

**Recipient Committee
Campaign Statement
Cover Page**

Statement covers period
from 09/25/2011
through 10/22/2011

Date of Election if applicable
11/03/2011
(Month, Day, Year)

Date Stamp

CITY OF LOS ANGELES
HAB CALIFORNIA
FORM 460
Page 1 of 9
For Official Use Only

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 1329643

COMMITTEE NAME
Nilo Michelin For City Council 2011

STREET ADDRESS (NO PO BOX)
6380 Wilshire Blvd # 1612

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90048 (323) 655-6065

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Jane Leiderman

STREET ADDRESS
6380 Wilshire Blvd # 1612

CITY STATE ZIP CODE AREA CODE/PHONE
Los Angeles CA 90048 323/655-6065

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 10/26/11

By

Executed on 10/27/11

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

By

SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

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

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Statement covers period

from 09/25/2011

through 10/22/2011

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Kilo Michelin

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

City Council Member City of Hawthorne

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

4439 W 128th St # 3 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

NAME OF TREASURER

CONTROLLED COMMITTEE ?

☐ YES ☐ NO

COMMITTEE 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 STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed 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 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

☐ 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

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period from 09/25/2011 through 10/22/2011	CALIFORNIA FORM 460
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NAME OF FILER Milo Michalik For City Council 2011

I.D. NUMBER
1329643

Contributions Received

	Column A TOTAL THIS PERIOD (FROM 1/1/11 TO 10/31/11)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 500.00	\$ 3,049.00
2. Loans Received Schedule B, Line 3	0.00	22,300.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 500.00	\$ 25,349.00
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 500.00	\$ 25,349.00

**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	\$	\$

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 2,403.11	\$ 2,553.64
7. Loans Made Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 2,403.11	\$ 2,553.64
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	157.92	1,906.14
10. Nonmonetary Adjustment Schedule G, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 2,561.03	\$ 4,459.78

**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	\$ 24,698.47
13. Cash Receipts Column A, Line 3 above	500.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00
15. Cash Payments Column A, Line 8 above	2,403.11
16. ENDING CASH BALANCE . Add Lines 12 + 13 + 14, then subtract Line 15	\$ 22,795.36
17. LOAN GUARANTEES RECEIVED, Schedule H, Part 2	\$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00
19. Outstanding Debts, Add Lines 7 + Line 9 in Column D above	\$ 24,206.14

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	09/25/2011	
through	10/22/2011	Page 4 of 9

NAME OF FILER Nilo Michelin For City Council 2011

I.D. NUMBER
1329643

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)
10/03/2011	Steven Bradford For Assembly 2012 277 S. Figueroa St. #4050 Los Angeles, CA 90017	COM	ID No. 1334072	500.00	500.00	

SUBTOTAL \$ 500.00

Schedule A Summary

- Amount received this period - itemized contributions
(Includes all Schedule A subtotals) \$ 500.00
- Amount received this period - unitemized \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1) **TOTAL \$** 500.00

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

FPPC Form 460 (Jan/06)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1
Loans Received

SCHEDULE B - PART 1

Statement covers period from 09/25/2011 through 10/22/2011		CALIFORNIA FORM 460
		Page 5 of 9
NAME OF PAYER Nilo Michelin For City Council 2011		I.D. NUMBER 1329643

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 # 5 Hawthorne, CA 90250 Contributor Code: IND		10,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	10,000.00	0.00	10,000.00	CALENDAR YEAR 22,000 PER ELECTION **
					DUE DATE 09/09/2012	INTEREST RATE 0.00 %	DATE INCURRED 09/09/2011	
Nilo Michelin Contributor Code: IND		12,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	12,000.00	0.00	12,000.00	CALENDAR YEAR 22,000 PER ELECTION **
					DUE DATE 09/23/2012	INTEREST RATE 0.00 %	DATE INCURRED 09/23/2011	
Zaida Sibaja 1436 W. 219th St. Torrance, CA 90501 Contributor Code: IND	Retired N.A.	300.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	300.00	0.00	300.00	CALENDAR YEAR 300 PER ELECTION **
					DUE DATE 09/18/2012	INTEREST RATE 0.00 %	DATE INCURRED 08/19/2011	

SUBTOTALS \$	(b) 0.00	(c) 0.00	(d) 22,300.00	(e) 0.00
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Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0.00
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) **NET \$** 0.00
Enter the net here and on the Summary Page, Column A, Line 2.

