CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

3/29/2017 9:05:28 AM

SAN: 043000025-LAC-0025

Please type or print in ink.			3AN. 043000023-EAC-0023		
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)		
King		Michelle			
1. Office, Agency, or Court					
Agency Name Los Angeles Unified Schoo	l District				
Division, Board, Department, District,	f applicable	Your Position			
Superintendent of Schools					
► If filing for multiple positions, list b	elow or on an attachment.				
Agency:		Position:			
2. Jurisdiction of Office (Che	ck at least one box)				
☐ State		☐ Judge or Court Commis	sioner (Statewide Jurisdiction)		
Multi-County					
City of		Other District			
3. Type of Statement (Check a					
Annual: The period covered is Decmber 31, 2016.	•	Leaving Office: Date (Check one)	Left		
-or- The period covered is December 31, 2016.		 The period covered leaving office. 	I is January 1, 2016,throughthe date of		
Assuming Office: Date assume	ed	 The period covered of leaving office. 	I is, through the date		
Candidate: Election Year	and office s	sought, if different than Part 1:			
4. Schedule Summary (must	complete) ► Total num	nber of pages including this cover pag	ne:2		
Schedules attached		13 3 13	•		
☐ Schedule A-1 - Investments – schedule attached ☐ Schedule C - Income, Loans, & Business Positions – schedule attached ☐ Schedule D - Income – Gifts – schedule attached					
Schedule B - Real Property – schedule attached		_	Travel Payments – schedule attached		
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None - No reportable interests	on any schedule				
5. Verification					
MA L NG ADDRESS S (Business or Agency Address Recommended -	TREET - Public Document)	CITY	STATE ZIP CODE		
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS			
Lhous used all researches diligence	in proposing this statement. I have	michelle.king@lausd.net	t of my knowledge the information contained		
herein and in any attached schedule	s is true and complete. I acknow	wledge this is a public document.	st of my knowledge the information contained		
I certify under penalty of perjury u	inder the laws of the State of	California that the foregoing is true ar	nd correct.		
Date Signed3/29/2		Signature	signed statement with your filing official.)		
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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. Value DESCRIPTION OF GIFT(S) 07/09/2016 \$ 88 Ballet Ticket ■ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
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