

1512

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

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

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, 2014, through December 31, 2014.
- or-
- The period covered is _____ through December 31, 2014.
- Assuming Office: Date assumed _____
- 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.
- 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
- 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

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

Date Signed 3/2/15
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Cristina Garcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5954-5958 1/2 Ludell St.

CITY
Bell Gardens, Ca

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 14
 \$10,001 - \$100,000 _____ / ____ / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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
Miguel Gutierrez, Maria Sagura

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

CITY
Bell Gardens, Ca

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 14
 \$10,001 - \$100,000 _____ / ____ / 14
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

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

* 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 D
Income – Gifts

Name
Cristina Garcia

▶ NAME OF SOURCE (Not an Acronym)
Scotts Miracle Grow

ADDRESS (Business Address Acceptable)
14111 Scottslawn Road Marysville, Oh 43041

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 90.00	Parade Ticket
01 / 01 / 14	\$ 90.00	Parade Ticket
01 / 01 / 14	\$ 150.00	Game Ticket

▶ NAME OF SOURCE (Not an Acronym)
Toni Atkins for Assembly 2014

ADDRESS (Business Address Acceptable)
330 Encinitas Blvd Ste. 101 Ca,

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	\$ 33.45	Reception
12 / 01 / 14	\$ 16.92	Lunch
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Scotts Miracle Grow

ADDRESS (Business Address Acceptable)
14111 Scottslawn Road Marysville, Oh 43041

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 14	\$ 110.00	Game Ticket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1402 21st Street Sac, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 06 / 14	\$ 76.63	Policy Conference
08 / 18 / 14	\$ 36.17	Breakfast
02 / 04 / 14	\$ 23.98	Lunch

▶ NAME OF SOURCE (Not an Acronym)
Toni Atkins for Assembly 2014

ADDRESS (Business Address Acceptable)
330 Encinitas Blvd Ste. 101 Ca,

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 14	\$ 35.00	Dinner
01 / 23 / 14	\$ 41.06	Gift
05 / 19 / 14	\$ 45.36	Dinner

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1402 21st Street Sac, Ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 107.26	Dinner
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
Cristina Garcia

▶ NAME OF SOURCE (Not an Acronym)
 Western Agriculture Processors Association

ADDRESS (Business Address Acceptable)
 1785 N. Fine Ave Fresno, ca 93727

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	\$ 241.36	Dinner
02 / 19 / 14	\$ 5.28	Reusable Bag
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Professional Firefighters

ADDRESS (Business Address Acceptable)
 1740 Creek side Oakside Dr. Sac, Ca95835

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	\$ 151.27	Fireman Helmet
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Mooretown Rancheria

ADDRESS (Business Address Acceptable)
 1 Alverda Dr. Oroville, Ca 94249

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 14	\$ 68.66	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Latino Legislative Caucus Foundation

ADDRESS (Business Address Acceptable)
 1350 10st Street Room 5066

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 14	\$ 194.84	Framed Poster
10 / 15 / 14	\$ 36.25	Reception
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Applicants Attorney Association

ADDRESS (Business Address Acceptable)
 1303 J St, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 12 / 14	\$ 22.32	Breakfast
02 / 12 / 14	\$ 39.39	Lunch
02 / 12 / 14	\$ 9.26	Gift Bag

▶ NAME OF SOURCE (Not an Acronym)
 University of Southern California

ADDRESS (Business Address Acceptable)
 3551 Trousdale Parkway Suite 260 Los angeles, ca 9

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	\$ 63.00	Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
 Comcast Cooperation and affiliated entities Including

ADDRESS (Business Address Acceptable)
 NBCUniversal Media-1415 L Street Suite 1200 Sac,
 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 02 / 14	\$ 61.51	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Arab American National Museum

ADDRESS (Business Address Acceptable)
 13624 Michigan Ave Dearborn Mi 48126

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 03 / 14	\$ 125.00	program tickets
05 / 03 / 14	\$ 125.00	Program Tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Sempra Energy

ADDRESS (Business Address Acceptable)
 925 L Street Sacramento, ca 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 21 / 14	\$ 72.95	Dinner
06 / 09 / 14	\$ 18.52	Meal
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Associalton for Los Angeles Deputy Sherriffs

ADDRESS (Business Address Acceptable)
 2 Cupania Circle, Monterey Park Ca 91755

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 14	\$ 60.00	Program Tickets
06 / 14 / 14	\$ 60.00	Program Tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Latino Caucus Institute

ADDRESS (Business Address Acceptable)
 301 East Colorado Blvd. S# 800 Pasadena, ca 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 08 / 14	\$ 306.60	Hotel Accomidations
05 / 08 / 14	\$ 110.00	Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 CSC Contemporary Services Corp

ADDRESS (Business Address Acceptable)
 101 Superior Court St. Northridge, Ca 91325

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 02 / 14	\$ 200.00	Concert Ticket
08 / 02 / 14	\$ 200.00	Concert Ticket
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
Cristina Garcia

▶ NAME OF SOURCE (Not an Acronym)
THE University of Southern California

ADDRESS (Business Address Acceptable)
LATINO ALUMNI ASSOCIATION

BUSINESS ACTIVITY, IF ANY, OF SOURCE
3607 Trousdale Parkway, TCC 324

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 21 / 14	\$ 300.00	Program Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
The Lebanese American Foundation

ADDRESS (Business Address Acceptable)
12198 Ventura Boulevard #207 Studio City, CA 9160

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 14	\$ 200.00	Gala Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
Toni Atkins for State Assembly 2014

ADDRESS (Business Address Acceptable)
330 Encinitas Blvd., Ste. 101 Encinitas, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 12 / 14	\$ 40.00	Framed Picture
12 / 01 / 14	\$ 27.53	Breakfast
___ / ___ / ___	\$ _____	_____

