

STATEMENT OF ECONOMIC INTERESTS

RECEIVED RECEIVED

APR - 8 2014

MAR 27 2014

Date Received

COVER PAGE

BY: B.H.

BY: B.H.

8 HA

Please type or print in ink.

NAME OF FILER (LAST) Garcia (FIRST) Maria (MIDDLE) Cristina

1. Office, Agency, or Court

Agency Name (Do not use acronyms) California State Assembly
 Your Position Assemblymember
 Division, Board, Department, District, if applicable District 58

► 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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2013, 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. (c)(1)

Date Signed 3/26/14
 (month, day, year)

Signature (c)(1)

(File the originally signed statement with your filing official.)

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Montebello Board of Realtors
ADDRESS *(Business Address Acceptable)*
1304 W. Beverly Blvd Montebello, Ca 90640
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 09 / 13</u>	<u>\$ 85.00</u>	<u>Gala Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
The Taste of Mexico
ADDRESS *(Business Address Acceptable)*
250 S. Street Beverly Dr. #203
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverly Hills, Ca 90212

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 11 / 13</u>	<u>\$ 75.00</u>	<u>VIP Reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </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)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

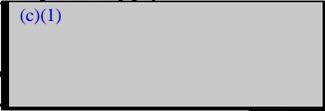
Filer's Verification

Print Name Cristina Garcia
Office, Agency or Court Assembly

Statement Type 2012/2013 Annual Assuming Leaving
 ^(y) 2013 Annual Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/27/14
(c)(1)

Filer's Signatur 

Comments: _____

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)
The National Association of Latino Elected and
 Appointed Officials
 ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd. 3rd floor Los Angeles, Ca
 CITY AND STATE
90015
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 08 / 23 / 13 - 08 / 25 / 13 AMT: \$ 1,119.91
 (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

Filer's Verification
 Print Name Cristina Garica
 Office, Agency or Court Assembly
 Statement Type 2012/2013 Annual Assuming Leaving
 2013 Annual Candidate
 (yr)
 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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date Signed 3/22/14
 (c)(1)
 Filer's Signature _____

Comments: _____

RECEIVED



STATEMENT OF ECONOMIC INTERESTS

Date Received

MAR 18 2014

RECEIVED FAIR POLITICAL PRACTICES COMMISSION COVER PAGE

BY: AZH

Please type or print in ink.

NAME OF FILER (LAST) Garcia (FIRST) Cristina (MIDDLE) Maria

2014 MAR 18 PM 2:22

1. Office, Agency, or Court

Agency Name (Do not use acronyms) California State Assembly
Division, Board, Department, District, if applicable District 58
Your Position Assemblymember

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
Multi-County
City of
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
-or- The period covered is through December 31, 2013.
Leaving Office: Date Left
The period covered is January 1, 2013, through the date of leaving office.
The period covered is through the date of leaving office.
Assuming Office: Date assumed
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: 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
None - No reportable interests on any schedule

5. (c)(1) [Redacted area]

Date Signed 3/14/14 (month, day, year)

Signature [Redacted]

(Be the originally signed statement with your filing official.)

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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
Naleo
 ADDRESS (Business Address Acceptable)
1122 W. Washington Blvd
 CITY AND STATE
Third Floor Los Angeles, Ca 90015
 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
 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
 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
 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: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

RECEIVED

Date Received
 (Date Filed Only)
 MAR 3 2014

BH

Please type or print in ink.

NAME OF FILER (LAST) Garcia (FIRST) Maria (MIDDLE) Cristina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable Your Position

District 58 Assemblymember

► 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
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
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- or-
- The period covered is ____/____/____ through December 31, 2013.
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- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- 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: 12

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
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- 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. (c)(1)

I certify under penalty of perjury under the laws of the State of California that th

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

(c)(1)
 Signature _____
 (File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Asm Cristina Garcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7602-7608 Garfield

CITY
Bell Gardens

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/13 07/01/13
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7228-7230 Granger

CITY
Bell Gardens

FAIR MARKET VALUE
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Angelica Romero, Froylan and Martin Gallcia

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Asm Cristina Garcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5962-64 Ludell St.

CITY
Bell Gardens

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 13 DISPOSED / / 13

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6544-6546 1/2 Emil

CITY
Bell Gardens

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 13 DISPOSED / / 13

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

Angelica Romero, Forylan and Martina Gallcia

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

Comments: _____

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

Name
 Cristina Garcia

- 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
Klamath Alliance for Resources And environment
 ADDRESS (Business Address Acceptable)
P.O. Box 1234
 CITY AND STATE
Yreka, Ca 96097
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Tour
 DATE(S): 5 / 16 / 13 - 5 / 17 / 13 AMT: \$ 344.70
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Participated in Tour

▶ NAME OF SOURCE
Sierra Pacific Industries
 ADDRESS (Business Address Acceptable)
P.O. Box 496028
 CITY AND STATE
Redding, Ca 96049
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Tour
 DATE(S): 5 / 16 / 13 - 5 / 17 / 13 AMT: \$ 400.00
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
Plane ticket provided for the Kalamath Alliance for Resources tour

