

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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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, 2022, through December 31, 2022. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

▶ 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]) [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 04/03/2023 03:01 PM Signature [Redacted]
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name

Nicholas Melvojn

▶ NAME OF SOURCE *(Not an Acronym)*
Chris Hannan
ADDRESS *(Business Address Acceptable)*
100 E. Corson Street, Pasadena, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 22</u>	\$ <u>100</u>	<u>Rose bowl ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Valley Industry & Commerce Association
ADDRESS *(Business Address Acceptable)*
16600 Sherman Way, Suite 170
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 21 / 22</u>	\$ <u>75</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Richard Riordan
ADDRESS *(Business Address Acceptable)*
141 N Bristol Ave, Los Angeles, CA 90049
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 23 / 22</u>	\$ <u>100</u>	<u>Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Younes and Soraya Nazarian Center for the Performing Arts
ADDRESS *(Business Address Acceptable)*
18111 Nordhoff St, Los Angeles, CA 91325
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 05 / 22</u>	\$ <u>100</u>	<u>Orchestra Concert Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Dwayne Hall
ADDRESS *(Business Address Acceptable)*
3756 Santa Rosalia Dr, Suite 222, View Park, CA 90008
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 21 / 22</u>	\$ <u>75</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Los Angeles Philharmonic
ADDRESS *(Business Address Acceptable)*
151 S Grand Ave, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 14 / 22</u>	\$ <u>100</u>	<u>Nutcracker Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

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

Name
Nicholas Melvojn

- 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)
Harvard College
 ADDRESS (Business Address Acceptable)
86 Brattle Street
 CITY AND STATE
Cambridge, MA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Private College
 DATE(S): 09 / 21 / 22 - 09 / 24 / 22 AMT: \$ 3126.26
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
Cambridge, MA

▶ NAME OF SOURCE (Not an Acronym)
Harvard College
 ADDRESS (Business Address Acceptable)
86 Brattle Street
 CITY AND STATE
Cambridge, MA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Private College
 DATE(S): 10 / 13 / 22 - 10 / 14 / 22 AMT: \$ 1418.10
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Participated in an advisory committee meeting regarding education
 ▶ If Gift, Provide Travel Destination _____
New York City, NY

▶ NAME OF SOURCE (Not an Acronym)
Building Impact
 ADDRESS (Business Address Acceptable)
93 Summer Street
 CITY AND STATE
Boston, MA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 DATE(S): 11 / 16 / 22 - 11 / 18 / 22 AMT: \$ 613.76
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____
Jacksonville, FL

▶ 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: _____