

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Confirmation Number: 2A7CFE1C

Date Received
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Please type or print in ink.

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

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 of Education 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 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, 2013, through December 31, 2013. Leaving Office: Date Left _____ (Check one)
- or- The period covered is 7/2/2013, through December 31, 2013. The period covered is January 1, 2013, 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 applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
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 4/1/2014 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)
Maureen Kindel
 ADDRESS (Business Address Acceptable)
550 South Hope Street, #530, LA CA 90071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Affairs Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08/08/2013</u>	<u>\$ 18</u>	<u>lunch with water</u>
<u>12/16/2013</u>	<u>\$ 12</u>	<u>tea and cookies</u>
<u>10/05/2013</u>	<u>\$ 32</u>	<u>LAPN Colloquium breakfast and lunch</u>

▶ 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)
Dixon Slingerland
 ADDRESS (Business Address Acceptable)
634 South Spring Street, 10th floor, LA CA 90014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Youth Policy Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07/31/2013</u>	<u>\$ 100</u>	<u>dinner at Summer Night Lights fundraiser</u>
_____	\$ _____	_____
_____	\$ _____	_____

▶ 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)
Kennedy Democrats
 ADDRESS (Business Address Acceptable)
827 Hollywood Way, #396, Burbank CA 91505
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/07/2013</u>	<u>\$ 50</u>	<u>lunch at 2013 Truman Awards Luncheon</u>
_____	\$ _____	_____
_____	\$ _____	_____

▶ 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: _____