Geoffrey Andersen c/o Tuple Legal 418 Bamboo Ln, Ste. A Los Angeles, CA 90012 Phone: (xxx) xxx-xxxx

Email: xxx@xxx.xxx

Dear Madam or Sir.

I would like to lodge a complaint against Assemblymember Cristina Garcia, representative of California's 58th Assembly District.

My name is Geoffrey Andersen. I am the founder of the Public Research Education Project, a nonprofit that is committed to investigating issues of integrity and corruption related to public officials.

In the course of my investigations, I have uncovered evidence of several apparent violations of the Political Reform Act by Ms. Garcia, the subject of this complaint. These apparent violations relate to Ms. Garcia's campaign finance statements and Ms. Garcia's statements of economic interest.

I have identified the following suspected violations of the Political Reform Act:

I. INCOMPLETE STATEMENTS OF ECONOMIC INTEREST - §87206(b)

I believe that Ms. Garcia has failed to completely disclose business entities related to her ongoing business interests. Ms. Garcia has disclosed owning and receiving income from real property located in the town of Bell Gardens. According to city officials in Bell Gardens' business licensing department, the business licenses on these large properties are not held by Ms. Garcia. Ms. Garcia has not disclosed income received from the individuals holding business licenses for her property. Specifically:

5701-5707 1/2 Fostoria Street: Ms. Garcia reported this building's fair market value between \$100,000 and \$1 million. No income was reported on her Form 700 for 2016. The business license for the building, as of February 2018, is held by an individual named Hermelinda Ruiz. Ms. Ruiz has held the business license as a "sole proprietorship" since March of 2002. It was most recently renewed in December of 2017. No information is provided in Ms. Garcia's Statement of Economic Interests about Ms. Ruiz's identity or her relationship to the administration of Ms. Garcia's property.

¹ §87206: "If an investment or an interest in real property is required to be disclosed under this article, the statement shall contain: [...] (b) <u>The name of the business entity in which each investment is held</u>, and a general description of the business activity in which the business entity is engaged."

² Cristina Garcia, Form 700 Statement of Economic Interests 2016, stamped February 28, 2017

³ Response to Public Record Request, Bell Gardens City Clerk, February 28, 2018

5954-5958 1/2 Ludell Street: Ms. Garcia reported that this building is worth between \$100,000 and \$1 million and that it generated income between \$10,000 and \$100,000 in 2016. Again, Ms. Garcia is not the holder of the business license of the property. The business license is held by Javier Garcia as a sole proprietorship. This license was first issued in March of 2002. The license was most recently renewed in December of 2017. No information is provided in Ms. Garcia's Statement of Economic Interests about Mr. Garcia's identity or his relationship to the administration of Ms. Garcia's property.

I have found similar reporting issues in older reports. Specifically: 7602 Garfield (disposed in 2013); 6629-35 Ajax St (disposed in 2012); and 6710 Alvina St (disposed in 2012) were all owned by Ms. Garcia but had business licenses held by either Javier Garcia or Clementina Correa.

Many of Ms. Garcia's reported properties in Bell Garden are small enough that they can be operated without a business license.

II. UNDISCLOSED LOAN CONTRIBUTIONS - §84216(a)

I believe Ms. Garcia has failed to properly disclose loans she has received secured against some of her real estate. Real estate records in Los Angeles reveal that Ms. Garcia received two loans worth a cumulative total of \$185,000 on June 5, 2012 – the same day as the primary election in which Ms. Garcia received the Democratic nomination for her first Assembly campaign. The first loan, a promissory note for \$100,000 issued by an Oregon resident named Dane Halbert, was secured against Ms. Garcia's ownership interest in real estate located at 7228-7230 Granger Avenue in Bell Gardens. The real estate in question was given to Ms. Garcia at no cost by her sister, Maria de la Luz Garcia, on April 18, 2012. The second loan, a promissory note for \$85,000 issued by another Oregon resident named Darryl Warren Halbert, was secured against Ms. Garcia's ownership interest in real estate located at 6544-6546½ Emil Avenue in Bell Gardens. A deed was filed on June 5, 2012 that transferred ownership of the property from Mr. Halbert to Ms. Garcia. The indicated transfer tax suggests Ms. Garcia paid \$170,000 to acquire the property. The Los Angeles County Assessor's office indicates the appraised value of the property on June 11, 2012 was

⁴ §84216: "(a) Notwithstanding Section 82015, a loan received by a candidate or committee is a contribution unless the loan is received from a commercial lending institution in the ordinary course of business, or it is clear from the surrounding circumstances that it is not made for political purposes."

⁵ Short Form Deed of Trust and Assignment of Rents, Los Angeles County Recorder Document #20120853453, dated June 5, 2012.

⁶ Grant Deed, Los Angeles County Recorder Document #201220578895, dated April 18, 2012.

⁷ Short Form Deed of Trust and Assignment of Rents, Los Angeles County Recorder Document #20120865632, dated June 5, 2012.

⁸ Grant Deed, Los Angeles County Recorder, Document #20120865631, dated June 5, 2012.

\$623,706.9 Neither loan appears to have been disclosed in either Ms. Garcia's 2012 campaign finance report or her 2012 Statement of Economic Interest. 10

III. ACCEPTANCE OF PROHIBITED GIFTS - §89503(a)

Ms. Garcia appears to have accepted a prohibited gift – specifically, a real estate property valued at more than \$100,000 – without disclosing receipt of the gift. As noted above, Ms. Garcia reported holding an ownership interest in 5701-5701 1/2 Fostoria on her 2016 Statement of Economic Interests. A real estate deed obtained from the Los Angeles County Recorder's office indicates that the property was given to Ms. Garcia by Hermelinda Ruiz on May 4, 2015. The deed further specifies "this is a bona fide gift and the grantor received nothing in return. 12" I have found no reported gifts from anyone named Hermelinda Ruiz in Ms. Garcia's 2015 Statement of Economic Interest. As noted above, the building in question has a fair market value of at least \$100,000. It is, at a minimum, unclear how the receipt of a gift worth more than \$100,000 does not violate the prohibition of gifts greater than \$250. Also, Ms. Garcia has not disclosed the identity of Ms. Ruiz in her Statements of Economic Interest or the nature of their relationship to one another.

IV. MISSTATEMENT OF OCCUPATION IN LOANS TO CAMPAIGN - §84211(g)(3)

In Ms. Garcia's first campaign for the Assembly, she loaned \$50,800 to her campaign while apparently misstating her occupation. He Ms. Garcia reported loaning her campaign a total of \$50,800 in five transactions between January and May of 2012. Loans were extended to her campaign on 1/27/12; 3/17/12; 3/29/12; and 5/3/12. In each of the transactions, Ms. Garcia's occupation is listed as "Professor" and her employer is identified as "LA Community College." This statement of occupation appears to have been false, based on three separate pieces of evidence:

⁹ Los Angeles County Property Assessment Information System (http://maps.assessor.lacounty.gov)

¹⁰ Cristina Garcia, Form 460 Recipient Committee Campaign Statement 5/20/12 to 6/30/12; AND Cristina Garcia, Form 700 Statement of Economic Interests 2012, received February 28, 2013

¹¹ §89503: "(a) No elected state officer, elected officer of a local government agency, or other individual specified in Section 87200 shall accept gifts from any single source in any calendar year with a total value of more than two hundred fifty dollars (\$250)."

 $^{^{12}}$ Grant Deed, Los Angeles County Recorder, dated May 4, 2015

¹³ Cristina Garcia, Form 700 Statement of Economic Interests 2015, received February 29, 2016

¹⁴ §84211: "Each campaign statement required by this article shall contain all of the following information: [...] (g) If the cumulative amount of loans received from or made to a person is one hundred dollars (\$100) or more, and a loan has been received from or made to a person during the period covered by the campaign statement, or is outstanding during the period covered by the campaign statement, all of the following: [...] (3) His or her occupation.

 $^{^{15}}$ Cristina Garcia, Form 460 Recipient Committee Campaign Statement 1/1/12 to 3/17/12; AND 3/18/12 to 5/19/12

- 1. **LA Community College has no record that they have ever employed Ms. Garcia:** In response to a public record request, the Los Angeles Community College District has informed me that they have no records that they ever employed Ms. Garcia in any capacity. 16
- 2. I can find no record of Ms. Garcia's name in the Los Angeles Community College faculty directory. Los Angeles Community College has published online faculty directories since 2002. I have been unable to find Ms. Garcia's name listed in the college's faculty directory in any snapshots taken between 2002 and 2012.¹⁷
- 3. There is no evidence that Ms. Garcia holds an advanced degree in mathematics. While Cristina Garcia has claimed during certain past election campaigns that she held a doctorate from USC, it was discovered in 2012 that she never, in fact, completed her doctoral program. Ms. Garcia's highest known level of educational attainment is a Master's of Education. It is unclear how Ms. Garcia's level of educational attainment would have qualified her to teach at a collegiate level.

I admit that it is possible that Ms. Garcia did in fact teach at Los Angeles Community College as she claims. However, there is substantial evidence suggesting her statement of occupation and employer were false when she loaned \$50,800 to her campaign in 2012.

V. INCOMPLETE STATEMENTS OF EXPENDITURE (Credit Cards) - §84211(k)

My review of Ms. Garcia's campaign finance statements has found \$83,265 in reported credit card payments that do not account for the underlying purchases. Ms. Garcia's 2014 and 2016 Assembly campaign accounts have reported spending \$156,992 on credit card payments to American Express and Torrey Pines Bank. Of that amount, only \$73,726 appears to be itemized in Ms. Garcia's Schedule G reports (Payments Made By An Agent). That leaves \$83,265 of credit card expenses that I am unable to account for. The lack of information about the underlying expenses charged to Ms. Garcia's campaign credit card make it impossible to determine if the money was spent on legitimate campaign purposes.

¹⁶ Response to Public Record Request, Los Angeles Community Colleges Office of General Counsel, January 30, 2018

¹⁷ See, for example, this snapshot from March of 2012:

https://web.archive.org/web/20120308071442/http://directory.lacitycollege.edu/

¹⁸ "Assembly hopeful Cristina Garcia admits not having Doctoral credentials; seeks 'forgiveness' from voters," *Los Cerritos News*, October 11, 2012

^{(&}lt;a href="http://www.loscerritosnews.net/2012/10/11/assembly-hopeful-cristina-garcia-admits-not-having-doctoral-credentials-seeks-forgiveness-from-voters/">http://www.loscerritosnews.net/2012/10/11/assembly-hopeful-cristina-garcia-admits-not-having-doctoral-credentials-seeks-forgiveness-from-voters/)

¹⁹ §84211: "(k) For each person to whom an expenditure of one hundred dollars (\$100) or more has been made during the period covered by the campaign statement, all of the following: [...] (4) A brief description of the consideration for which each expenditure was made.

