

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
King Michelle

1. Office, Agency, or Court

Agency Name
Los Angeles Unified School District
Division, Board, Department, District, if applicable
Your Position
Superintendent of Schools

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other **District**

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2016, through December 31, 2016.
-or-
The period covered is 1/12/2016, through December 31, 2016.
- Assuming Office:** Date assumed _____
- Candidate:** Election Year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____
(Check one)
 - The period covered is January 1, 2016, through the date of leaving office.
 - The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)
STREET CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
michelle.king@lausd.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/29/2017 (month, day, year) Signature _____ (File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
 Michelle King

▶ NAME OF SOURCE *(Not an Acronym)*
 Honorable Diane Watson

ADDRESS *(Business Address Acceptable)*
 135 N. Grand Ave., LA, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Dorothy Chandler Pavillion/Mitzy Copeland Ballet

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 07/09/2016 | \$ 88 | Ballet Ticket |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
 CA Collaborative for Educational Excellence

ADDRESS *(Business Address Acceptable)*
 700 W. 5th St., LA, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Business Dinner w/Carl Cohn

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 07/19/2016 | \$ 30 | Dinner |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*
 McGraw-Hill

ADDRESS *(Business Address Acceptable)*
 1037 S. Flower St., LA, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Lunch Meeting w/Jennifer Boykin

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 10/12/2016 | \$ 20 | Lunch |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Comments: _____