

COPY

Recipient Committee Campaign Statement Cover Page

CITY OF HAWTHORNE Date Stamp 15 SEP 29 PM 5:30

CALIFORNIA FORM 460

Page 1 of 12

For Official Use Only

Statement covers period from 07/01/2015 through 09/19/2015 Date of Election If applicable (Month, Day, Year)

1. Type of Recipient Committee

- 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

- Pre-election Statement
Semi-Annual Statement
Termination Statement
Amendment
Quarterly Statement
Special Odd-Year Statement
Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

I.D. Number 1378314

Treasurer(s)

NAME OF TREASURER Nilo Michelin

STREET ADDRESS 4439 W 138th St # B

CITY STATE ZIP CODE AREA CODE/PHONE Hawthorne CA 90250 310/435-7475

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COMMITTEE NAME Michelin For Council 2015

STREET ADDRESS (NO PO BOX) 4439 W 138th St # B

CITY STATE ZIP CODE AREA CODE/PHONE Hawthorne CA 90250 310/435-7475

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

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 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 9-24-15

By Nilo Michelin SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 9-24-15

By Nilo Michelin 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**

Statement covers period
from 07/01/2015
through 09/19/2015

Page 2 of 12

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Nilo Michelin

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member Los Angeles

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
4439 W 138th St # B 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 1329643
NAME OF TREASURER Nilo Michelin	CONTROLLED COMMITTEE ? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>nm</i>
COMMITTEE STREET ADDRESS (NO P.O. BOX) 6380 Wilshire Blvd # 1612	
CITY Los Angeles	STATE ZIP CODE AREA CODE/PHONE CA 90048 323/655-4065

COMMITTEE NAME Nilo Michelin For School Board 2009	I.D. NUMBER 1238196
NAME OF TREASURER Nilo Michelin	CONTROLLED COMMITTEE ? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>nm</i>
COMMITTEE STREET ADDRESS (NO P.O. BOX) 4439 W 138th St # B	
CITY Hawthorne	STATE ZIP CODE AREA CODE/PHONE 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 OR 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

**Recipient Committee
Campaign Statement
Cover Page - Part 2 (Continuation Page)**

Statement covers period
from 07/01/2015
through 09/19/2015

NAME OF FILER MICHELIN FOR COUNCIL 2015 I.D. NUMBER 1378314

5. Officeholder or Candidate Controlled Committee Related Committees Not Included in this Statement

COMMITTEE NAME Michelin for El Camino College Board 2013 I.D. NUMBER 1358942

NAME OF TREASURER Nilo Michelin CONTROLLED COMMITTEE ? YES NO *mm*

COMMITTEE STREET ADDRESS (NO P.O. BOX) 4439 W 138th St # B

CITY Hawthorne STATE CA ZIP CODE 90250 AREA CODE / PHONE 310/435-7472

COMMITTEE NAME Committee for Better Hawthorne Schools I.D. NUMBER 1236769

NAME OF TREASURER Nilo Michelin CONTROLLED COMMITTEE ? YES NO *mm*

COMMITTEE STREET ADDRESS (NO P.O. BOX) 4439 W 138th St # B

CITY Hawthorne STATE CA ZIP CODE 90250 AREA CODE / PHONE 310/435-7475

**Campaign Disclosure Statement
Summary Page**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	09/19/2015	Page 4 of 12

NAME OF FILER Michelin For Council 2015

I.D. NUMBER
1378314

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 10,700.00	\$ 13,700.00
2. Loans Received Schedule B, Line 3	-3,300.00	16,800.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ 7,400.00	\$ 30,500.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 7,400.00	\$ 30,500.00

**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	\$ _____	\$ _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 6,855.65	\$ 6,855.65
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 6,855.65	\$ 6,855.65
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 6,855.65	\$ 6,855.65

**Expenditure Limit Summary
for State Candidates**

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

_____ \$ _____
_____ \$ _____

* 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	\$ 23,100.01
13. Cash Receipts Column A, Line 3 above	7,400.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	MM 49.73
15. Cash Payments Column A, Line 8 above	6,855.65
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ MM 23,694.09
17. LOAN GUARANTEES RECEIVED. Schedule B, Part 2	\$ 0.00

.73 MM
23,645.09 MM

Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0.00
19. Outstanding Debts. Add Lines 2 + Line 9 in Column B above	\$ 16,800.00

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period
from 07/01/2015
through 09/19/2015

CALIFORNIA FORM 460

Page 6 of 12

NAME OF FILER Michelin For Council 2015

I.D. NUMBER
1378314

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/12/2015	Hocker Guy Realtors LLC 4747 W. El Segundo Blvd. Hawthorne, CA 90250	OTH		3,000.00	3,000.00	
09/08/2015	Bryan P. Oakley 21509 Vicky Ave. Torrance, CA 90503	IND	Real Estate Investor Bryan P. Oakley	500.00	500.00	
09/04/2015	Prairie Inc. 221 Ave B Redondo Beach, CA 90277	OTH		1,000.00	1,000.00	
09/08/2015	Magdy S. Tawil 2002 Warfield Ave. #A Redondo Beach, CA 90278	IND	President Academy Insurance	1,000.00	1,000.00	

SUBTOTAL \$ 5,500.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Statement covers period
from 07/01/2015
through 09/19/2015