VI. EXPENDITURES WITH NO CLEARLY LEGITIMATE PURPOSE - §89513(a)(1)

Ms. Garcia appears to have spent campaign contributions on impermissible personal trips to out-of-state hotels.²⁰ Specifically, I have identified two contributions which describe out-of-state "fundraising" trips but which do not correlate to any documented fundraising activity.

2016 Trip to Nines Hotel in Portland, Oregon: Ms. Garcia reportedly used her campaign's credit card to spend \$578.93 in April of 2016 to stay in a Portland, Oregon luxury hotel known as The Nines. Campaign finance reports describe the expense as "4/7-4/9/16 Candidate lodging for fundraiser event.²¹" Ms. Garcia's campaign reported no contributions received between April 5 and April 11. I have only found one reported contribution to Ms. Garcia from any donors in Oregon – a 2015 contribution from Nike Corp. The lack of any fundraising activity associated with this trip raises questions about the accuracy of the stated purpose of the expense.

2016 Trip to Aria Resort in Las Vegas, Nevada: Ms. Garcia's campaign finance reports describe a fundraising trip to the Aria Resort in Las Vegas from June 17 to June 19, 2016. Garcia's campaign credit card spent \$406.56 on "6/17-6/19/16 Candidate lodging (Las Vegas) for fundraiser event.²²" The *Sacramento Bee* reported on Ms. Garcia's alleged fundraiser, claiming "Cristina Garcia hosted donors at Britney Spears and Mariah Carey concerts Friday and Saturday in Las Vegas. It was \$4,200 for both shows, \$2,500 for one.²³" Ms. Garcia's campaign reported no contributions dated between June 14, 2016 and June 23, 2016. Only thirteen donors gave \$2,500 to Ms. Garcia's campaign account in 2016. Seventeen donors gave \$4,200 in 2016. None of those contributions appear to be correlated to the alleged fundraiser in Las Vegas.

CONCLUSION

My overall impression of Ms. Garcia's campaign finance disclosures and statements of economic interests is that they appear to substantially deviate from the expected pattern of most elected officials. Many of the problems are facial in nature – such as the appearance of real estate in her disclosures that was neither acquired for money nor reported as a gift. Other problems are evident with rudimentary cross-referencing against other publicly available records. While I am not capable of saying that these records prove actual violations of the Political Reform Act, I believe that the evidence is suggestive enough that

²⁰ §89513(a)(1): "Campaign funds shall not be used to pay or reimburse the candidate, the elected officer, or any individual or individuals with authority to approve the expenditure of campaign funds held by a committee, or employees or staff of the committee, or the elected officer's governmental agency for travel expenses and necessary accommodations except when these expenditures are directly related to a political, legislative, or governmental purpose."

 ²¹ Cristina Garcia, Form 460 Recipient Committee Campaign Statement 1/1/16 to 4/23/16
 ²² Cristina Garcia, Form 460 Recipient Committee Campaign Statement 5/22/16 to 6/30/16

²³ Dan Morain, *Sacramento Bee*, June 21, 2016 (http://www.sacbee.com/opinion/article84977587.html)

an actual investigation would be warranted. In the end, such an investigation may reveal that Ms. Garcia did not violate any laws. It may not. Either way, I firmly believe that the public deserve transparency in our political representatives. For that reason, I am submitting this complaint.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Agency Name (Do not use acronyms)			
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Division, Board, Department, District, if applicable		Your Position	
District 58		Assemblymember	
▶ If filing for multiple positions, list below or on a	n attachment. (Do not use a	cronyms)	
Agency:	100 mg	Position:	
2. Jurisdiction of Office (Check at least of	ne box)		
State ■ Contact Contact Contact Contact Contact Contact Contact Contact Contact Contact Contact Contact Contact		☐ Judge or Court Commissioner (Sta	tewide Jurisdiction)
Multi-County		County of	
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3. Type of Statement (Check at least one b	ox)		
Annual: The period covered is January 1, 20	016, through	Leaving Office: Date Left	J
December 31, 2016.		(Check one)	
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Schedule A-1 - Investments - schedule a	ttached [] \$	 Schedule C - Income, Loans, & Business	Positions – schedule attached
Schedule A-2 - Investments - schedule a		Schedule D - Income - Gifts - schedule a	
Schedule B - Real Property - schedule a		Schedule E - Income – Gifts – Travel Pay	
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■ None - No reportable interests on a	ny schedule		
5. Verification	Delay Children and Advantage of		<u></u>
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(Rusiness or Agency Address Recommended - Public Documen			
I have used all reasonable diligence in preparing the herein and in any attached schedules is true and	nis statement. I have reviewe complete. I acknowledge th	this statement and to the best of my knows is a public document.	wledge the information contained
I certify under penalty of perjury under the law	vs of the State of California	that the	
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Date Signed (month, day, year)	Sign	nature	arana je za sanaje za marje

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Cristina Garcia

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6544 1/2 Emil	5701-5707 1/2 Fostoria St
CITY	CITY
Bell Gardens, CA	Bell Gardens, CA
FAIR MARKET VALUE \$2,000 - \$10,000 \$\infty\$ \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
	NATURE OF INTEREST
NATURE OF INTEREST Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	LeaseholdOther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \ \$500 - \$1,000 \ \$1,001 - \$10,000	\$500 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	\$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.	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.
Angelica Romero, Froylan and Matina Gallicia	
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FPPC Form 700 (2016/2017) Sch. B FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Cristina Garcia

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7228-7230 Granger	6338-6340 Gotham Street
CITY	CITY
Bell Gardens, CA	Bell Gardens, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST NATURE OF INTEREST Easement Easement
✓ Ownership/Deed of Trust ✓ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
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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 Martina Gallcia	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
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ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
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Guarantor, if applicable	Guarantor, if applicable
Comments:	

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Cristina Garcia

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5954-5958 1/2 Ludell Street	5962-64 Ludell St
CITY	CITY
Bell Gardens, CA	Bell Gardens, CA
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
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Leasehold Other	Leasehold Other
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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	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.
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ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
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S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	11
Comments:	



Hermelinda Ruiz Firm

Account # 00168091

Firm Hermelinda Ruiz

Firm (Add'l) 5701-07 1/2 Fostoria St

Street Bell Gardens, CA 90201 City

Inside Location

Mail (Add'l)

Mail Addr

Mail City

Bus. Rate

Loc. Type

Bus. Status

Active Active

Lic. Status

00168091

Acct No

00168091

License

(562) 928-6439

Phone **Alt Phone**

03/07/2002

Start Date Close Date

Ownership

Sole Proprietorship

Geo Area

Insp. Area

Insp. Status

Last Rec Update 02/13/2018

6340 Gotham St

Apt/Hotel/Not Daily

Bell Gardens, CA 90201

Summary Screen

Owner 1 Hermelinda Ruiz Title

Owner

Phone

--ON FILE--

License Issued

12/19/2017

Application

Renewal

License Expires 12/31/2018

Renewal

Annual (Issue Date of next yr)

NAIC Code

5311 - Lessors of Real Estate

SIC Code

6513001 - Operators Of Apartment Buildings 1162 - DWELLING UNITS 10+ ATTACHED

Bus Type APN

FEIN

57-3049508

Mailing List

Yes

BEAN

SEIN

Special Cond

No

Javier Garcia Firm

Account # 00168090

Firm Javier Garcia

Firm (Add'i) 5954-58 1/2 Ludell St Street

Bell Gardens, CA 90201 City

Inside Location

Mail (Add'l)

6340 Gotham St Mail Addr

Bell Gardens, CA 90201 **Mail City**

Bus. Rate Apt/Hotel/Not Daily

Last Rec Update 02/13/2018

Bus. Status

Active Active

Lic. Status

00168090

Acct No License

00168090

Phone

(562) 928-6439

Alt Phone

Start Date

03/27/2002

Close Date

Sole Proprietorship

Ownership Geo Area

Insp. Area

Insp. Status

Summary Screen

Javier Garcia Owner 1

Title

Owner

Phone

--ON FILE-

License Issued License Expires

12/19/2017 12/31/2018 Application

Loc. Type

Renewal

Renewal

Annual (Issue Date of next yr)

NAIC Code

5311 - Lessors of Real Estate

SIC Code

6513001 - Operators Of Apartment Buildings

Bus Type

1162 - DWELLING UNITS 10+ ATTACHED

APN BEAN FEIN SEIN 54-9889344

Malling List

Yes

Special Cond

No

Javier Garcia Account # 00169465

Last Rec Update 02/13/2018

Active Javier Garcia Firm **Bus. Status** Active Firm (Add'I) Lic. Status 7602 Garfield Ave Acct No 00169465 Street Bell Gardens, CA 90201 00169465 City License Inside Phone (562) 607-7046 Location Loc. Type Mail (Add'l) **Alt Phone** 6340 Gotham Start Date 01/18/2007 Mail Addr Mail City Bell Gardens, CA 90201 **Close Date** Sole Proprietorship Apt/Hotel/Not Daily Bus. Rate Ownership Geo Area Insp. Area Insp. Status

Summary Screen Javier Garcia Owner --ON FILE--Title Phone Owner 1 12/19/2017 Application Renewal License Issued Annual (Issue Date of next yr) 12/31/2018 License Expire: Renewal **NAIC Code** SIC Code **Bus Type** 1151C - DWELLING UNITS 6 DETACHED Yes APN FEIN **Malling List** No

Special Cond

SEIN

BEAN

Firm Javier Garcia
Account # 00168092

Active Firm Javier Garcia **Bus. Status** Active Firm (Add'l) Lic. Status 6629-35 Ajax Ave 00168092 Street **Acct No** Bell Gardens, CA 90201 00168092 City License Inside (562) 928-6439 Location Phone Loc. Type Mall (Add'l) **Alt Phone** 6340 Gotham St 03/07/2002 Mall Addr **Start Date** Bell Gardens, CA 90201 **Close Date Mail City** Sole Proprietorship Bus. Rate Apt/Hotel/Not Dally **Ownership** Geo Area Insp. Area Insp. Status

Summary Screen

Owner 1 Javier Garcia

Last Rec Update 02/13/2018

Title

Owner

Phone

--ON FILE--

License Issued
License Expires

12/19/2017 12/31/2018 Application

Renewal

Renewal

Annual (Issue Date of next yr)

NAIC Code

5311 - Lessors of Real Estate

SIC Code

6513001 - Operators Of Apartment Buildings

Bus Type

1162 - DWELLING UNITS 10+ ATTACHED

APN

FEIN

54-9889344

Mailing List

Yes

BEAN

SEIN

_

Special Cond

No

Clementina Correa

Account #

00169464

Firm

Clementina Correa

Bus. Status

Active Active

Firm (Add'I)

