

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 04/01/2020 11:31 AM
SAN: 091900257-STH-0257

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Los Angeles Unified School District
Division, Board, Department, District, if applicable Your Position
Board Member 23108801 Board of Edu 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of Los Angeles
 City of _____ Other _____

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

Annual: The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is _____, through December 31, 2019.
 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, 2019, 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: 4

Schedules attached

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 schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[Redacted]
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
[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 04/01/2020 11:31 AM Signature [Redacted]
(month, day, year) (File the originally signed paper statement with your filing official.)

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)
Education Reform Now

ADDRESS (Business Address Acceptable)
718 7th Street, NW

CITY AND STATE
Washington, D.C

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education advocacy

DATE(S): 09 / 18 / 19 - 09 / 20 / 19 AMT: \$ 1,533.12
(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)
Educonomics Lab at Georgetown University

ADDRESS (Business Address Acceptable)
3700 O Street, NW

CITY AND STATE
Washington, D.C.

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Research education finance decisions to inform education policy

DATE(S): 06 / 19 / 19 - 06 / 21 / 19 AMT: \$ 2,071.28
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Participated in an academic program to receive a Certificate in Education Finance

▶ If Gift, Provide Travel Destination _____
Washington, D.C.

▶ NAME OF SOURCE (Not an Acronym)
Center on Reinventing Public Education

ADDRESS (Business Address Acceptable)
600 1st Ave

CITY AND STATE
Seattle, WA 98104

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

DATE(S): 12 / 03 / 19 - 12 / 04 / 19 AMT: \$ 1,090.00
(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)
Carla and David Crane Foundation - California Policy Retreat

ADDRESS (Business Address Acceptable)
121 Steuart Street

CITY AND STATE
San Francisco, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Supports charitable, educational programs

DATE(S): 12 / 12 / 19 - 12 / 13 / 19 AMT: \$ 881.53
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Attended the policy retreat as a guest

▶ If Gift, Provide Travel Destination _____
San Francisco, CA

Comments: Income from Education Reform Now and Center on Reinventing Public Education includes waived entrance fee, lodging, transportation, and food expenses during the conference.

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)
Aspen Sidelines Conference - Paul E. Singer Foundation

ADDRESS (Business Address Acceptable)
551 5th Avenue, 18th Floor

CITY AND STATE
New York, NY

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Support innovative organizations

DATE(S): 06 / 27 / 19 - 06 / 30 / 19 AMT: \$ 2,300.00
(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)
New Schools Venture Fund Summit

ADDRESS (Business Address Acceptable)
1616 Franklin Street

CITY AND STATE
Oakland, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philanthropy working to reimagine public education

DATE(S): 05 / 09 / 19 - 05 / 09 / 19 AMT: \$ 995.00
(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)
ACCESS DC - LA Chamber of Commerce

ADDRESS (Business Address Acceptable)
350 S. Bixel Street

CITY AND STATE
Los Angeles, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association in LA County

DATE(S): 03 / 11 / 19 - 03 / 13 / 19 AMT: \$ 400.00
(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)
Unified Enrollment Learning Network - Michael & Susan Dell Foundation

ADDRESS (Business Address Acceptable)
4417 Westlake Drive

CITY AND STATE
Austin, TX

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Support education in urban communities

DATE(S): 04 / 29 / 19 - 05 / 01 / 19 AMT: \$ 548.01
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: Income from Aspen Sidelines, ACCESS DC, New Schools Venture Fund, and Unified Enrollment Learning Network includes waived entrance fee, lodging, transportation, and food expenses during the conference.