



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Garcia Angelica

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of South El Monte  
 Division, Board, Department, District, if applicable Your Position  
 City Council Member/Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Successor Agency/FINANCE/PARKING Position: Board Member

**2. Jurisdiction of Office (Check at least one box)**

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County \_\_\_\_\_  County of \_\_\_\_\_  
 City of South El Monte  Other \_\_\_\_\_

RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 2015 APR -6 PM 3:11

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

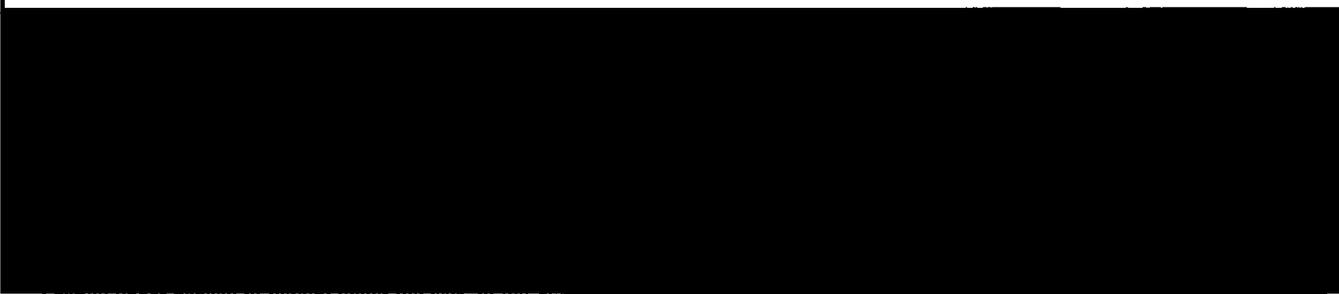
**Annual:** The period covered is January 1, 2014, through December 31, 2014.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Election year \_\_\_\_\_ and office sought, if different 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 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



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  
 Date Signed 04/01/2015  
 (month, day, year)

## SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>Angelica Garcia</b>

▶ NAME OF SOURCE (Not an Acronym)  
**Tony Ibarra**

ADDRESS (Business Address Acceptable)  
**1415 Santa Anita Ave. So. El Monte Ca 91733**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**City Manager**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 20 / 14</b>	<b>\$ 50.00</b>	<b>Christmas Basket</b>
	\$	
	\$	

▶ 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)  
**Monares Group LLC**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 15 / 14</b>	<b>\$ 75.00</b>	<b>Christmas Basket</b>
	\$	
	\$	

▶ 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)  
**Athens Services**

ADDRESS (Business Address Acceptable)  
**14048 Valley Blvd. La Puente Ca.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Trash Company**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<b>12 / 16 / 14</b>	<b>\$ 75.00</b>	<b>Food Gift Card</b>
	\$	
	\$	

▶ 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: \_\_\_\_\_