CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received

Please type or print in ink.		2010 APR -2 PM I SKN
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Ekchian	Vivian	BEN CHSL DEE
1. Office, Agency, or Court		LEGAL SERVICES
Agency Name (Do not use acronyms)		LEGAL SENTILES
Los Angeles Unified School District		
Division, Board, Department, District, if applicable		Your Position
Office of the Superintendent		Acting Superintendent
▶ If filing for multiple positions, list below or on an attach	ment. (Do not use	e acronyms)
Agency:		Position:
2. Jurisdiction of Office (Check at least one box)		
☐ State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
City of		○ Other Portion of LA County (LAUSD)
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2017, thro December 31, 2017.	ugh	Leaving Office: Date Left
The period covered is/	, through	The period covered is January 1, 2017, through the date of leaving office. -or-
Assuming Office: Date assumed		The period covered is, through the date of leaving office.
Candidate: Date of Election	and office sought,	if different than Part 1:
4. Schedule Summary (must complete) > Schedules attached	Total number	of pages including this cover page:
Schedule A-1 · Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attached		Schedule D · Income - Gifts - schedule attached
Schedule B - Real Property – schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-		
▼ None - No reportable interests on any sche	edule	
5. Verification		
MAILING ADDRESS STREET	CITY	STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)		
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS
(vivian.ekchian@lausd.net
I have used all reasonable diligence in preparing this stater herein and in any attached schedules is true and complete		wed this statement and to the best of my knowledge the information contained
I certify under penalty of perjury under the laws of the		estato esta a constanti de la
Date Signed 04/02/2018	Si	ignature _
(month, day, year)		720