br>PER ELECTION**<br>\$ _____     |
| <br><br>† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC                                     |   | \$ _____   | \$ 0                               | <input type="checkbox"/> PAID<br>\$ _____<br><input type="checkbox"/> FORGIVEN<br>\$ _____ | DATE DUE   | _____%<br>RATE                   | DATE INCURRED                      | CALENDAR YEAR<br>\$ _____<br>PER ELECTION**<br>\$ _____ |
| <b>SUBTOTALS</b>  |   | \$   | 0 \$                               | \$   | 200 \$   |                                  |                                    |   |

**Schedule B Summary**

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

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

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