

COVER PAGE

4/1/2019 1:54:10 PM

SAN: 043000025-LAC-0025

Please type or print in ink.

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

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, 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.
 - 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] [Redacted] [Redacted] [Redacted] [Redacted]

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
([Redacted]) [Redacted] 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 4/1/2019
(month, day, year)

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

SCHEDULE D
Income – Gifts

Name
 Nicholas Melvoin

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/15/2018	\$ 150	Ticket to NAACP Image Awards
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Alan Arkatov
 ADDRESS *(Business Address Acceptable)*
USC Bashor Lounge, Heritage Hall, 3501 Watt Way, Los
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/15/2018	\$ 76	LA Education Exchange Convening Meals
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Stephen Kaufman
 ADDRESS *(Business Address Acceptable)*
777 S Figueroa St Suite 4050, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/24/2018	\$ 25	Lunch
10/28/2018	\$ 25	Lunch
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
LA Education Exchange
 ADDRESS *(Business Address Acceptable)*
601 N Alpine Dr., Beverly Hills, CA 90210
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/2018	\$ 60	Dinner
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
The Legacy Foundation
 ADDRESS *(Business Address Acceptable)*
3115 W. Pico Blvd., Santa Monica, CA 90405
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/06/2018	\$ 99	Dinner
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
LA Museum of the Holocaust Board Member Guy Lipa
 ADDRESS *(Business Address Acceptable)*
100 The Grove Dr, Los Angeles, CA 90036
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/03/2018	\$ 60	Dinner
_____	\$ _____	_____
_____	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Nicholas Melvoin

▶ 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/05/2018	\$ 44	Dinner
12/06/2018	\$ 44	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)
	\$	
	\$	
	\$	

▶ 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)*

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)*

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)*

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
Nicholas Melvoin

- 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 for Reinventing Public Education
ADDRESS *(Business Address Acceptable)*
University of Washington Bothell, 18115 Campus Way NE
CITY AND STATE
Bothell, WA 98011
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 02/28/2018 - 03/02/2018 AMT: \$ 821
(If gift)

▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Travel and accommodations for educational conference in San Antonio, TX

▶ If Gift, Provide Travel Destination _____

▶ 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

DATE(S): 04/22/2018 - 04/29/2018 AMT: \$ 6053
(If gift)

▶ MUST CHECK ONE: Gift - or - Income
 Made a Speech/Participated in a Panel
 Other - Provide Description Prize in contest unrelated to official duties.

▶ 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 _____

▶ 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: _____