▶ NAME OF SOURCE
California Foundation on the Envionment and the
Economy
 ADDRESS (Business Address Acceptable)
Pier 35 Suite 202 SF, Ca 94133
 CITY AND STATE
Pier 35 Suite 202 SF, Ca 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): 9 / 19 / 13 - 9 / 29 / 13 AMT: \$ 11,368.92
 (If gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE
 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: _____

SCHEDULE D
Income – Gifts

Name
Cristina Garcia

▶ NAME OF SOURCE
CA New Car Dealers Association
ADDRESS (Business Address Acceptable)
1415 L Street, Suite 700, sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 13 / 13</u>	<u>\$ 70.98</u>	<u>Meal</u>
<u>3 / 13 / 13</u>	<u>\$ 21.19</u>	<u>Entertainment</u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
California State Protocol Foundation
ADDRESS (Business Address Acceptable)
11355 West Olympic Blvd LA, Ca 90064
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 5 / 13</u>	<u>\$ 65.92</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Center for Asian Americans United for Self-Empower
ADDRESS (Business Address Acceptable)
260 S. Los Pueblos Ave #118 Pasadena, ca 91101
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 13</u>	<u>\$ 90.00</u>	<u>Ticket</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
City of Los Angeles Mayor Eric Garcetti
ADDRESS (Business Address Acceptable)
1400 K Street Suite 208 Sac 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 16 / 13</u>	<u>\$ 150.00</u>	<u>Parking</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Comcast Corp and Affiliated entities
ADDRESS (Business Address Acceptable)
1415 L Street Suite 1200 Sac, Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4 / 11 / 13</u>	<u>\$ 69.62</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE
Commerce Casino
ADDRESS (Business Address Acceptable)
6131 E. Telegraph Rd, Commerce, Ca 90040
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 1 / 13</u>	<u>\$ 157.50</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u></u>
<u> / / </u>	<u>\$</u>	<u></u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Cristina Garcia

▶ NAME OF SOURCE
Office of the Mayor Antonio R. Villaraigos
 ADDRESS (Business Address Acceptable)
1400 K Street suite 208 Sac 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 7 / 13</u>	<u>\$ 60.00</u>	<u>Parking</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
TechAmerica
 ADDRESS (Business Address Acceptable)
1400 K Street Suite 201 Sacramento, Ca 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 18 / 13</u>	<u>\$ 90.91</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Rio Honda Boys and Girls Club
 ADDRESS (Business Address Acceptable)
7104 Perry Road Bell Gardens, Ca 90201
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 30 / 13</u>	<u>\$ 75.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Western States Petroleum Association
 ADDRESS (Business Address Acceptable)
1415 L Street Suite 1200 Sac, Ca 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 9 / 13</u>	<u>\$ 330.54</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Sprint
 ADDRESS (Business Address Acceptable)
201 Mission Street Suite 1500 San Francisco, Ca
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
94105

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 28 / 13</u>	<u>\$ 274.00</u>	<u>Concert tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Soni Chandi
 ADDRESS (Business Address Acceptable)
18307 Pioneer Blvd, Artesia, Ca 90701
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 4 / 13</u>	<u>\$ 55.00</u>	<u>Meal</u>
<u>6 / 4 / 13</u>	<u>\$ 250.00</u>	<u>Clothing</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Cristina Garcia</u>

▶ NAME OF SOURCE
Cooperative of American Physicians at the California
ADDRESS (Business Address Acceptable)
333 S. Hope St., 8th Floor, Los Angeles, CA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 28 / 13</u>	<u>\$ 225.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Los Angeles Center for Alcohol and Drug Abuse
ADDRESS (Business Address Acceptable)
11015 Bloomfield Ave SFS 90760
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 8 / 13</u>	<u>\$ 80.00</u>	<u>Dinner Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Council of American-Islamic Relations (CAIR)
ADDRESS (Business Address Acceptable)
2180 W. Creasent Ave. Suite F Anaheim, Ca 92801
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 16 / 13</u>	<u>\$ 60.00</u>	<u>Dinner Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Mayor's Office of Legislative and Intergovernmental
ADDRESS (Business Address Acceptable)
Relations
BUSINESS ACTIVITY, IF ANY, OF SOURCE
1400 L street, suite 208, Sacramento, Ca 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 3 / 13</u>	<u>\$ 60.00</u>	<u>Shuttle</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Human Services Association Los Angeles
ADDRESS (Business Address Acceptable)
6800 Florence Ave. Bell Gardens, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 14 / 13</u>	<u>\$ 100.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Mobility 21
ADDRESS (Business Address Acceptable)
One Park Plaza Suite 600 PMB 183 Irvine, Ca 92614
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 29 / 13</u>	<u>\$ 350.00</u>	<u>Dinner Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cristina Garcia