▶ 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: _____

**SCHEDULE D
 Income – Gifts**

Name
Cristina Garcia

▶ NAME OF SOURCE (Not an Acronym)
Elevate California Marc Levine Ballot Issues Committ
 ADDRESS (Business Address Acceptable)
P.O Box 150084 San Rafael, ca 94915
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 13 / 14</u>	<u>\$ 107.10</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
The Whole Child
 ADDRESS (Business Address Acceptable)
10155 Coloma Road Whittier, Ca 90603
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 05 / 14</u>	<u>\$ 225.00</u>	<u>Program Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Barona Band of Mission Indians
 ADDRESS (Business Address Acceptable)
1095 Barona Road Lakeside, Ca 92040
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 16 / 14</u>	<u>\$ 112.17</u>	<u>Dinner</u>
<u>09 / 16 / 14</u>	<u>\$ 96.12</u>	<u>Hotel Accomidations</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Entertainment Software Association
 ADDRESS (Business Address Acceptable)
575 7th Street NW Suite 300 Washington DC 20004
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 21 / 14</u>	<u>\$ 228.92</u>	<u>Dinner</u>
<u>10 / 22 / 14</u>	<u>\$ 19.29</u>	<u>Refreshments</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Equality California
 ADDRESS (Business Address Acceptable)
1800 Market St. San Francisco, Ca 94102
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 20 / 14</u>	<u>\$ 250.00</u>	<u>Program Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
National Hispanic Media Coalition
 ADDRESS (Business Address Acceptable)
1825 K Street NW, Ste 400 Washington, DC 20006
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 28 / 14</u>	<u>\$ 100.00</u>	<u>Program Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

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

- 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)
 California Mobilehome Parkowners Alliance

ADDRESS (Business Address Acceptable)
 25241 Pa

CITY AND STATE
 25241 Paseo de Alicia, Suite 120 Laguna Hills, Ca

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

DATE(S): 05/31/14 - 06/02/14 AMT: \$ 843.56
 (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

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

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)
 Conference of California Public Utilities Counsel

ADDRESS (Business Address Acceptable)
 2244 Walnut Grove, Ave

CITY AND STATE
 Rosemead, Ca

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Participated in Panel at conference

DATE(S): 09/29/14 - 09/30/14 AMT: \$ 484.00
 (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

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

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 E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Cristina Garcia

- 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)
 California Foundation on the Environment and the
 ADDRESS (Business Address Acceptable)
 Economy, Pier 32 Suite 202
 CITY AND STATE
 San Francisco, Ca 94133

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

DATE(S): 02 / 27 / 14 - 02 / 28 / 14 AMT: \$ 443.28
 (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)
 California Foundation on the Environment and the
 ADDRESS (Business Address Acceptable)
 Economy, Pier 32 Suite 202
 CITY AND STATE
 San Francisco, Ca 94133

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

DATE(S): 09 / 29 / 14 - 09 / 30 / 14 AMT: \$ 1,092.26
 (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)
 California Foundation on the Environment and the
 ADDRESS (Business Address Acceptable)
 Economy, Pier 32 Suite 202
 CITY AND STATE
 San Francisco, Ca 94133

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

DATE(S): 04 / 10 / 14 - 04 / 19 / 14 AMT: \$ 6,997.63
 (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)
 California Foundation on the Environment and the
 ADDRESS (Business Address Acceptable)
 Economy, Pier 32 Suite 202
 CITY AND STATE
 San Francisco, Ca 94133

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

DATE(S): 11 / 07 / 14 - 11 / 19 / 14 AMT: \$ 10,958.24
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____

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

Name
 Cristina Garcia

- 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)
 California Independent Petroleum Symposium

ADDRESS (Business Address Acceptable)
 1001 K Street Sixth Floor

CITY AND STATE
 Sac, Ca 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Participated in Panel for Conference

DATE(S): 12 / 05 / 15 - 12 / 06 / 15 AMT: \$ 858.40
 (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)
 Ministry of Foreign Affairs of El Salvador

ADDRESS (Business Address Acceptable)
 Calle El Pedregal Blvd. Cancilleria 500 Mts. Al Pte La

CITY AND STATE
 Universidad, Dr. Matias Delgado, Ciudad Merlot,

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 El Salvador-Participated in Delegation to Central Amer

DATE(S): 07 / 15 / 14 - 07 / 17 / 14 AMT: \$ 200.00
 (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)
 Office of the President of Republic of El Salvador

ADDRESS (Business Address Acceptable)
 Alameda Doctor Manuel Enrique Araujo No 5500

CITY AND STATE
 San Salvador, El Salvador

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Participated in Delegation to Central America

DATE(S): 07 / 14 / 14 - 07 / 17 / 14 AMT: \$ 1,500.00
 (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)
 Legislative Assembly of the Republic of El Salvador

ADDRESS (Business Address Acceptable)
 Palacio Legislativo, Centro de Gobierno

CITY AND STATE
 San Salvador, El Salvador

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Participated in Delegation to Central America

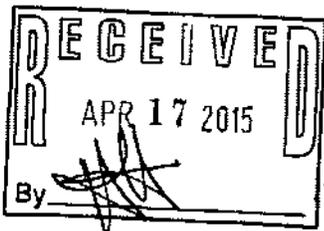
DATE(S): 07 / 15 / 14 - / / AMT: \$ 150.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____



RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
**SCHEDULE D
Income - Gifts**

BK



2015 APR 21 PM 1:57

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1830 Ninth Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 14</u>	<u>\$ 68</u>	<u>Lunch</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>

▶ 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 CA State Assembly

Statement Type 2014/2015 Annual Assuming Leaving
 (yr) 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 4/17/2015

Filer's Signature (c)(1)

Comments: _____