6710 Alvina St

Acct No

00169464

Street City

Bell Gardens, CA 90201

License

Lic. Status

00169464

Location

Inside

Loc. Type

Phone

(562) 964-6578

Mail (Add'I)

Mail Addr

6340 Gotham St

Alt Phone Start Date

01/18/2007

Mail City

Bus. Rate

Bell Gardens, CA 90201 Apt/Hotel/Not Daily

Ownership

Close Date Sole Proprietorship

Geo Area

Insp. Area

Insp. Status

Last Rec Update 02/13/2018

Summary Screen

Owner 1

Clementina Correa

Title

Owner

Phone

--ON FILE--

License Issued License Expire: 12/19/2017

12/31/2018

Application

Renewal

Renewal

Annual (Issue Date of next yr)

NAIC Code

SIC Code

Bus Type

1151C - DWELLING UNITS 6 DETACHED

APN

FEIN

Mailing List

Yes

BEAN

SEIN

Special Cond

No

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

DANE HALBERT 3266 CLOVERLAWN DR GRANTPASS OR, 97527



THIS SPACE FOR RECORDER'S USE ONLY:

SHORT FORM DEED OF TRUST AND ASSIGNMENT OF RENTS

THIS DEED OF TRUST, made June 5, 2012

A.P. #5358-036-006

MARIA CRISTINA GARCIA, A Single Woman property, herein called Trustor, whose address is 6340 GOTHAM ST BELL GARDENS

Fidelity National Title, Inc., a California Corporation, herein called Trustee, and DANE HALBERT, herein called BENEFICIARY,

WITNESSETH: That Trustor IRREVOCABLY GRANTS, TRANSFERS AND ASSIGNS TO TRUSTEE IN TRUST, WITH POWER OF SALE

that Property in Los Angeles County, California, described as:

Lot 6 of Block 9 of Tract No. 11675, in the City of BELL GARDENS, County of Los Angeles, State of California, as per Map recorded in Book 218, Pages 15 to 19 inclusive of Maps, in the Office of the County Recorder of said County. Also Known 88: 7228 and 7230 GRANGER AVE, BELL GARDENS, CA 90201

TOGETHER WITH the rents, issues and profits thereof, SUBJECT, HOWEVER, to the right power and authority given to and conferred upon Beneficiary by paragraph (10) of the provisions incorporated herein by reference to collect and apply such rents, issues and profits. For the Purpose of Securing: 1. Performance of each agreement of Trustor incorporated by reference or contained herein. 2. Payment of the indebtedness evidenced by one promissory note of even date herewith, and any extensions or renewal thereof, in the principal sum of \$100,000.00 executed by Trustor in favor of Beneficiary or order. 3. Payment of such further sums as the then record owner of said property may borrow from Beneficiary, when evidenced by another note (or notes) reciting it is so secured.

DATED June 5. 2012 STATE OF CALIFORNIA

COUNTY OF LOS A

On 6.0.12
before me. JAX QUE LINE DE SANTIAGO
A Notary Public in and for said State personally appeared
HPZIA CESTINA GARCIA

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) sizes subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/ner/heir authorized capacity(les), and that by his/her/heir signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

MARIA CRISTINA GARCIA

JACQUELIN" DE SANTIAGO COMM #1812463 Notary Public - Ca Itornia Los Angeles County Comm. Expires Sep. 7, 2012

JACQUELINE DE SANTIAGO COMM. #1812463 Notary Public - California Los Angeles County Comm. Expires Sep. 7, 2012 P

(Seal)

Signature,

AND WHEN RECORDED MAIL TO:

MARIA CRISTINA GARCIA 7228 GRANGER AVE BELL GARDENS, CA 90201

THIS SPACE FOR RECORDER'S USE ONLY:

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX IS \$NONE

[X] computed on full value of property conveyed, or

I computed on full value less value of liens or encumbrances remaining at time of sale.

[] Unincorporated area [X] City of BELL GARDENS AND

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

MARIA DE LA LUZ GARCIA, A SINGLE WOMAN

hereby GRANT(s) to:

MARIA CRISTINA GARCIA, a Single Woman

the real property in the City of BELL GARDENS, County of Los Angeles, State of California, described as: LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF Also Known as: 7228-7230 GRANGER AVE BELL GARDENS CA 90201 AP#:6358-063-006

36 mg

"THIS IS A BONAFIDE GIFT & THE GRANTOR RECEIVED NOTHING IN RETURN, R&T 11911"

DATED April 18, 2012
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
On APRIL 18, 2012
before me, JACQUELINE DE SANTIAGO,
A Notary Public in and for said State personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/sherthey executed the same in his nertheir authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Maria de La LUZ GARGIA

JACQUELINE DE SANTIAGO LOCAMM. #1812463 Notary Public - California Los Angeles County My Comm. Expires Sep. 7, 2012

Signature (Seal)
MAIL TAX STATEMENTS TO PARTY SHOWN BELOW; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE:

FN6

EXHIBIT "A"

Lot 6 in Block 9, of Tract No. 11675, in the city of Bell Gardens, County of Los Angeles, State of California, as per map recorded in Book 218 Page(s) 15-19 of maps, in the office of the County Recorder of said county.

FN6

RECORDING REQUESTED BY: FIDELITY NATIONAL TITLE

AND WHEN RECORDED MAIL TO:

DARYL WARREN HALBERT 3266 CLOVERLAWN DR. GRANTPASS, OR 97527



THIS SPACE FOR RECORDER'S USE ONLY:

Title Order No.: 6114

Eacrow No.: 038362-JD

SHORT FORM DEED OF TRUST AND ASSIGNMENT OF RENTS

THIS DEED OF TRUST, made June 5, 2012

A.P. #6357-033-027

MARIA CRISTINA GARCIA, a Single Woman, herein called Trustor, whose address is 6340 Gotham St Bell Gardens Ca 90201 and Fidelity

National Title, Inc., a California Corporation, herein called Trustee, and DARYL WARREN HALBERT, a SINGLE MAN

herein called BENEFICIARY, WITNESSETH: That Trustor IRREVOCABLY GRANTS, TRANSFERS AND ASSIGNS TO TRUSTEE IN

TRUST, WITH POWER OF SALE that Property in Los Angeles County, California, described as:

Lot 41 of Tract No. 11547, in the City of BELL GARDENS, County of Los Angeles, State of California, as per Map recorded in Book 209, Pages 45 and 46 of Maps, in the Office of the County Recorder of said County. Also Known as: 6544, 6546, 6546 1/2 EMIL AVE, BELL GARDENS, CA 90201

TOGETHER WITH the rents, issues and profits thereof, SUBJECT, HOWEVER, to the right power and authority given to and conferred upon Beneficiary by paragraph (10) of the provisions incorporated herein by reference to collect and apply such rents, issues and profits. For the Purpose of Securing: 1. Performance of each agreement of Trustor Incorporated by reference or contained herein. 2. Payment of the indebtedness evidenced by one promissory note of even date herewith, and any extensions or renewal thereof, in the principal sum of \$85,000.00 executed by Trustor in favor of Beneficiary or order. 3. Payment of such further sums as the then record owner of said property may borrow from Beneficiary, when evidenced by another note (or notes) reciting it is so secured.

DATED June 5, 2012

STATE OF CALIFORNIA

MARIA CRISTINA GARCIA -

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) labre subscribed to the within instrument and acknowledged to me that he/sne/they executed the same in his/ne/their authorized capacity(iss), and that by instrument signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

MARIA CRISTINA GARCIA

ACQUELINE DE SANTIAGO COMM. #1812463 Notary Public - California Los Angeles County Comm. Expires Sep. 7, 2012

(Seal)

RECORDING REQUESTED BY: FIDELITY NATIONAL TITLE

AND WHEN RECORDED MAIL TO:

MISS MARIA CRISTINA GARCIA 6340 GOTHAM ST. BELL GARDENS, CA 90201



Escrow No.: 038362-JD

THIS SPACE FOR RECORDER'S USE ONLY:

Title Order No.: 6114

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$187.00

[X] computed on full value of property conveyed, or

() computed on full value less value of liens or encumbrances remaining at time of sale.

[] Unincorporated area [X] City of BELL GARDENS AND

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

DARYL'HALBERT, A SINGLE MAN

hereby GRANT(s) to:

MARIA CRISTINA GARCIA, a Single Woman

the real property in the City of BELL GARDENS, County of Los Angeles, State of California, described as: Lot 41 of Tract No. 11547, in the City of BELL GARDENS, County of Los Angeles, State of California, as per Man recorded in Book 209, Pages 45 and 46 of Maps, in the Office of the County Recorder of said County. Also Known as: 6544, 6546, 6546 1/2 EMIL AVE, BELL GARDENS, CA 90201 AP#: 6357-033-027

DATED June 5, 2012

STATE OF CALIFORNIA

COUNTY OF

before me JA (DUE) A Notary Public in and

State personally appeared

HALBERT -

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), of the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

CQUELINE DE SANTIAGO COMM. #1812463 Notary Public - California Los Angeles County Comm. Expires Sep. 7, 2012

Signature 1 (Seal) ENTO TO PARTY SHOWN BELOW; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE:

Parcel Details

- Property records are kept at the South District Office
- How frequently is this site updated? (and other FAQs)

Property Information

Assessor's ID No:

6357-033-027

Address:

6544 EMIL AVE BELL

GARDENS CA 90201

Property Type:

Multi-Family

Residential

Region / Cluster:

12 / 12411

Tax Rate Area (TRA):

06351

- View Assessor Map
- View Index map

Recent Sales Information

Latest Sale Date:

Indicated Sale Price:

Search for Recent Sales

2017 Roll Values

Recording Date:

06/11/2012

Land:

\$238,095

Improvements:

\$385,611

Personal Property:

\$0

Fixtures:

\$0

Homeowners'

\$0

Exemption:

Real Estate Exemption:

\$0

Personal Property

\$0

Exemption:

Fixture Exemptions:

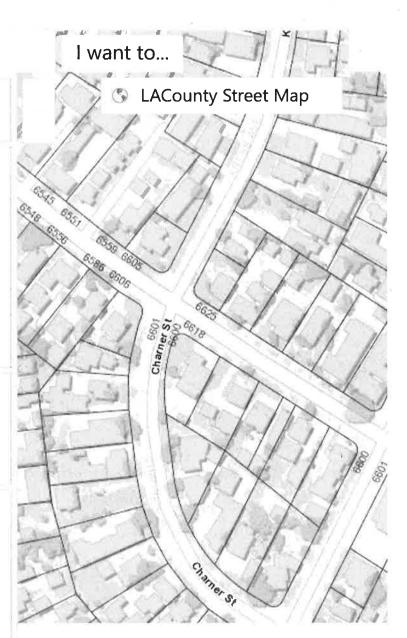
\$0

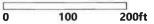
- 2017 Annual taxes
- Property tax payment FAQs
- Estimate supplemental taxes

