

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
Your Position
Board of Education Member

► 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 _____
 City of _____ Other **District**

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

Annual: The period covered is January 1, 2016, through December 31, 2016.
-or-
The period covered is _____, through December 31, 2016.
 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, 2016, 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: 3

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]
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 4/3/2017 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)*
Tree People

ADDRESS *(Business Address Acceptable)*
 Santa Monica Mountains National Recreation Area, Coldwater Canyon Park, 12601 Mulholland Dr, Beverly

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental Non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/01/2016	\$ 75	ticket to fundraising dinner
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Korean American Coalition

ADDRESS *(Business Address Acceptable)*
 727 W 6th St #305, Los Angeles, CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/13/2016	\$ 70	ticket to luncheon and gift bag
_____	\$ _____	_____
_____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Armenian National Committee of America Western Re

ADDRESS *(Business Address Acceptable)*
 104 North Belmont Street Suite 200 Glendale, CA 91206

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/16/2016	\$ 97	ticket to dinner
_____	\$ _____	_____
_____	\$ _____	_____

▶ 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)*
League of Women Voters of Los Angeles

ADDRESS *(Business Address Acceptable)*
 3303 Wilshire Blvd., Suite 310, Los Angeles, CA 90010-

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-partisan political organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/10/2016	\$ 52	ticket to brunch fundraiser
_____	\$ _____	_____
_____	\$ _____	_____

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

Comments: _____