

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ratliff Monica

1. Office, Agency, or Court

Agency Name
Los Angeles Unified School District
Division, Board, Department, District, if applicable
Board of Education Member
Your Position

► If filing for multiple positions, list below or on an attachment.

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 **District**

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

- Annual:** The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____, through December 31, 2015.
- Assuming Office:** Date assumed _____
- Candidate:** Election Year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
 - The period covered is January 1, 2015, through the date of leaving office.
 - 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 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
[Redacted] [Redacted] [Redacted] [Redacted] [Redacted]
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
() [Redacted] monica.ratliff@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 4/1/2016 Signature [Redacted]
(month, day, year) *(File the originally signed statement with your filing official.)*

SCHEDULE D
Income – Gifts

Name
 Monica Ratliff

▶ NAME OF SOURCE *(Not an Acronym)*
 Associated Administrators of Los Angeles

ADDRESS *(Business Address Acceptable)*
 1910 Sunset Blvd., Suite 850, Los Angeles, CA 90026

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/20/2015	\$ 72	AALA Scholarship and Community Awards Banquet
09/30/2015	\$ 8	parking at the Annual Fall Reception
_____	\$ _____	_____

▶ 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)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

▶ 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)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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_____	\$ _____	_____
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_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Comments: _____