** Contributor Codes
IND - Individual
COM - Reciprocal Committee (other than PTY or SCC)
OTR - Other
PTY - Political Party
SCC - Small Contributor Committees

Schedule E
Payments Made

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	05/25/2011	
through	10/22/2011	Page 6 of 9
NAME OF FILER Sila Michelen For City Council 2011		ID NUMBER 1329643

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

CMP	campaign paraphernalia/misc.	MRR	member communications	RAO	radio airline and production costs
CNS	campaign consultants	MIG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)	OFC	office expenses	SAL	campaign workers' salaries
CYC	civic donations	PET	petition circulating	TEL	t.v. or cable airline and 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	T&F	
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	WEB	voter registration information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMAC 114 S. Catalina Ave. Redondo Beach, CA 90277	CMP		1,530.11
AMAC 114 S. Catalina Ave. Redondo Beach, CA 90277	CMP		238.60
Bank of America 1000 Sanson Dr. Wilmington, DE 19884		See Schedule G for payees reaching disclosure threshold.	102.70
SUBTOTAL \$			1,870.81

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	2,373.11
2. Unitemized payments made this period of under \$100	\$	30.00
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 \$	2,403.11

Schedule E (Continuation Sheet)
Payments Made

SCHEDULE E

NAME OF FILER Nino Michelle For City Council 2011

Statement covers period		CALIFORNIA FORM 460
from	09/25/2011	
through	10/22/2011	Page 7 of 9
		I.D. NUMBER 1329643

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	RCD returned contributions
CTB contribution (explain nonmonetary)	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv. or cable airtime and 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
LEG legal defense	PRO professional services (legal, accounting)	VOT transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	WBS voter registration
		information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America 1000 Samsset Dr. Wilmington, DE 19804	See Schedule E for payee's reporting disclosure information	16,785
Bank of America	See Schedule E for payee's reporting disclosure threshold.	135.41
Byron Sucko 1535 Ocean Ave. 49 Santa Monica, CA 90401	Photos	150.00
WebPlacement Solutions.com 13535 Inglewood Blvd. Fowler, CA 90250	WEB	100.00
WebPlacement Solutions.com	WEB	100.00

SUBTOTAL \$ 502.30

Schedule F

Accrued Expenses (Unpaid Bills)

Statement covers period from 09/25/2011 through 10/22/2011	CALIFORNIA FORM 460
Page 8 of 8	
I.D. NUMBER 1329643	

NAME OF FILER Nilda Michelen For City Council 2011

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

CMP campaign paraphernalia/misc.	MRR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RHD refunded contributions
CIB contribution (explain nonmonetary)	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL tv. or cable airtime and 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)	VOI voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMAC 177 S. Catalina Ave. Redondo Beach, CA 90277	See Schedule F for codes or descriptions.	1,530.11	0.00	1,530.11	0.00
Bank of America 1000 Samscoi Dr. Wilmington, DE 19884	Various credit card purchases. See Schedule G for Credit Card Payees meeting threshold.	239.11	1,923.03	255.00	1,906.14
SUBTOTALS \$		1,769.22 \$	1,923.03 \$	1,785.11 \$	1,906.14

Schedule F Summary

- 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 \$ 1,923.03**
- 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 \$ 1,785.11**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$ 137.92**

Schedule G

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

Statement covers period		CALIFORNIA FORM 460
from	09/25/2011	
through	10/22/2011	Page 9 of 9
NAME OF FILER Nilo Michellin For City Council 2011		I.D. NUMBER 1329643
NAME OF AGENT OR INDEPENDENT CONTRACTOR Bank of America		

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	REF returned contributions
CTR 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	PIO 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	TSP
LEG legal defense	PRO professional services (legal, accounting)	VOT transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	WEB voter registration information technology costs (internet, e-mail)

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
D.A. County Democratic Party 3550 Wilshire Blvd. #1205 Los Angeles, CA 90010 744554	CVC	Contribution	200.00
KPI 5262 Business Dr. Huntington Beach, CA 92649	LIT	Mailers	1,630.00