Property Boundary Description

TRACT # 11547 LOT 41







Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in ink.	Jk.	Date Stamp	CALIFORNIA 460 FORM
	Statement covers period from 05/20/2012	Date of election if applicable: (Month, Day, Year)		Page 1 of 33 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 06/30/2012	06/05/2012		
1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4. Complete Parts 1,2,3, and 4. Officeholder, Candidate Election Committee State Candidate Election Committee Officeholder Committee (Also Complete Parts 1,2,3, and 4. Officeholder Committee Officeholder Committee Officeholder Committee Officeholder Committee Officeholder Committee Officeholder Committee	ittees - Complete Parts 1,2,3, and 4. Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: Pre-election Statement Semi-annual Statement Termination Statement Amendment (Explain below)	nt nt oelow)	 ☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection ☐ Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Garcia for Assembly 2012	I.D.NUMBER 1343925	Treasurer(s) NAME OF TREASURER Cristina Garcia	=	×
STREET ADDRESS (NO P.O. BOX)	9	MAILING ADDRESS		
CITY Bell Gardens CA 90201 MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX	30X AREA CODE/PHONE (562)427-2100	CITY Bell Gardens NAME OF ASSISTANT TREASURER, IF ANY	STATE	ZIP CODE AREA CODE/PHONE 90201 (213) 215-2621
CITY STATE ZIP CODE Bell Gardens CA 90202	DDE AREA CODE/PHONE	MAILING ADDRESS		
		CITY ODTIONAL: EAVE MAIL ADDRESS	STATE ZI	ZIP CODE AREA CODE/PHONE
		OF HONAL: FAVE-MAIL ADDRESS		

4. Veri

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

				FPPC Form 460 (June/01)	FPPC Toll-Free Helpline: 866/ASK-FPPC State of California
- By	SIGNATURE OF TREASURER ON ASSISTANT THEASURER	By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT RA	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
	DATE	DATE		DATE	DATE
Executed on		Executed on	Executed on	10000	- Paragar



COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Committ	Committee	6. Ballot Measure Committee	ımittee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Cristina Garcia					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: Assembly District	ST NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
INESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	nolder, candidate, or stat	te measure propon	ent, if any.
Bell Gardens	rdens CA 90201	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any comn not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.	Itement: List any committees primarily formed to receive dacy.	OFFICE SOUGHT OR HELD	×	DISTRICT NO. IF ANY	, INY
COMMITTEE NAME	I,D.NUMBER	7. Primarily Formed Committee which this committee is primarily formed.		List names of officeholder(s) or candidate(s) Ffor	r candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE				OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attach (Attach continuation sheets if necessary	cessary	

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California



5. Officeholder or Candidate Controlled Committ	Committee	6. Ballot Measure Committee	ttee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
Cristina Garcia				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF. State Assembly District 58	AND DISTRICT NUMBER IF APPLICABLE) State Assembly District 58	BALLOT NO. OR LETTER JUF	JURISDICTION	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET)	CITY STATE ZIP	Identify the controlling officehold	Identify the controlling officeholder, candidate, or state measure proponent, if any.	nent, if any.
Bell Gardens	urdens CA 90201	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	E, OR PROPONENT	
Related Committees Not Included in this Statement: List any comn not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.	atement: List any committees primarily formed to receive dacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed Committee which this committee is primarily formed.	mittee List names of officeholder(s) or candidate(s) Ffor ed.	or candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	DATE OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)]	NAME OF OFFICEHOLDER OR CANDIDATE	DATE OFFICE SOUGHT OR HELD	OPPOSE POSE POSE POSE POSE POSE POSE POS
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	*		OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	DATE OFFICE SOUGHT OR HELD	SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	DATE OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) CITY STATE ZIP	ZIP CODE AREA CODE/PHONE	Attach cont	Attach continuation sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Garcia for Assembly 2012

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARY PAGE of 33 CALIFORNIA LD. NUMBER 1343925 FORM Page 4 Statement covers period through 06/30/2012 from 05/20/2012

Column A Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR RUNNING IN Both the State Primary and TOTAL TODATE CALED	\$25,320,00 \$72,330.00	\$5,500.00 \$57,800.00 7/1 to Date	\$30,820.00 \$130,130.00 \$0. Contribution \$.00 \$.00	\$0.00	\$30,820.00 \$134,714.41 Aade \$5.00 \$.00	Expenditure Limit Summary for State	\$59,995.93 \$147,937.15 Candidates	\$0.00 \$0.00 S0.00 S0.00	\$59,995.93 \$147,937.15 (If Subject to Voluntary Expenditure Limit)	\$87,088.66 \$179,293.63 Date of Election Total to Date	\$0.00 \$4.584.41	\$147,084.59 \$331,815.19 \$6/5/2012 \$155,725.12	11/6/2012 \$71,253.56	\$31,956.50 To calculate Column B, add	\$30,820.00 corresponding amounts	\$259.30 from Column B of your last	\$59,995.93 Column A may be negative	\$3,039.87 figures that should be subtracted from previous	period amounts. If this is the first report being filed		30.00 carry over the amounts	50.00 carry over the amounts from Lines 2, 7, and 9 (if	carry over the amounts from Lines 2, 7, and 9 (if any).	from Lines 2, 7, and 9 (if any).	from Lines 2, 7, and 9 (if any).
Contributions Received	1. Monetary Contributions Schedule A, Line 3	2. Loans Received Schedule B, Line 7		4. Nonmonetary Contributions Schedule C, Line 3		Expenditures Made	6. Payments Made	7. Loans MadeSchedule H, Line 7		9. Accrued Expenses (Unpaid Bills)	***************************************	11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	Current Cash Statement	12. Beginning Cash Balance Previous Summary Page, Line 16	13. Cash Receipts	14. Miscellaneous Increases to Cash Schedule I, Line 4	15. Cash Payments	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	If this is a termination statement, Line 16 must be zero,	17 I DAN GUABANTEES BECEIVED		,,	6	tructions on revers	tructions on revers

DN7

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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SEE INSTRUCTIONS ON REVERSE

Garcia for Assembly 2012

NAME OF FILER

Amounts may be rounded to whole dollars.

Type or print in ink.

Statement covers period

CALIFORNIA 05/20/2012

SCHEDULE B - PART 1

460

FORM

Page 15

33 ₽

I.D. NUMBER

343925

06/30/2012 through (e) INTEREST PAID THIS PERIOD OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* PAID

(b)
AMOUNT
RECEIVED
THIS PERIOD

OUTSTANDING BALANCE BEGINNING THIS PERIOD

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER LD. NUMBER)

OF LENDER

Bell Gardens, CA 90201

Cristina Garcia

(g) CUMULATIVE CONTRIBUTIONS TO DATE

ORIGINAL AMOUNT OF LOAN

%

CALENDAR YEAR

RATE

\$1,300.00

\$56,100.00
PER ELECTION**
2012P: \$56,100.00

\$2,300.00

6/7/2012 FORGIVEN \$1,000.00

DATE DUE

\$2,300.00

■ IND □ COM□ OTH □ PTY

Cristina Garcia Bell Gardens, CA 90201

PAID

FORGIVEN

PER ELECTION** 2012P: \$56,100.00

\$56,100.00

\$50,000.00

%

\$50,000.00

RATE

CALENDAR YEAR

DATE INCURRED

1/27/2012

6/7/2012

\$50,000.00

■ IND □ COM□ OTH □ PTY □ SCC

Cristina Garcia Bell Gardens, CA 90201

DATE DUE

PAID

\$3,800.00

FORGIVEN

PER ELECTION** 2012P: \$56,100.00

\$56,100.00

\$3,800.00

%

RATE

CALENDAR YEAR

DATE INCURRED

2/12/2012

DATE DUE

\$3,800.00

SUBTOTALS

□ COM □ OTH □ PTY

2

DATE INCURRED

6/7/2012

(Enter (e) on Schedule E, Line 3)

\$6,500.00

* Amounts forgiven or paid by another party also must be reported on Schedule A.

\$1,000.00

** If required.

(may be a negative number)

\$5,500.00

Net

COM-Recipient Committee (other than PTY or SCC) *Contributor Codes IND-Individual

Enter the net here and on the Summary Page, Column A, Line 2.

3. Net change this period. (Subtract Line 2 from Line 1.)

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.

2. Loans paid or forgiven this period

(Total Column (b) plus unitemized loans less than \$100.)

1. Loans received this period. Schedule B Summary

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

to whole dollars.

Amounts may be rounded Type or print in ink.

CALIFORNIA FORM Statement covers period 05/20/2012 from

SCHEDULE B - PART 1

33 ₽

Page 16

06/30/2012

through

I.D. NUMBER

(g) CUMULATIVE CONTRIBUTIONS TO DATE CALENDAR YEAR CALENDAR YEAR CALENDAR YEAR PER ELECTION** PER ELECTION** PER ELECTION** \$2,700.00 DATE INCURRED DATE INCURRED (f) ORIGINAL AMOUNT OF LOAN \$2,700.00 6/13/2012 1343925 % % % (e) INTEREST PAID THIS PERIOD RATE RATE RATE OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD DATE DUE DATE DUE \$2,700.00 (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* FORGIVEN FORGIVEN FORGIVEN PAID PAID □ PAID (b)
AMOUNT
RECEIVED
THIS PERIOD \$2,700.00 OUTSTANDING
BALANCE
BEGINNING THIS
PERIOD IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Mayor City of Bell FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) □ COM □ OTH □ PTY ☐ IND ☐ COM ☐ OTH ☐ PTY OF LENDER Garcia for Assembly 2012 AliH. Saleh Bell, CA 90201 QN

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(Total Column (b) plus unitemized loans less than \$100.) 1. Loans received this period.

(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.) 2. Loans paid or forgiven this period

Enter the net here and on the Summary Page, Column A, Line 2. 3. Net change this period. (Subtract Line 2 from Line 1.)

PTY-Political Party

OTH-Other

COM-Recipient Committee (other than PTY or SCC)

SCC-Small Contributor Committee

* Amounts forgiven or paid another party also must be reported on Schedule A.

