

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

4/2/2018 5:55:33 PM

SAN: 043000025-LAC-0025

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Gonez Kelly Elliana

1. Office, Agency, or Court

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

► 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, 2017, through December 31, 2017.
-or-
The period covered is 7/6/2017, through December 31, 2017.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____
(Check one)
 - The period covered is January 1, 2017, 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: 4

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)
[Redacted]
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
[Redacted] kelly.gonez@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 4/2/2018 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

Name
 Kelly Gonez

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 LA Family Housing

ADDRESS (Business Address Acceptable)
 7843 Lankershim Blvd., North Hollywood 91605

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

2. LOAN RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address _____
 City _____
 Guarantor _____
 Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Kelly Gonez

▶ NAME OF SOURCE *(Not an Acronym)*
Partnership for Los Angeles Schools

ADDRESS *(Business Address Acceptable)*
 1055 Wilshire Boulevard, Suite 1850, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501C3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/25/2017	\$ 150	dinner ticket - annual gala
10/25/2017	\$ 150	second dinner ticket - annual gala
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Do-It-Yourself Girls

ADDRESS *(Business Address Acceptable)*
 DIY Girls P.O. Box 330662 Pacoima, CA 91333

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501C3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/20/2017	\$ 60	reception ticket - annual benefit
09/20/2017	\$ 60	second reception ticket - annual benefit
	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Youth Policy Institute

ADDRESS *(Business Address Acceptable)*
 6464 Sunset Boulevard, Los Angeles, CA 90028 Suite 650

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501C3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/16/2017	\$ 100	dinner ticket - annual gala
11/16/2017	\$ 100	second dinner ticket - annual gala
	\$	

▶ 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)*
Hispanas Organized for Political Equality

ADDRESS *(Business Address Acceptable)*
 634 South Spring Street, Suite 920, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501C3

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/07/2017	\$ 75	dinner ticket - annual dinner
12/07/2017	\$ 75	second dinner ticket - annual 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)
	\$	
	\$	
	\$	

Comments: _____

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

Name
 Kelly Gonez

- 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. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
California School Board Association
 ADDRESS (Business Address Acceptable)
3251 Beacon Boulevard
 CITY AND STATE
West Sacramento, CA 95691
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Board of Directors Meetings
 DATE(S): 11/28/2017 - 11/30/2017 AMT: \$ 981
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Hotel for Board of Directors Meetings
as part of LAUSD business.
 ▶ If Gift, Provide Travel Destination San Diego

▶ NAME OF SOURCE (Not an Acronym)
Latinos 44 Alumni Association
 ADDRESS (Business Address Acceptable)
Washington
 CITY AND STATE
Washington , DC
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(6)
 DATE(S): 09/08/2017 - 09/10/2017 AMT: \$ 488
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide Description airfare
 ▶ If Gift, Provide Travel Destination Washington, DC

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): _____ - _____ AMT: \$ _____
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): _____ - _____ AMT: \$ _____
(If gift)
 ▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____