TOTAL \$ 1,830.00

**Recipient Committee
Campaign Statement
Cover Page**

ONLY ONE COPY

COVER PAGE

Date Stamp

CALIFORNIA
FORM

460

11 OCT 27 AM 6:35

Page 1 of 5

For Official Use Only

Statement covers period from 01/01/2011 through 09/24/2011	Date of Election if applicable 11/08/2011 (Month, Day, Year)
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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

To amend Sch. G&F

3. Committee Information

I.D. Number 1329643

COMMITTEE NAME

Nilo Michelin For City Council 2011

STREET ADDRESS (NO PO BOX)

6380 Wilshire Blvd # 1612

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90048	(323) 655-4065

MAILING ADDRESS (IF DIFFERENT)

CITY	STATE	ZIP CODE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Jane Leiderman

STREET ADDRESS

6380 Wilshire Blvd # 1612

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90048	323/655-4065

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 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 10/26/11

By

Executed on 10/27/11

By

Executed on

By

Executed on

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 - January/05
State of California/SI

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

COVER PAGE - PART 2

**CALIFORNIA
FORM 460**

Statement covers period

from 01/01/2011

through 09/24/2011

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Nino Michelin

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

City Council Member City of Hawthorne

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

4439 W 138th St # 8 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

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE 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 STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed 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 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

☐ 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

**Campaign Disclosure Statement
Summary Page**

SUMMARY PAGE

Statement covers period from <u>01/01/2011</u> through <u>09/24/2011</u>	CALIFORNIA FORM 460
Page <u>3</u> of <u>5</u>	

NAME OF FILER Nile Michelin For City Council 2011

I.D. NUMBER
1329643

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>2,549.00</u>	\$ <u>2,549.00</u>
2. Loans Received Schedule D, Line 3	<u>22,300.00</u>	<u>22,300.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2	\$ <u>24,849.00</u>	\$ <u>24,849.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3+4	\$ <u>24,849.00</u>	\$ <u>24,849.00</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	\$ <u> </u>	\$ <u> </u>
21. Expenditures Made	\$ <u> </u>	\$ <u> </u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>150.53</u>	\$ <u>150.53</u>
7. Loans Made Schedule H, Line 2	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6+7	\$ <u>150.53</u>	\$ <u>150.53</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>1,768.22</u>	<u>1,768.22</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0.00</u>	<u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8+9+10	\$ <u>1,918.75</u>	\$ <u>1,918.75</u>

**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	\$ <u>0.00</u>
13. Cash Receipts Column A, Line 3 above	<u>24,849.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>0.00</u>
15. Cash Payments Column A, Line 8 above	<u>150.53</u>
16. ENDING CASH BALANCE Add Lines 12+13+14, then subtract Line 15	\$ <u>24,698.47</u>
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ <u>0.00</u>
19. Outstanding Debts Add Lines 2+ Line 9 in Column B above	\$ <u>24,068.22</u>

Schedule A
Monetary Contributions Received

SCHEDULE A

Statement covers period from 01/01/2011 through 09/24/2011		CALIFORNIA FORM 460
		Page 4 of 8
NAME- OFFILER Nita Micholin For City Council 2011		ID NUMBER 1329643

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
09/23/2011	Donald L. Hoar 10433 S. Catalina Ave. Gardena, CA 90247	IND	Director West Basin Municipal Water Dist	500.00	500.00	
08/12/2011	Remkor Guy Realtors LLC 4747 W. El Segundo Blvd. Lawtonville, CA 90250	OTH		500.00	500.00	
09/19/2011	Bryan P. Oakley 21509 Vicky Ave. Torrance, CA 90503	IND	Real Estate Investor Bryan P. Oakley	250.00	250.00	
09/19/2011	Panagiotis Panagiotou 638 S. Deamon #374 San Pedro, CA 90722	TND	Attorney City of Los Angeles	100.00	100.00	
09/24/2011	Magdy S. Sawil 2302 Wexfield Ave. #3 Redondo Beach, CA 90278	TND	President Academy Insurance	1,000.00	1,000.00	

SUBTOTAL \$ 2,350.00

Schedule A Summary

1. Amount received this period - itemized contributions (Includes all Schedule A subtotals)	\$ 2,350.00
2. Amount received this period - unitemized	\$ 199.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A Line 1)	TOTAL \$ 2,549.00