DATE INCURRED

(Enter (e) on Schedule E, Line 3)

\$57,800.00

\$1,000.00

\$6,500.00

SUBTOTALS

□ COM □ OTH □ PTY

DATE DUE

þ

** If required.

(may be a negative number)

Net

FPPC Toll-Free Helpline: 866/ASK-FPPC



CALIFORNIA FORM FARR HOSTICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS FEB 2.8 2019 Trace Charles Cha

COVER PAGE TA

BY	;	

Please type or print in ink.			IJ I I I I I I I I I I I I I I I I I I
MANE OF FILER (LAST)		(FIRST)	(MICOLE)
Garcia	Maria		Cristina
1. Office, Agency, or Court		20000000000000000000000000000000000000	
Agency Name			
California State Assembly		W-Person 1	1127-14-17-17
Division, Board, Department, District, If applicable		Your Position	
District 56		Assemblymember	
► If filing for multiple positione, list below or on an atta-	ichment,		
Agency:		Position:	
2. Jurisdiction of Office (Check at least one both	 ex)		
State		☐ Judge or Court Commi	issioner (Statewide Jurisdiction)
Multi-County		County of	-
City of		·	
			
3. Type of Statement (Check at least one box)			
Annual: The period covered is January 1, 2012, the	hrough		e Left
December 31, 2012.		(Check one)	
The period covered is	, through	leaving office.	id is January 1, 2012, through the date of
Assuming Office: Date assumed		 The period covers the date of leaving 	od is, through g office.
Candidate: Election year	and office sought, if dif	fferent than Part 1;	
4. Schedule Summary			
Check applicable schedules or "None."	► Total r	number of pages (nc) uc	ling this cover page:
Schedula A-1 - Investments - schedule attached		Schedule C - Income, Loar	ns, & Business Positions – schedule attached
ScheifUle A-2 - Investments - schedule attached	Z	Schedule D • Income - Gift	
Schedule 8 - Real Property - schedule attached] Scheifule E - Income - Giff	ts - Travel Payments - schedule attached
☐ None -	-or- - No reportable interest:	's on any schedule	
		Variable Saline	
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l certify Under penalty of perjury Under the laws of t	the State of California	tha	
Date Signed 2/28/13	Sig	matu	
(matrix m) year			

CALIFORNIA FORM 700 FAME POLITICAL PRACTICES COMMUNICAL
Name
Asm. Cristina Garcia

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 6544-65461/2 Emil	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 7228-7230 Granger
CITY	СПУ
Bell Gardens	Bell gardans
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deod of Trust Easement
Leasohold	Leasohold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$6 - \$489 \$500 - \$1,000 \$1,001 - \$10,000	\$0 • \$499 \$500 • \$1,000 \$1,001 • \$10,000
\$10,001 - \$100,000 OVER \$100,000	☑ \$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.	Sources of Rental Income: If you own a 10% or greater finerest, list the name of each tenant that is a single source of income of \$10,000 or more.
₩ Nores	☐ None
	Angalica Romaro, Froylan and Martina Galicia
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CALIFORNIA FORM FOR RELITION PROJETS CONSESSES Name Asm. Cristina Garcia

ASSESSOR'S PARCEL NUMBER OR STREET ACCRESS 6338-6340 Gotham St.	SSESSOR'S PARCEL NUMBER OR STREET ADDRESS 6833-6635 A Jax
CITY	CITY
Bell Gardens	Bell Gardens
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 · \$10,000 1 10,001 · \$10,000 1 12 07 / 01/12	\$2,000 - \$10,000 \$10,000 - \$10,000 \$10,000 - \$10,000
110,001 - \$100,000	10,001 - 100,000
☑ \$100,001 - \$1,000,000 ACQUIRED DISPOSED ☐ Over \$1,000,000	▼ \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Doed of Trust Easement
	Total Total
Leasehold Other	Lactschokt Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 - \$1,001 - \$10,000	\$1,001 - \$10,000
\$10,001 - \$100,000 UVER \$100,000	☑ \$10,001 - \$100,000 □ OVER \$100,000
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income of \$10,000 or more.	lincoma of \$10,000 or more.
☑ None	☐ Nane
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ALAMA POR CORP.	
You are not required to report loans from commercia	lending Institutions made in the lender's regular course of
You are not required to report loans from commercial business on terms available to members of the public	I lending Institutions made in the lender's regular course of c without regard to your official status. Parsonal loans and
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CALIFORNIA FORM	700
Name	
Asm. Cristine Garcia	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADORESS						
5954-5958 1/2 Ludell St.	5962-64 Ludell St.						
CITY	СПУ						
Bell Gardens	Bell Gardens						
FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000	FAIR MARKE1 VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,005 - \$1,000,000 Cver \$1,000,000						
NATURE OF INTEREST	NATURE OF INTEREST						
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Leasehold	Leasahold Other						
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED						
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☑ \$10,001 - \$100,000 ☐ OVER \$100,000							
SOURCES OF RENTAL INCOME: 1/ you own a 10% or greater Interest, list the name of each renant that is a single source of income of \$10,000 or more. None Guitages Made Sogues	SOURCES OF RENTAL INCOME: If you own a 10% or greater finterest, fist the name of each tenant that is a single source of the tenant that is a single source of the source						
Miguel Gutlerrez, Maria Segure							
							
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AOORESS (Business Address Acceptable)	ADORESS (Business Address Acceptable)						
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENGER						
BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	BUSINESS ACTIVITY, IF ANY, OF LENOER INTEREST RATE TERM (Months/Years)						
	3 <u></u>						
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)						
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Monkhs/Years)						
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)						
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)						
INTEREST RATE TERM (Months/Years) ———————————————————————————————————	INTEREST RATE TERM (Months/Years)						

STATE OF THE STATE	
CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES CO	速用记录形
Name	
Asm. Cristina Garcia	

CITY	
Bell Gardens	спу Bell Gardens
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST ☑ Ownership/Deed of Trust ☐ Easement	NATURE OF INTEREST Ownership/Doed of Trust Easement
Leasehold	Leasehold
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$489 \$500 \ \$1,000 \$1,000 \$1,001 \ \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 UVER \$100,000	☑ \$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.	SDURCES OF RENTAL INCOME: 1/ you own a 10% or greater interest, fist the name of each tenant that is a single source of income of \$10,000 or more.
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ADORESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENGER	BUSINESS ACTIVITY, IF ANY, OF LENGER
INTEREST RATE TERM (Monkha/Yaars)	INTEREST RATE TERM (Months/Years)
%	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE OURING REPORTING PERIOD
\$500 - \$1,000 [] \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 DVER \$100,000	\$10,001 - \$100,000 DVER \$100,000
	Guarantor, if applicable
Guarantor, if applicable	1

CALIFORNIA FORM	700
Name	
Asm. Cristina Garcia	

A COCCOOR Dinner Williams on Conset 160050	A ASSESSORIS DADOS ANDRED OR STORET ACCOUNTS
ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 5701-5707 Fostoria	► ASSESSOR'S PARCEL NUMBER OR STREET ACCRESS
CITY	спу
Bell Gardens	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST OATE: \$2,000 - \$10,000
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RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

6340 GOTHAM ST BELL GARDENS CA 90201

THIS SPACE FOR RECORDER'S USE ONLY: **GRANT DEED** AP#: 6227-031-008 THE UNDERSIGNED GRANTOR(S) DECLARE(S) **DOCUMENTARY TRANSFER TAX is \$0.00** [X] computed on full value of property conveyed, or [] computed on full value less value of liens or encumbrances remaining at time of sale. [] Unincorporated area [X] City of BELL GARDENS AND FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, HERMELINDA RUIZ, a Single Woman hereby GRANT(s) to: CRISTINA GARCIA, a Single Woman the real property in the City of BELL GARDENS, County of Los Angeles, State of California, described as: Lot 6 of Block 1 of Tract No. 11116, in the City of BELL GARDENS, County of Los Angeles, State of California, as per Map recorded in Book 198, Pages 4 and 5 of Maps, in the Office of the County Recorder of said County. Also Known as: 5701-5707 1/2 FOSTORIA ST, BELL GARDENS, CA 90201 "THIS IS A BONAFIDE GIFT & THE GRANTOR RECEIVED NOTHING IN RETURN, R&T 11911." Dated May 4, 2015 A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA COUNTY OF LOS P 14/15 before me. IACQUEZINE DE SANTIAGO A Notary Public personally who proved to me on the basis of satisfactory evidence to be the person(s) whose appeared HERMEUNDA name(s) [sere subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/ney(their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

(Seal)

JACQUELINE DE SANTIAGO COMM. #1987690 NOTARY PUBLIC • CALIFORMA LOS ANGELES COUNTY Comm. Exp. SEPT. 7, 2016

MAIL TAX STATEMENTS TO PARTY SHOWN BELOW; IF NO PARTY SHOWN, MAIL AS SHOWN ABOVE:

FN 12

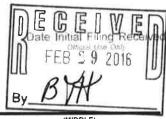
Signature

WITNESS my hand and official seal.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS





Please type or print in ink.

Agency Name (Do not use acronyms) California State Assembly Division, Board, Department, District, if applicable	Maria	Cristina
Agency Name (Do not use acronyms) California State Assembly		
California State Assembly		
Division Board Department District if applicable		
Division, board, Department, District, it applicable	Your Position	
District 58	Assemblymemb	oer
▶ If filing for multiple positions, list below or on an attact	chment. (Do not use acronyms)	.3:
	0	OT IN
Agency:	Position:	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Jurisdiction of Office (Check at least one box	()	72 C.W.
✓ State	☐ Judge or Court Co	mmissioner (Statewide Jurisdiction)
Multi-County	County of	2 975
City of		ت : الله عنوان الله الله الله الله الله الله الله ال
City of		28 55
Type of Statement (Check at least one box)		2
Annual: The period covered is January 1, 2015, the December 31, 2015.	rough Leaving Office: (Check one)	Date Left/
The period covered is/	, through O The period covered leaving office.	vered is January 1, 2015, through the date of
Assuming Office: Date assumed/	The period countries of the date of lea	vered is/, through viring office.
Candidate: Election year	and office sought, if different than Part 1:	N .
Schedule Summary (must complete) Schedules attached	> Total number of pages including th	is cover page:
☐ Schedule A-1 - Investments — schedule attached ☐ Schedule A-2 - Investments — schedule attached ☐ Schedule B - Real Property — schedule attached	Schedule D - Income - G	ans, & Business Positions – schedule attached ifts – schedule attached ifts – Travel Payments – schedule attached
Or- ☐ None - No reportable interests on any so	hedule	

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Cristina Garcia

FAIR MARKET VALUE
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 15
\$2,000 - \$10,000
Ownership/Deed of Trust Easement Leasehold
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 o income of \$10,000 or more.
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$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 o income of \$10,000 or more.
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source o income of \$10,000 or more.
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source o income of \$10,000 or more.
Interest, list the name of each tenant that is a single source of income of \$10,000 or more.
ng institutions made in the lender's regular course of out regard to your official status. Personal loans and 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

