

Filed Date: 03/31/2021 10:18 AM
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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, 2020, through December 31, 2020.
-or- The period covered is _____, through December 31, 2020.
 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, 2020, 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: 2

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 03/31/2021 10:18 AM Signature [Redacted]
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Nicholas Melvoin

▶ NAME OF SOURCE *(Not an Acronym)*
NationSwell
 ADDRESS *(Business Address Acceptable)*
36 West 20th Street, 6th Floor, NY, NY 10011
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social impact company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 30 / 20</u>	<u>\$ 100</u>	<u>admission and dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Gil and Elizabeth Cates
 ADDRESS *(Business Address Acceptable)*
c/o Geffen Playhouse; 10886 Le Conte Ave, Los Angeles, CA 90024
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 30 / 20</u>	<u>\$ 95</u>	<u>virtual performance tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Younes & Soraya Nazarian Center for the Performing Arts
 ADDRESS *(Business Address Acceptable)*
18111 Nordhoff St, Northridge, CA 91330
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Performing arts center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 25 / 20</u>	<u>\$ 50</u>	<u>virtual admission fee</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
LAX Coastal Education Foundation
 ADDRESS *(Business Address Acceptable)*
9100 S. Sepulveda Blvd, Ste. 210, Los Angeles, CA 90045
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
organization supporting educational environments of students living in the LAX Coastal Area

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 20</u>	<u>\$ 100</u>	<u>Gift card</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____