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

FPPG Form 460 (Jan/05)
FPPG Toll-Free Helpline: 866/ASK-FPPG

Schedule B - Part 1
Loans Received

SCHEDULE B - PART 1

Statement covers period from 01/01/2011 through 09/24/2011		CALIFORNIA FORM 460
		Page 5 of 8
NAME OF FILER: Nilo Michelín For City Council 2011		ID NUMBER: 1329643

FULL NAME, STREET ADDRESS AND ZIP CODE OF FINDER	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 Michelín 4439 W 138th St # B Hawthorne, CA 90250 Contributor Code: IND			10000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	10,000.00	0.00	10,000.00	CALENDAR YEAR 22,000 PER ELECTION **
					DUE DATE 09/09/2012	INTEREST RATE 0.00 %	DATE INCURRED 09/09/2011	
Nilo Michelín Contributor Code: IND			12000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	12,000.00	0.00	12,000.00	CALENDAR YEAR 22,000 PER ELECTION **
					DUE DATE 09/23/2012	INTEREST RATE 0.00 %	DATE INCURRED 09/23/2011	
Naída Sibaja 1436 W. 219th St. Torrance, CA 90501 Contributor Code: IND	Retired N.A.		300.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	300.00	0.00	300.00	CALENDAR YEAR 500 PER ELECTION **
					DUE DATE 09/18/2012	INTEREST RATE 0.00 %	DATE INCURRED 08/19/2011	

SUBTOTALS \$ (b) 22,300.00 (c) 0.00 (d) 22,300.00 (e) 0.00

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 22,300.00
- 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.)
- Net change this period, (Subtract Line 2 from Line 1.) **NET \$** 22,300.00
Enter the net here and on the Summary Page, Column A, Line 2.

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

Schedule E
Payments Made

SCHEDULE E

Statement covers period from 01/01/2011 through 09/21/2011		CALIFORNIA FORM 460
Page 6 of 8		
NAME OF FILER Nilo Michelin For City Council 2011		F.D. NUMBER 1329643

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	MIG 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 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	PRY print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE	CODE or DESCRIPTION OF PAYMENT	AMOUNT PAID
Bank of America 1000 Samuel Dr. Wilmington, DE 19884	See Schedule G for payees reaching disclosure threshold.	150.53

SUBTOTAL \$ 150.53

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 150.53
2. Unitemized payments made this period of under \$100	\$ 0.00
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 \$ 150.53

Schedule F
Accrued Expenses (Unpaid Bills)

SCHEDULE F

Statement covers period		CALIFORNIA FORM 460
from	01/01/2011	
through	09/24/2011	
		Page 2 of 8
NAME/OFFICE: Nilo Michelin For City Council 2011		ID NUMBER 1329643

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	TFL tv. or cable airtime and production costs
FIL candidate filing / ballot fees	PHD 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	TSP 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	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
AMAC 114 S. Catalina Ave. Redondo Beach, CA 90277	CMP	0.00	1,530.11	0.00	1,530.11
Bank of America 1000 Sunset Dr. Wilmington, DE 19884	Various credit card purchases. See Schedule G for Credit Card Payees meeting Threshold.	0.00	380.64	150.53	238.11
SUBTOTALS \$		0.00 \$	1,918.75 \$	150.53 \$	1,768.22

Schedule F Summary

- 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 \$** 1,918.75
- 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 \$** 150.53
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.) **NET \$** 1,768.22

Schedule G

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

Statement covers period		CALIFORNIA FORM 460
from	01/01/2011	
through		Page 8 of 8
NAME OF FILER: Milo Wachter For City Council 2011		I.D. NUMBER 1329643
NAME OF AGENT OR INDEPENDENT CONTRACTOR Bank of America		

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 airtime and 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
LFG legal defense	PRO professional services (legal, accounting)	VOT transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	WEB voter registration
		Information technology costs (Internet, e-mail)

* Payments that re contributions or independent expenditures are also summarized on Schedule D

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Armstrong Printing Company 524 W. Arbor Vitae St. Inglewood, CA 90301	LIT		102.70
Armstrong Printing Company 524 W. Arbor Vitae St. Inglewood, CA 90301	LIT		102.70

TOTAL \$ 205.40