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Cristina Garcia

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	A AGEGRAPHIC BARGEL MUMBER OF STREET ABBRECO
7000 7000 0	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7228-7230 Granger	6338-6340 Gotham Street
CITY	CITY
Bell Gardens, Ca	Bell Gardens
FAIR MARKET VALUE IF APPLICABLE, LIST DATE- \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 1500,001 1500,000 1500,
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$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	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	
, t	
You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business.	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of business.	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of busi	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
business on terms available to members of the public loans received not in a lender's regular course of businame of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans and ness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of business name of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whighest Balance during reporting period \$500 - \$1,000 \$1,001 - \$10,000	without regard to your official status. Personal loans and ness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

FPPC Form 700 (2015/2016) Sch. B FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	
Name	
Cristina Garcia	

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5954-5958 1/2 Ludell Street	5962-64 Ludell St.
	CITY
CITY	0 1
Bell Gardens, Ca	Bell Gardens, Ca
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 15 15 15 15 15 15
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	✓ Ownership/Deed of Trust ☐ Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
✓ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$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.	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	None s
L. None	II and the second
Miguel Gutierrez, Maria Sagura	
Miguel Gutierrez, Maria Sagura	
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows:
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
Miguel Gutierrez, Maria Sagura You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	I lending institutions made in the lender's regular course of c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Ca Foundation on the Environment and the Economy	Ca Foundation on the Environment and the Economy
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Pier 35 Suite 202	Pier 35 Suite 202
CITY AND STATE	CITY AND STATE
San Francisco, Ca 94133	San Francisco
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 03 / 05 / 15 03 / 06 / 15 AMT: \$ 578.41	DATE(S): 10, 16, 15 10, 28, 15 AMT: \$ 14,348.25
▶ MUST CHECK ONE: ☑ Gift -or- ☐ Income	► MUST CHECK ONE:
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Sonoma, Ca	Australia
► NAME OF SOURCE (Not an Agronym)	▶ NAME OF SOURCE (Not an Acronym)
Ca Foundation on the Environment and the Economy	Ca Foundation on the Environment and the Economy
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Pier 35 Suite 202	Pier 35 Suite 202
CITY AND STATE	CITY AND STATE
San Francisco, Ca 94133	San Francisco, Ca 94133
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11,19,15 11,20,15 AMT: \$558.89	DATE(S): 01, 29, 15 01, 30, 15 AMT \$ 598.35
► MUST CHECK ONE: Gift -or- Income	MUST CHECK ONE: ☑ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Carlsbad, Ca	Napa, Ca
•	
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
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 \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

3	
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Taipei Economic and Cultural Office in LA	California Independent Petroleum Association
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
3731 Wilshire Blvd #700	1001 K Street Sixth Floor
CITY AND STATE	CITY AND STATE
Los Angeles, Ca 90010	Sacramento, Ca 95814
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 07 / 26 / 15 08 / 01 / 15 AMT: \$ 17,000.00	DATE(S): 12, 10, 15 12, 11, 15 AMT: \$ 748.24
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Talwan	North Beach, Ca
▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	▶ If Gift, Provide Travel Destination
Comments:	

Schedule D Income - Gifts

<BLUE> is a required field

CALIFORNIA FORM
FAR POLITICAL PRACTICES COMMI

Cristina Garcia

Name

NAME OF SOURCE	ADDRESS OF SOURCE (Bushess Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
California Dem Party	1830 9th Street Sacramento, ca 95811	95814		01/27/15	\$ 35.21	21 Lunch
California Dem Party	1830 9th Street Sacramento, ca 95811	95814		02/03/15	\$ 44	44.99 Lunch
California Dem Party	1830 9th Street Sacramento, ca 95811	95814		02/03/15	\$ 144.38	38 Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024	Za 92024		1/28/2015	\$ 55.37	37 Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024	Ca 92024		1/5/2015	\$ 38.88	88 Personalized card holder
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024	Sa 92024		02/03/15	\$ 67.76	Personalized jacket
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024	Ja 92024		02/12/15	\$ 89.	89.53 Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024	Za 92024		02/17/15	\$ 80.	80.19 Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024	Sa 92024		05/18/15	\$ 16.73	73 Receptio
Toni Atkins for State Assembly	330 Encinitas Bívd. Ste. 101 Encinitas, Ca 92024	Za 92024		03/11/15	\$ 21.27	27 Food and beverage
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024	Ca 92024	٠	09/09/15	\$ 71.	71.42 Dinner
Sempra Energy and Utilities	925 L Street Suite 650 Sac, Ca	95814		01/14/15	\$ 231.	231.50 Dinner
Sempra Energy and Utilities	925 L Street Suite 650 Sac, Ca	95814		03/06/15	\$ 100.	100.00 Event Ticket
Sempra Energy and Utilities	925 L Street Suite 650 Sac, Ca	95814		07/23/15	\$ 139.90	90 Dinner
The Latino Legislative Caucus	777 S Figueroa St. Suite 4050 LA. ca	90017		02/24/25	\$ 185.	185.16 Meals
The Latino Legislative Caucus		90017			1	
Foundation	777 S. Figueroa St. Suite 4050 LA, ca	11000		02/26/15	\$ 40.	40.89 Poster
Women in California Leadership	400 Captiol Mall 22nd Floor Sac, Ca	9000		01/05/15	\$ 83.	83.31 Food and beverage
Women in California Leadership	400 Captiol Mall 22nd Floor Sac. Ca	95814		03/09/15	\$ 15.37	37 Label Pin
Eggman for Assembly	5429 Madison Ave, Sac, ca	95841		02/14/15	\$ 57.09	
Eggman for Assembly	5426 Madison Ave, Sac, Ca	95841		08/24/15	\$ 9,20	Meals
Verizon	1201 K Street Suite Suite 1980 Sac, Ca 95814	95814		4/21/2015	\$ 12.	12.58 Dinner
Verizon	1201 K Street Suite Suite 1980 Sac, Ca 95814	90		05/26/15	\$	65.00 Roast ticket
Forest Foundation	1215 K Street Suite 1835 Sac, Ca	95814		05/14-15/15	.4	Food and lodging
Latino Caucus Leadership Pac	777. Figueroa Street Suite 4050 LA	90017		05/03/15	\$ 61.01	jacket

<BLUE> is a required field

NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	>	VALUE	DESCRIPTION OF GIFT(S)
Commerce Hotel and Casino	6131 Telegraph Road, Commerce Ca	90040	07/17/15	S	100.00	Program Ticket
Planned Parenthood Advocacy Project Los Angeles County	400 W. 30th Street Los Angeles, Ca	20006	10/01/15	200	100.00	Program Ticket
Human Services Association	6800 Florence Ave, Bell Gardens Ca	90201	05/07/15	so.	150.00	Program Ticket
Apple Inc.	1 infinate Loop Cupertino, Ca	95014	07/14/15	S	65.57	meal
	W. T. S.					
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FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov



SCHEDULE D Income - Gifts G



NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)		
Rendon for Assembly 2016 ADDRESS (Business Address Acceptable)		ADDRESS (Business	s Address Acceptable)	
605 Long Beach Blvd. Suite 426	Long Beach CA				
BUSINESS ACTIVITY, IF ANY, OF SOURCE		DI ISINESS ACTIVIT	Y, IF ANY, OF SOUR	ne .	
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BOSINESS ACTIVIT	1, IF ANT, OF SOUR	OL.	
DATE (mm/dd/yy) VALUE DE	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF	GIFT(S)
12,18,15 \$ 94.09 R	eception and gift bag		\$		
	100-0-10		\$	- 5	*
/			\$		크는
					rei f
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	ى ح	92 V
ADDRESS (Business Address Acceptable)		ADDRESS (Business	s Address Acceptable	ಲ	100
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVIT	Y, IF ANY, OF SOUR	CE CO	Š.
DATE (mm/dd/yy) VALUE DE	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF	GIFT(S)
			\$		
			\$		
\$			\$		
NAME OF SOURCE (Not an Acronym)		Filer's Verifica			
ADDRESS (Business Address Acceptable)	-	Print Name Maria Office, Agency or Court Cal			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	-		2015/2016 Annua		Leaving
DATE (mm/dd/yy) VALUE DE	ESCRIPTION OF GIFT(S)	•	Annual	Candidate	_
		I have used all reason reviewed this statement contained herein and	ent and to the best o	of my knowledge t	ne information
		I certify under pen California that the			the State of
\$		Date Signed		29/2016 day, year)	
	ļ	. not o digitation of	1	~	
Comments:					

FPPC Form 700 (2015/2016) Sch. D FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in ink	¥.	Date Stamp	CALIF	CALIFORNIA 460 FORM FORM
	Statement covers period from 01/01/2012	Date of election if applicable: (Month, Day, Year)		Page 1	1 of 24 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through_03/17/2012	06/05/2012			
1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4. ■ Officeholder, Candidate Election Committee ● State Candidate Election Committee ○ State Candidate Election Committee ○ Recall (Also Complete Part 5.) ○ Sponsored ○ Small Contributor Committee ○ Primary Formed Candidate/ ○ Small Contributor Committee ○ Recall ○ Sponsored ○ Sponsored	ttees - Complete Parts 1,2,3, and 4. Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: Pre-election Statement Semi-annual Statement Termination Statement Amendment (Explain below) Amend Summary Page, Sch. A, B,C, E, F, I	t elow) 3,C, E, F, I	Quarterly Special C Supplem Statemer	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Garcia for Assembly 2012 STREET ADDRESS (NO P.O. BOX)	I.D.NUMBER 1343925	Treasurer(s) NAME OF TREASURER Cristina Garcia MAILING ADDRESS		T-	
CITY Long Beach CA 90807 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	DE AREA CODE/PHONE (562)427-2100	CITY Bell Gardens NAME OF ASSISTANT TREASURER, IF ANY	STATE CA F ANY	ZIP CODE 90201	AREA CODE/PHONE (213) 215-2621
CITY STATE ZIP CODE	DE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS		CITY OPTIONAL: FAX/E-MAIL ADDRESS	STATE	ZIP CODE	AREA CODE/PHONE
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete I certify under negative of perions of the State of California that the foregoing is true and correct.	reviewing this statement and to the build	best of my knowledge the informatic	n contained here	ein and in the at	ached schedules

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erein and in the attached schedules								FPPC Form 460 (June/01)	FPPC IOII-Free Helpline: 866/ASK-FPPC
have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.	ByMs, Cristina Garcia	SIGNATURE OF TREASURER OR ASSISTANT TREASURER	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	BA	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	ABA	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Il reasonable diligence	mplete. I certify under p				DATE		DATE		DATE
I have used a	is true and co	Executed on 07/31/2013		Executed on		Executed on		Executed on	ĵ



