

Recipient Committee Campaign Statement Cover Page

CALIFORNIA FORM 460

RECEIVED BY LOS ANGELES COUNTY 2024 JUL 24 AM 11:16 CAMPAIGN FINANCE

Statement covers period from 1-1-24 through 6-30-24

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

Page 1 of 7 For Official Use Only

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 STATE ZIP CODE AREA CODE/PHONE HAWTHORNE CA 90250 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 STATE ZIP CODE AREA CODE/PHONE HAWTHORNE CA 90250 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 and correct.

Executed on 7-20-24

By Treasurer

Executed on 7-20-24

By Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

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 NILO MICHELIN FOR CITY COUNCIL 2011	I.D. NUMBER 1340448
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NAME OF TREASURER NILO MICHELIN	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY HAWTHORNE	STATE CA	ZIP CODE 90501	AREA CODE/PHONE 310/435-7472

COMMITTEE NAME MICHELIN FOR EL CAMINO COLLEGE BOARD 2013	I.D. NUMBER 1358942
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NAME OF TREASURER NILO MICHELIN	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	--

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

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

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

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
MICHELIN FOR CITY COUNCIL 2015	1378314
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

COMMITTEE NAME	I.D. NUMBER
COMMITTEE FOR BETTER HAWTHORNE SCHOOLS	1236769
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 <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.		
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT		
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

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

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 BOARD MEMBER

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 MICHELIN FOR COLLEGE BOARD 2022	I.D. NUMBER 1450107
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NAME OF TREASURER NILO MICHELIN	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
HAWTHORNE CA 90501 310/435-7472

COMMITTEE NAME MICHELIN FOR SENATE 2024	I.D. NUMBER 1461672
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NAME OF TREASURER NILO MICHELIN	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>1-1-24</u> through <u>6-30-24</u>	CALIFORNIA FORM 460 Page <u>5</u> of <u>7</u>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER NILO MICHELIN FOR SCHOOL BOARD 2009	I.D. NUMBER 1238196
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Contributions Received

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

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

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

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made..... <i>Schedule E, Line 4</i>	\$ <u>0</u>	\$ <u>0</u>
7. Loans Made..... <i>Schedule H, Line 3</i>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment..... <i>Schedule C, Line 3</i>	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>0</u>	\$ <u>0</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>1202.45</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>0</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>0</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>1202.45</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

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

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

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

18. Cash Equivalents <i>See Instructions on reverse</i>	\$ <u>0</u>
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ <u>2171</u>

**Schedule B – Part 1
Loans Received**

Amounts may be rounded to whole dollars.

Statement covers period from <u>1-1-24</u> through <u>6-30-24</u>	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 (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
NILO MICHELIN HAWTHORNE, CA 90250 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER, LAUSD	\$ 1771	\$ 0	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 1771 1-1-25 DATE DUE	0 % RATE \$ 0	\$ 5177 8-14-01 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ _____
NILO MICHELIN HAWTHORNE, CA 90250 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER, LAUSD	\$ 100	\$ 0	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 100 1-1-25 DATE DUE	0 % RATE \$ 0	\$ 100 2-15-13 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ _____
NILO MICHELIN HAWTHORNE, CA 90250 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER, LAUSD	\$ 100	\$ 0	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 100 1-1-25 DATE DUE	0 % RATE \$ 0	\$ 100 3-11-13 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ _____
SUBTOTALS \$							\$ 1971 \$	

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- 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 <u>1-1-23</u> ^{11/11} <u>24</u>	CALIFORNIA FORM 460
through <u>6-30-23</u> ^{11/11} <u>24</u>	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER NILO MICHELIN FOR SCHOOL BOARD 2009	I.D. NUMBER 1238196
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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
NILO MICHELIN HAWTHORNE, CA 90250 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER, LAUSD	\$ 100	\$ 0	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 100 1-1-25 DATE DUE	0% RATE \$ 0	\$ 100 7-1-13 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ _____
NILO MICHELIN HAWTHORNE, CA 90250 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEACHER, LAUSD	\$ 100	\$ 0	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ 100 1-1-25 DATE DUE	0% RATE \$ 0	\$ 100 1-13-14 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	DATE DUE	_____% RATE \$ _____	DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS		\$	\$	\$	200	\$		

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- 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.)
- 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.