CALIFORNIA FORM 460
Page 7 of 12

NAME OF FILER Michelin For Council 2015

I.D. NUMBER
1378314

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	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/31/2015	US Tow-Hawthorne 12710 Cerise Ave Hawthorne, CA 90250	OTH		1,000.00	1,000.00	

SUBTOTAL \$ 1,000.00

** Contributor Codes: IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	09/19/2015	Page 8 of 12

NAME OF FILER Michelin For Council 2015 I.D. NUMBER 1378314

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER	IF INDIVIDUAL, OCCUPATION & EMPLOYER IF COMMITTEE, ID NUMBER	(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 4439 W 138th St # B Hawthorne, CA 90250 Contributor Code: IND		100.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	100.00	0.00	100.00	CALENDAR YEAR 16,800 PER ELECTION
					DUE DATE 06/26/2016	INTEREST RATE 0.00 %	DATE INCURRED 06/26/2015	
Nilo Michelin 4439 W 138th St # B Hawthorne, CA 90250 Contributor Code: IND		20,000.00		<input checked="" type="checkbox"/> PAID 18300.00 <input type="checkbox"/> FORGIVEN	1700.00	0.00	20,000.00	CALENDAR YEAR 16,800 PER ELECTION
					DUE DATE 06/30/2016	INTEREST RATE 0.00 %	DATE INCURRED 06/30/2015	
Nilo Michelin 4439 W 138th St # B Hawthorne, CA 90250 Contributor Code: IND			15000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	15000.00	0.00	15,000.00	CALENDAR YEAR 16,800 PER ELECTION
					DUE DATE 08/31/2016	INTEREST RATE 0.00 %	DATE INCURRED 08/31/2015	

SUBTOTALS \$ (b) 15,000.00 (c) 18300.00 (d) 16,800.00 (e) 0.00

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 15,000.00
- Loans paid or forgiven this period \$ 18,300.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** (3,300.00)
Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule E
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	09/19/2015	Page 9 of 12

NAME OF FILER Michelin For Council 2015

I.D. NUMBER
1378314

CODES: If one of the following 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 production costs |
| FIL candidate filing / ballot fees | PHO phone banks | TRC candidate travel, lodging and meals |
| FND fundraising expenses | POL polling and survey research | TRS staff/spouse travel, lodging and meals |
| IND independent expenditures supporting/opposing others | 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	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
CA Justice Voter Guide 370 S Crenshaw Blvd. #E202A Torrance, CA 90503 ID No: 1342347	Slate	800.00
Californians for Quality Education 728 W Edna Pl Covina, CA ID No: 1371954	Slate	177.60
Citizens For Good Government 728 W Edna Pl Covina, CA 91722 ID No: 599010	Slate	159.45
SUBTOTAL \$		1,137.05

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 6,735.65
2. Unitemized payments made this period of under \$100	\$ 120.00
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 Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 6,855.65

**Schedule E (Continuation Sheet)
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	09/19/2015	Page 10 of 12

NAME OF FILER Michelin For Council 2015

I.D. NUMBER
1378314

CODES: If one of the following 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Democratic Voter's Choice 728 W Edna Pl Covina, CA 91722 ID No: 595002		Slate	383.60
Democratic Voter's Choice 728 W Edna Pl Covina, CA 91722 ID No: 595002		Slate	100.00
John F Kennedy Alliance 3700 Wilshire Blvd. #1050B Los Angeles, CA 90010 ID No: 590011		Slate	840.00
LA County Registrar Recorder 12400 Imperial Hwy Norwalk, CA 90650		Ballot Statement	2,000.00
Padilla & Associates 6380 Wilshire Blvd. #1612 Los Angeles, CA 90048	PRO		275.00

SUBTOTAL \$ 3,598.60

**Schedule E (Continuation Sheet)
Payments Made**

Statement covers period		CALIFORNIA FORM 460
from	07/01/2015	
through	09/19/2015	Page 11 of 12

NAME OF FILER Michelin For Council 2015

I.D. NUMBER
1378314

CODES: If one of the following 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 production costs
FIL candidate filing / ballot fees	PHO phone banks	TRC candidate travel, lodging and meals
FND fundraising expenses	POL polling and survey research	TRS staff/spouse travel, lodging and meals
IND independent expenditures supporting/opposing others	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	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
Padilla & Associates 6380 Wilshire Blvd. #1612 Los Angeles, CA 90048	PRO		300.00
Parents for Progress 370 S Crenshaw Blvd. #E2020A Torrance, CA 90503 ID No: 1362626		Slate	800.00
Voter Guide 6285 E Spring St. #202 Long Beach, CA 90808 ID No: 1		Slate	300.00
Voter Guide 6285 E Spring St. #202 Long Beach, CA 90808 ID No: 1		Slate	600.00

SUBTOTAL \$ 2,000.00

**Schedule I
Miscellaneous Increases to Cash**

Statement covers period
from 07/01/2015
through 09/19/2015

**CALIFORNIA
FORM 460**

Page 12 of 12

NAME OF FILER Michelin For Council 2015

I.D. NUMBER
1378314

DATE RECEIVED	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period	\$ 0.00
2. Unitemized payments made this period of under \$100	\$ <u>nm 49.73</u> .73
3. Total interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14	TOTAL \$ <u>nm 49.73</u> .73