5. Officeholder or Candidate Controlled Committ	Committee	6. Ballot Measure Committee	nmittee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Cristina Garcia	3				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought:	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET) CIT	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	holder, candidate, or	state measure propor	ent, if any.
Bell Gardens	dens CA 90201	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	NDATE, OR PROPONENT	Ĺ	
Related Committees Not Included in this Statement: List any comn not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.	tement: List any committees primarily formed to receive acy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	λΝŁ
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed Committee which this committee is primarily formed.		List names of officeholder(s) or candidate(s) Ffor	ır candidate(s) Ffor
		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
NAME OF TREASURER	CONTROLLED COMMITTEE?		s .		SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	al a			OPPOSE
		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	Tangails
COMMITTEE NAME	LD:NOMBEH				OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)					
		426#4	Attach continuation chapte if naraceary	fnoroccarv	
CITY STATE ZIP CODE	ODE AREA CODE/PHONE				

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California



5. Officeholder or Candidate Controlled Committ	Committee	6. Ballot Measure Committee	-	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
CINITING GATCIA OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF State Assembly District 58	T NUMBER IF APPLICABLE) Jy District 58	BALLOT NO, OR LETTER JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO, AND STREET)	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ite, or state measure propor	ent, if any.
Bell Gardens	dens CA 90201	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ONENT	
Related Committees Not Included in this Statement: List any commot included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.	tement: List any committees primarily formed to receive lacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	λΝΥ
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed Committee which this committee is primarily formed.	List names of officeholder(s) or candidate(s) Ffor	r candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SLIPPOBT
CITY STATE ZIPC	ZIP CODE AREA CODE/PHONE			OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	ZID CODE AREA CODE/PHONE	Attach continuation sheets if necessary	neets if necessary	
III K				

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Itement	
isclosure Sta	age
Campaign D	Summary Pa

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

Garcia for Assembly 2012	Column A	Column B	1343925 Calendar Year Summary for Candidates	Candidates
Contributions Received	TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	CALENDAR YEAR TOTAL TO DATE	Running in Both the State Primary and General Elections	rimary and
Monetary Contributions	\$18,115.00	\$18,115.00		
	\$5,800.00	\$5,800.00	1/1 through 6/30	7/1 to Date
	\$23,915.00	\$23,915.00	20. Contribution \$.00 Received	\$.00
Nonmonetary Contributions	\$0.00	\$0.00	oor illinood 1	
TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3+4	\$23,915.00	\$23,915.00	Made \$5.00	\$.00
Expenditures Made			Expenditure Limit Summary for State	for State
Payments Made	\$16,047.70	\$16,047.70	Candidates	
Loans MadeSchedule H, Line 7	\$0.00	\$0.00	22. Cumulative Expenditures Made*	tures Made*
AYMENTS	\$16,047.70	\$16,047.70	(If Subject to Voluntary Expenditure Limit)	nditure Limit)
Sch	\$12,095.62	\$12,095,62	Date of Election	Total to Date
	\$0.00	80.00	(((((((((((((((((((((((((((((((((((((((
TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$28,143.32	\$28,143.32	6/5/2012 \$17.010.48	48
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16	80.00	To calculate Column B, add amounts in Column A to the	Ĭ	
	\$23,915.00	corresponding amounts from Column B of your last		
 Miscellaneous Increases to Cash	\$16,047.70	report. Some amounts in Column A may be negative		
Add Lines 12 + 13 + 1	\$7,867,57	figures that should be subtracted from previous		
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	80.00	for this calendar year, only carry over the amounts		
ng D	00 00	from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.	his section may b Numn B.
8. Cash Equivalents	\$0.00		Control (March 1997)	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

\$17,895.62

Add Line 2 + Line 9 in Column B above

19. Outstanding Debts

Monetary Contributions Received Schedule A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.
Amounts may be rounded to whole dollars.

of 24 CALIFORNIA FORM 1.D. Number Page 5 Statement covers period 01/01/2012 through 03/17/2012

from

SCHEDULE A

7.7	PER ELECTION TO DATE (IF REQUIRED)	2012P: \$2,000.00		2012P: \$250.00	2012P: \$3,900.00	2012P: \$500.00	-	
6245451	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC, 31)	\$2,000.00		\$250.00	\$3,900.00	\$500.00		
	AMOUNT RECEIVED THIS PERIOD	\$2,000.00		\$250.00	83,900,00	\$500.00		
	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	None Homemaker		СЕО		Quantum Real Estate Realtor	24	SUBTOTAL
	CONTRIBUTOR CODE *	■ C	PTY Scc	IND COM OTH PTY SCC	COM OTH SCC	IND COM OTH PTY SCC	OOM SCC	
y 2012	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	LauraAlice Achucarro Bell, CA 90201		Aivaro Ballesteros Glendale, CA 90026	Bell, CA 90201	Iqbal Butt Los Angeles, CA 90015	***INTERMEDIARY*** PayPal San Jose, CA 95131	
Garcia for Assembly 2012	DATE RECEIVED	3/17/2012	-	3/11/2012	3/17/2012	3/16/2012		

Schedule A Summary

- (Include all Schedule A subtotals.) 1. Amount received this period - contributions of \$100 or more.
- 2. Amount received this period unitemized contributions of less than \$100
- 3. Total monetary contributions received this period.

PTY - Political Party SCC - Small Contributor Committee (other than PTY or SCC) COM - Recipient Committee *Contributor Codes IND - Individual OTH - Other

\$16,750.00

\$1,365.00

\$18,115.00

FPPC Toll-Free Helpline: 866/ASK-FPPC

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	Loal

SEE INSTRUCTIONS ON REVERSE

Garcia for Assembly 2012

NAME OF FILER

Amounts may be rounded Type or print in ink. to whole dollars.

SCHEDULE B - PART 1

CALIFORNIA

Statement covers period

01/01/2012

from

FORM

24 ₽

Page 15

03/17/2012

through

I.D. NUMBER

1343925

(9) CUMULATIVE CONTRIBUTIONS TO DATE

ORIGINAL AMOUNT OF LOAN

(e) INTEREST PAID THIS PERIOD

OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

(c)
AMOUNT PAID
OR FORGIVEN
THIS PERIOD*

(b) AMOUNT RECEIVED THIS PERIOD

BALANCE BEGINNING THIS PERIOD

OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)

Professor LA Community College

(a) OUTSTANDING

ENTER

IF AN INDIVIDUAL,

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

OF LENDER

Bell Gardens, CA 90201

Cristina Garcia

CALENDAR YEAR

PER ELECTION** 2012P: \$5,800.00

\$5,800.00

\$2,300.00

%

\$2,300.00

PAID

FORGIVEN

RATE

PER ELECTION** 2012P: \$5,800.00

\$5,800.00

\$3,500.00

%

\$3,500.00

PAID

Professor LA Community College

■ IND □ COM□ OTH □ PTY

Cristina Garcia Bell Gardens, CA 90201

FORGIVEN

\$3,500.00

■ IND □ COM□ OTH □ PTY □ SCC

RATE

CALENDAR YEAR

DATE INCURRED

3/17/2012

PER ELECTION**

DATE INCURRED

CALENDAR YEAR

DATE INCURRED

DATE DUE

6/7/2012

\$2,300.00

1/27/2012

% RATE DATE DUE DATE DUE \$5,800.00 6/7/2012

FORGIVEN

PAID

(Enter (e) on Schedule E, Line 3)		\$0.00	another party also must be reported on Schedule A.
Schedule B Summary 1. Loans received this period:	(Total Column (b) plus unitemized loans less than \$100.)	2. Loans paid or forgiven this period	(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)

\$5,800.00

SUBTOTALS

□ сом □ отн □ рту

QN. □

PTY-Political Party OTH-Other COM-Recipient Committee (other than PTY or SCC) *Contributor Codes IND-Individual (

Enter the net here and on the Summary Page, Column A, Line 2.

3. Net change this period. (Subtract Line 2 from Line 1.)

SCC-Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC

** If required,

\$5,800.00 (may be a negative number)

Net

Z (L

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in ink.	¥.	Date Stamp	CALI	COVER PAGE 507/02 460
	Statement covers period from 03/18/2012	Date of election if applicable: (Month, Day, Year)		Page 1	1 of 30
SEE INSTRUCTIONS ON REVERSE	through 05/19/2012				
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Officeholder, Candidate Election Committee	All Committees - Complete Parts 1,2,3, and 4. nmittee Ballot Measure Committee Primary Formed Controlled Sponsored Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: □ Pre-election Statement ■ Semi-annual Statement □ Termination Statement □ Amendment (Explain below) Amend Summary Page, Sch. A, B,C, E, F, G, I	t t below) B,C, E, F, G, I	Quarterly Special C Supplem Statemer	Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Garcia for Assembly 2012	I.D.NUMBER 1343925	Treasurer(s) NAME OF TREASURER Cristina Garcia			٠
STREET ADDRESS (NO P.O. BOX)	8	MAILING ADDRESS			
CITY Long Beach CA 90807 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	DE AREA CODE/PHONE (562)427-2100	CITY Bell Gardens NAME OF ASSISTANT TREASURER, IF ANY	STATE CA .IF ANY	ZIP CODE 90201	AREA CODE/PHONE (213) 215-2621
CITY STATE ZIP CODE	DE AREA CODE/PHONE	MAILING ADDRESS			
OPTIONAL: FAX/E-MAIL ADDRESS		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	-	OPTIONAL: FAX/E-MAIL ADDRESS			

4. Verification

ached schedules

PPC Form 460 (June/01) Helpline: 866/ASK-FPPC State of California

NAME OF DETICEROLDER OR CANDIDATE NAME OF DETICEROLDER OR CANDIDATE NAME OF DETICEROLDER OR CANDIDATE Sought: Sough	5. Officeholder or Candidate Controlled Committee	Committee	6. Ballot Measure Committee		
THE SUBJECT NOW BEEN IF APPLICABLE) STATE	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
SE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) SHEET STATE STATE ZIP DENITIAL/BUSINESS ADDRESS (NO. AND STREET) STATE STATE ZIP CONTROLLED COMMITTEE AME OF THE SUBER STATE ZIP CODE MITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) MAKE OF OFFICEHOLDER OR CANDIDATE OFFICEHOL	Cristina Garcia	X	2		
DENTIAL/BUSINESS ADDRESS (NO. AND STREET) STATE SIATE S	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT Sought:	(PPLICABLE)			SUPPORT
ated Committees Not Included in this Statement: List any committees Not Included in this Statement: List any committees Not Included in this statement that are controlled by you or are primarily formed to receive ibutions or to make expenditures on behalf of your candidacy. MITTEE NAME STATE STATE STATE CONTROLLED COMMITTEE? STATE STATE CONTROLLED COMMITTEE? STATE STATE CONTROLLED COMMITTEE? STATE CONTROLLED COMMITTEE? STATE STATE CONTROLLED COMMITTEE? NAME OF OFFICEHOLDER OR CANDIDATE NAME OF OFFICEHOLDER OR CANDIDA		STATE	Identify the controlling officeholder, can	didate, or state measure propor	nent, if any.
statement that are controlled in this Statement that are controlled by you or are primarily formed to receive butions or to make expenditures on behalf of your candidacy. T. Primarily Formed Committee MITTEE NAME I.D.NUMBER AME OF OFFICEHOLDER OR CANDIDATE OONTROLLED COMMITTEE? STATE ZIP CODE AREA CODE/PHONE NAME OF OFFICEHOLDER OR CANDIDATE ONAME OF OFFICEHOLDER OR CANDIDATE MITTEE NAME I.D.NUMBER NAME OF OFFICEHOLDER OR CANDIDATE ONAME OF OFFICEHOLDER OR CANDIDATE E OF TREASURER I.D.NUMBER NAME OF OFFICEHOLDER OR CANDIDATE ONAME OF OFFICEHOLDER OR CANDIDATE E OF TREASURER I.D.NUMBER NAME OF OFFICEHOLDER OR CANDIDATE ONAME OF OFFICEHOLDER OR CANDIDATE	Bell Gard	CA	NAME OF OFFICEHOLDER, CANDIDATE, OR F	PHOPONENT	
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MITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) MITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) E OF TREASURER STATE STA	COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed Committe which this committee is primarily formed.	List names of officeholder(s) or candidate(s) Ffor	or candidate(s) Ffor
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MITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) STATE ZIP CODE AREA CODE/PHONE	NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
	MITTEE ADDRESS STREET ADDRESS (NO P.O.BOX) STATE		Attach continuatio	n sheets if necessary	

