

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only

Please type or print in ink.

2019 APR -2 AM 9:00

JAMES GENSLS OFF
LEGAL SERVICES

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Melvoin Nicholas James

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles Unified School District

Division, Board, Department, District, if applicable

Board of Education - District 4

Your Position

Board of Education Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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 Portion of LA County (LAUSD)

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

- Annual:** The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is _____ through December 31, 2018.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
 - The period covered is January 1, 2018, through the date of leaving office.
 - or- The period covered is _____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
() E-mail: nick.melvoin@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 April 2, 2019
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
Bill Burton

ADDRESS (Business Address Acceptable)
3105 S La Cienega Blvd., Los Angeles, CA 90016

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 15 / 18</u>	<u>100</u>	<u>NAACP Image Awards</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Stephen Kaufman

ADDRESS (Business Address Acceptable)
777 S Figueroa St., St 4050, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney, voting and elections expert

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 24 / 18</u>	<u>25</u>	<u>Lunch</u>
<u>10 / 28 / 18</u>	<u>25</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Legacy Foundation

ADDRESS (Business Address Acceptable)
12308 Darlington Ave., Los Angeles, CA 90049

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Collaborative for philanthropic entrepreneurs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 06 / 18</u>	<u>99</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Carla and David Crane Foundation

ADDRESS (Business Address Acceptable)
121 Steuart St., San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Supports charitable, educational programs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 18</u>	<u>44</u>	<u>Dinner</u>
<u>12 / 06 / 18</u>	<u>44</u>	<u>Lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Filer's Verification

Print Name Nicholas J. Melvoin

Office, Agency or Court Los Angeles Unified School District

Statement Type 2018/2019 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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.

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Date Signed April 2, 2019
(month, day, year)

Filer's Signature NJ Melvoin

Comments: The Legacy Foundation dinner sponsored by Wells Fargo

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*
Center on Reinventing Public Education
 ADDRESS *(Business Address Acceptable)*
University of WA Bothell, 18115 Campus Way NE
 CITY AND STATE
Bothell, WA 98011

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY. OF SOURCE
Research center on ideas to transform education

DATE(S): 02 / 28 / 18 - 03 / 02 / 18 AMT: \$ 821
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel and accommodations for education conference

▶ If Gift, Provide Travel Destination _____
San Antonio, TX

▶ NAME OF SOURCE *(Not an Acronym)*
USC Rossier Center EDGE
 ADDRESS *(Business Address Acceptable)*
3470 Trousdale Pkwy, Waite Philips Hall #1004
 CITY AND STATE
Los Angeles, CA 90089-4030

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY. OF SOURCE
Fuels interdiscp. partnerships to improve education

DATE(S): 11 / 14 / 18 - 11 / 15 / 18 AMT: \$ 216
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Meals for 2-day working group

▶ If Gift, Provide Travel Destination _____
USC Rossier Center EDGE

▶ NAME OF SOURCE *(Not an Acronym)*
Charles and Lynn Schusterman Family Foundation
 ADDRESS *(Business Address Acceptable)*
625 Market St., Suite 700
 CITY AND STATE
San Francisco, CA 94105

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY. OF SOURCE
Works to protect children, inspire leaders around world

DATE(S): 04 / 22 / 18 - 04 / 29 / 18 AMT: \$ 6053
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel and accommodations for religious experience

▶ If Gift, Provide Travel Destination _____
Israel

Filer's Verification

Print Name Nicholas J. Melvoin

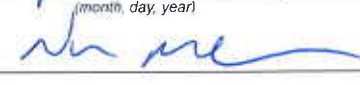
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Comments: _____