▶ NAME OF SOURCE
Montebello School District
ADDRESS (Business Address Acceptable)
"123 S. Montebello Blvd., Montebello, CA 90640 "
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 9 / 13</u>	<u>\$ 85.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
National Womens Political Caucus
ADDRESS (Business Address Acceptable)
P.O. Box 50476 Washington D.C. 20091
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 24 / 13</u>	<u>\$ 95.00</u>	<u>Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Muslim Public Affairs Council
ADDRESS (Business Address Acceptable)
"3010 Wilshire Blvd. #217 Los Angeles, CA 90010"
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 14 / 13</u>	<u>\$ 75.00</u>	<u>Dinner Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Farmers Group Incorp.
ADDRESS (Business Address Acceptable)
2350 Kerner Blvd, suite 250 San Rafael, Ca 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 29 / 13</u>	<u>\$ 84.87</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
National Guard Youth Foundation
ADDRESS (Business Address Acceptable)
1001 N.Fairfax Street Suite 205 Alexandria, Va 2231
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 13</u>	<u>\$ 300.00</u>	<u>Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Official Miss Lebanon Imigrants West coast USA
ADDRESS (Business Address Acceptable)
660 S Figueroa St Ste1050 LAm CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 12 / 13</u>	<u>\$ 325.00</u>	<u>Pageant Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Cristina Garcia
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▶ NAME OF SOURCE
John Perez For Assembly 2012
 ADDRESS (Business Address Acceptable)
777 South Figueroa St. Ste 4050 LA, Ca 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 26 / 13</u>	\$ <u>74.75</u>	<u>Jacket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Latino Caucus Foundation
 ADDRESS (Business Address Acceptable)
1001 K Street, 6th Floor Sac 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5 / 6 / 13</u>	\$ <u>142.77</u>	<u>Framed Poster</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
David Briano
 ADDRESS (Business Address Acceptable)
9425 Whittier Blvd., Pico Rivera CA 9066
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 1 / 13</u>	\$ <u>50.00</u>	<u>Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Farmers Insurance Group Inc.
 ADDRESS (Business Address Acceptable)
2350 Kerner Blvd Suite 250 San Rafeal, Ca 94901
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 29 / 13</u>	\$ <u>87.84</u>	<u>Meal</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
University of Southern California Government
 ADDRESS (Business Address Acceptable)
Relations. 3551Trousdale Parkway Suite 260
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, Ca 90089

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 5 / 13</u>	\$ <u>250.00</u>	<u>Ticket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

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

Name
 Cristina Garcia

- 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. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
 California Chamber of Commerce

ADDRESS (Business Address Acceptable)
 1215 K Street Suite 1400

CITY AND STATE
 Sacramento, ca 95814

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

DATE(S): 10 / 16 / 13 - 10 / 17 / 13 AMT: \$ 563.08
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE
 California Independent Petroleum Association (CIPA)

ADDRESS (Business Address Acceptable)
 1001 K Street Sixth Floor

CITY AND STATE
 Sac, Ca 95814

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

DATE(S): 11 / 14 / 13 - 11 / 15 / 13 AMT: \$ 724.05
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE
 California Foundadation on the Enviorment and the

ADDRESS (Business Address Acceptable)
 Economy Pier 35, suite 202

CITY AND STATE
 San Francisco, Ca 94133

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

DATE(S): 4 / 25 / 13 - 4 / 26 / 13 AMT: \$ \$528.89
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

▶ NAME OF SOURCE
 Civic Justice Association of California (CJAC)

ADDRESS (Business Address Acceptable)
 1201 K Street

CITY AND STATE
 Sacramento, Ca 95814

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

DATE(S): 6 / 29 / 13 - / / AMT: \$ 68.04
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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

Comments: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Cristina Garcia</u>

▶ NAME OF SOURCE
Parsons
ADDRESS (Business Address Acceptable)
100 West Walnut Street Pasadena, Ca 91124
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rosebowl Parade

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 1 / 13</u>	<u>\$ 274.00</u>	<u>Parade ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Latino Leadership Pac
ADDRESS (Business Address Acceptable)
400 Captiol Mall, 22nd floor Sac, Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 24 / 13</u>	<u>\$ 131.76</u>	<u>Wooden Box</u>
<u>5 / 2 / 13</u>	<u>\$ 18.76</u>	<u>Scarf</u>
<u>2 / 13 / 13</u>	<u>\$ 21.32</u>	<u>Meal</u>

▶ NAME OF SOURCE
Alta Med
ADDRESS (Business Address Acceptable)
2040 Carnfield Ave, Los Angeles, Ca 90040
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 19 / 13</u>	<u>\$ 300.00</u>	<u>Meal</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Latino Leadership Pac
ADDRESS (Business Address Acceptable)
400 Captiol Mall, 22nd floor Sac, Ca 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 28 / 13</u>	<u>\$ 86.74</u>	<u>Portfolio</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Amini Innovation Corp.
ADDRESS (Business Address Acceptable)
8725 Rex Road, Pico Rivera, Ca 90660
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 19 / 13</u>	<u>\$ 65.00</u>	<u>Sign</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st Street Sac, Ca 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 26 / 13</u>	<u>\$ 123.94</u>	<u>Dinner</u>
<u>12 / 5 / 13</u>	<u>\$ 95.19</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____