

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  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, 2014, through December 31, 2014.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2014.  
 **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, 2014, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None."  
► Total number of pages including this cover page: 2  
 **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)  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
**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 3/31/2015 Signature \_\_\_\_\_  
(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)*  
 Ford Roosevelt, President and CEO of Project GRAD

ADDRESS *(Business Address Acceptable)*  
 10200 Sepulveda Blvd., Suite 255, Mission Hills, CA 91345

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Working to raise college graduation rates.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/22/2014	\$ 50	Project GRAD hoodie and tote bag
_____	\$ _____	_____
_____	\$ _____	_____

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

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Comments: \_\_\_\_\_