

13 APR -8 PM 12:35
A PUBLIC DOCUMENT

APR 2 13 10:47 AM

Please type or print in ink.



NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ridley-Thomas Mark AC COI/LOBBYIST

1. Office, Agency, or Court

Agency Name
Los Angeles County
Division, Board, Department, District, if applicable
Your Position
Supervisor

► 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 Los Angeles
- Other _____

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is _____ through December 31, 2012.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- 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."

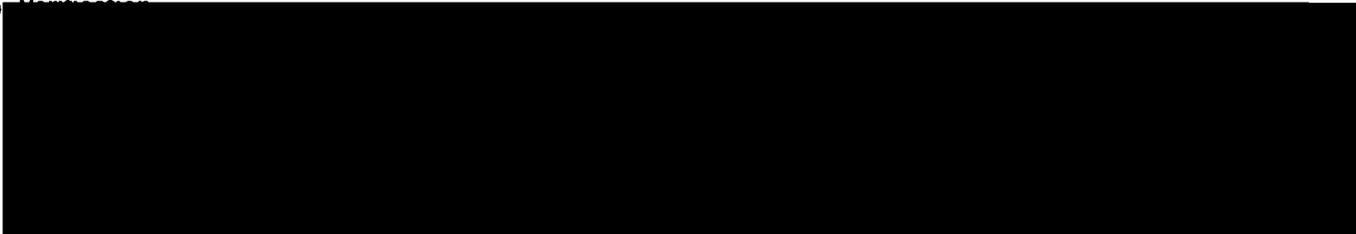
► Total number of pages including this cover page: 3

- Schedule A-1 - Investments - schedule attached
- Schedule 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



I certify under penalty of perjury under the laws of the State of

Date Signed 03/01/2013
(month, day, year)



LAC DC/LOBBYIST

Please type or print in ink.

13 APR -8 PM 12:35

APR 11 2013 3:18 PM

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Ridley-Thomas Mark

1. Office, Agency, or Court

Agency Name
 Los Angeles County
 Division, Board, Department, District, if applicable
 Board of Supervisors - District 2
 Your Position
 Supervisor

► 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 Los Angeles
- Other _____

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

- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- Leaving Office:** Date Left ____/____/____
(Check one)
- Assuming Office:** Date assumed ____/____/____
- The period covered is January 1, 2012, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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: 3

- 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
 (d)(5)

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 03/01/2013
 (month, day, year)

Signature (d)(5)

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

- You must 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Building and Construction Trades Dept, AFL-CIO

ADDRESS (Business Address Acceptable)
 815 16 Street NW, Suite 600

CITY AND STATE
 Washington, D.C. 20006-4104

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Trade Association

DATE(S): 08 / 20 / 12 - / / - / / AMT: \$ 273.26
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Travel reimbursement

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____