

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
ENTER LAST NAME	ENTER FIRST NAME	ENTER MIDDLE NAME

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

ENTER NAME OF SCHOOL

ENTER YOUR TITLE (I.E. PRINCIPAL)

► 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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box) Select statement type (remember you are certifying for last year)

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is ____/____/____, through December 31, 2014.
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary Check which schedules you need to complete, if none select none and enter # of pages

Check applicable schedules or "None." ► Total number of pages including this cover page: 1

- 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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
ENTER ADDRESS	ENTER CITY	CA	ENTER ZIP CODE	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(AREA) ENTER PHONE NUMBER	ENTER E-MAIL ADDRESS			

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 01/07/2015
(month, day, year)

Signature SIGN WITH BLUE INK
(File the originally signed statement with your filing official.)