

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/20/2024 10:18 AM  
SAN: 091900257-STH-0257

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ortiz Franklin Tanya

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, 2023, through December 31, 2023.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2023, through the date of leaving office.  
-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: 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] ) [Redacted] tanya.franklin@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 03/20/2024 10:18 AM  
(month, day, year)

Signature [Redacted]  
(File the originally signed paper statement with your filing official.)

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

Name  
Tanya Ortiz Franklin

- 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)  
California School Board Association

ADDRESS (Business Address Acceptable)  
3251 Beacon Blvd.

CITY AND STATE  
West Sacramento, CA 95691

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

DATE(S): 03 / 18 / 23 - 03 / 18 / 23 AMT: \$ 550  
*(If gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description Board of Directors Mtg

▶ If Gift, Provide Travel Destination Sacramento, CA

▶ NAME OF SOURCE (Not an Acronym)  
California School Board Association

ADDRESS (Business Address Acceptable)  
3251 Beacon Blvd.

CITY AND STATE  
West Sacramento, CA 95691

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

DATE(S): 05 / 19 / 23 - 05 / 19 / 23 AMT: \$ 387  
*(If gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description Legislative Committee

▶ If Gift, Provide Travel Destination Sacramento, CA

▶ NAME OF SOURCE (Not an Acronym)  
California School Board Association

ADDRESS (Business Address Acceptable)  
3251 Beacon Blvd.

CITY AND STATE  
West Sacramento, CA 95691

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

DATE(S): 03 / 24 / 23 - 03 / 24 / 23 AMT: \$ 546  
*(If gift)*

▶ MUST CHECK ONE:  Gift -or-  Income

Made a Speech/Participated in a Panel

Other - Provide Description Legislative Committee

▶ If Gift, Provide Travel Destination Sacramento, CA

▶ 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: \_\_\_\_\_