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page - Part 2



COVER PAGE - PART 2

5. Officeholder or Candidate Controlled Commit	Committee	6. Ballot Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE Crictina Garria		NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF State Assembly District 58	5T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ate, or state measure propor	nent, if any.
Bell Gardens	rdens CA 90201	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ONENT	
Related Committees Not Included in this Statement: List any comn not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.	Itement: List any committees primarily formed to receive dacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	ANY
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed Committee which this committee is primarily formed.	List names of officeholder(s) or candidate(s) Ffor	or candidate(s) Ffor
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE			OPPOSE
COMMITTEE NAME	I.D.NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			2.	
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attach continuation sheets if necessary	neets if necessary	

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

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Campai	Summa

Campaign Disclosure Statement	Type or print in ink.	>	SUMMARY PAGE
Summary Page	Amounts may be rounded	Statement	Statement covers period CALIFORNIA / CALIFORNIA
	to whole donars.	from 03/18/2012	FORM
SEE INCIDING ON DEVEDGE		through 05/19/2012	2012 Page 4 of 30
NAME OF FILER Garcia for Assembly 2012			I,D. NUMBER 1343925
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1 Monetary Contributions Schedule A. Line 3	\$26,040.00	\$44,155.00	General Elections
	\$45,000.00	\$50,800.00	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS	\$71,040.00	\$94,955,00	20. Contribution \$.00 S.00
4. Nonmonetary Contributions	\$4,584.41 \$75,624.41	\$4,584.41	21. Expenditures \$.00 \$.00
Expenditures Made 6. Payments Made Schedule E, Line 4	\$60,291.42	\$76,339.12	Expenditure Limit Summary for State Candidates
oans Made	\$0.00	\$0.00	22. Cumulative Expenditures Made*
SUBTOTAL CASH PAYMENTS	\$60,291.42	\$76,339.12	(If Subject to Voluntary Expenditure Limit)
Accrued Expenses (Unpaid Bills)	\$55,024.38	\$67,120.00	Date of Election Total to Date
	\$4,584.41	\$4,584.41	(88 (70)(1111)
TOTAL EXPENDITURES MADEA	\$119,900.21	\$148,043.53	6/5/2012 \$134,167.90
Current Cash Statement			£1
12. Beginning Cash Balance Previous Summary Page, Line 16	57,867.57	To calculate Column B, add	
Cash Receipts	\$71,040.00	amounts in Column A to the corresponding amounts	
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$11.95	from Column B of your last	
15. Cash Payments		Column A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$18,628.10	subtracted from previous period amounts. If this is	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	80.00	for this calendar year, only carry over the amounts	
ts and Outstanding D	1 0	from Lines 2, 7, and 9 (if any).	*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.
18. Cash Equivalents See instructions on reverse	\$117,920.00		N=
			FPPC Form 460 (June/01)

5) NJ

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

Garcia for Assembly 2012

NAME OF FILER

Amounts may be rounded to whole dollars.

460

CALIFORNIA

Statement covers period

03/18/2012

from

FORM

30 5

05/19/2012

through.

I.D. NUMBER Page 14

1343925

SCHEDULE B - PART

Type or print in ink.

DATE INCURRED DATE INCURRED \$15,000.00 3/17/2012 3/29/2012 % RATE RATE DATE DUE DATE DUE 12/31/2012 \$15,000.00 6/7/2012

PAID

Professor LA Community College

■IND □ COM□ OTH □ PTY □ SCC

Cristina Garcia Bell Gardens, CA 90201

FORGIVEN

\$15,000.00

PER ELECTION** 2012P: \$51,100.00

\$50,800.00

CALENDAR YEAR

PER ELECTION** 2012P: \$51,100.00

\$50,800.00

\$3,500.00

%

\$3,500.00

PAID

Professor LA Community College

■ IND □ COM □ OTH □ PTY

Cristina Garcia Bell Gardens, CA 90201

FORGIVEN

\$3,500.00

CALENDAR YEAR

DATE INCURRED

DATE DUE

6/7/2012

\$2,300.00

1/27/2012

PER ELECTION** 2012P: \$51,100.00

\$50,800.00

\$2,300.00

%

\$2,300.00

□ PAID

FORGIVEN

RATE

(g) CUMULATIVE CONTRIBUTIONS TO DATE

ORIGINAL AMOUNT OF LOAN

(e) INTEREST PAID THIS PERIOD

OUTSTANDING
BALANCE AT
CLOSE OF THIS
PERIOD

(c)
AMOUNT PAID
OR FORGIVEN
THIS PERIOD*

(b) AMOUNT RECEIVED THIS PERIOD

OUTSTANDING BALANCE BEGINNING THIS PERIOD

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF-EMPLOYED, ENTER
NAME OF BUSINESS)

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

OF LENDER

Cristina Garcia Bell Gardens, CA 90201

Professor LA Community College

CALENDAR YEAR

		Schedule E, Line 3)
1 Loans received this period	\$45,000.00	

SUBTOTALS

□ COM □ OTH □ PTY

QN

(Include loans paid by a third party that are also itemized on Schedule A.) (Total Column (c) plus loans under \$100 paid or forgiven.) (Total Column (b) plus unitemized loans less than \$100.) 2. Loans paid or forgiven this period

3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.

COM-Recipient Committee (other than PTY or SCC) *Contributor Codes IND-Individual

PTY-Political Party OTH-Other

SCC-Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

** If required.

may be a negative number)

\$45,000.00

Net

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* Amounts forgiven or paid another party also must be reported on Schedule A.

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Scnedule b - Part 1 Loans Received		Amo	Amounts may be rounded to whole dollars.	pep	Statement covers period from 03/18/2012	vers period	CALIFORNIA 460	460 460
SEE INSTRUCTIONS ON REVERSE					through 05/19/2012	012	Page 15 of 30	of 30
NAME OF FILER Garcia for Assembly 2012			_				I.D. NUMBER 1343925	
				19				
	CLE LA COMPANIE COMPA	(a)	(q)	(၁)	(p)	(e)	(4)	(6)

	\$30,000,00	1	5/3/2012 DATE INCURRED	CALENDAR YEAR	PER ELECTION"	DATE INCURRED	CALENDAR YEAR	PER ELECTION**	DATE INCURRED	Service Services
PERIOD	6	RATE 70			RATE %			HATE %		
CLOSE OF THIS PERIOD	830 000 00		12/31/2012 DATE DUE			DATE DUE		Ĭ	DATE DUE	\$50,800.00
THIS PERIOD*	PAID	FORGIVEN		PAID	FORGIVEN		PAID	FORGIVEN		
RECEIVED THIS PERIOD		ı	\$30,000.00			(*				\$45,000.00
BALANCE BEGINNING THIS PERIOD										SUBTOTALS
OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Professor LA Community College	×				V-1				
OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	Cristina Garcia Bell Gardens, CA 90201	1	■ IND □ COM□ OTH □ PTY □ SCC	4		□IND □ COM□OTH □PTY □ SCC			☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC	

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. Loans received	Fotal Column
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2. Loans paid or forgiven this period	(Total Column (c) plus loans under \$100 paid or forgiven.)	(Include loans paid by a third party that are also itemized on Schedule A.)
2. Lo	(Total	(Inclu

3. Net change this period. (Subtract Line 2 from Line 1.)	Enter the net here and on the Summary Page, Column A, Line 2.

OTH-Other COM-Recipient Committee (other than PTY or SCC) *Contributor Codes IND-Individual (

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

** If required.

(may be a negative number)

Net

* Amounts forgiven or paid by another party also must be reported on Schedule A.

(Enter (e) on Schedule E, Line 3)

5124

OFFICE OF GENERAL COUNSEL

JEFFREY M. PRIETO General Counsel

KEVIN D. JETERAssociate General Counsel

ANNE L. DIGA Associate General Counsel

ERIC C. KIM
Associate General Counsel



LOS ANGELES COMMUNITY COLLEGES OFFICE OF GENERAL COUNSEL 770 Wilshire Boulevard Los Angeles, California 90017 (213) 891-2188 • Fax (213) 891-2138

January 30, 2018

SENT VIA US MAIL

Geoffrey Andersen 3208 San Jose Avenue Alameda, CA 94501

RE: Response to California Public Records Act Request

Dear Mr. Andersen:

We are in receipt of your California Public Records Act request, received in LACCD Office of General Counsel on January 25, 2018. This letter is in response to your request for information relating to the employment history of Assemblywoman Cristina Garcia, as specifically indicated below:

- 1. "Start and stop dates of all periods of Ms. Garcia's employment by any public school in the Los Angeles Community College District (the "District") from 2001 to present, including records that specify whether Ms. Garcia's employment was full-time or part-time. Please also include records related to number of hours worked, and Ms. Garcia's credential/permit status during her period(s) of employment."
- 2. "Names of any schools or colleges in the District Ms. Garcia worked at, and/or any district-level programs she may have worked for, including dates worked."
- 3. "Any salary, as well as pensions, bonuses, reimbursements, and expenses paid (travel, professional, etc.), paid to or on behalf of Ms. Garcia during each year of her employment."

We have determined that there are no documents or information pertinent to your request. Please do not hesitate to contact us if we can be of further assistance.

Sincerely,

Cynthia E. Trammell

Paralegal

Dociniont Committee			-	COVER PAGE
Campaign Statement (Government Code Sections 84200-84216.5)	Type or print in ink.	ik.	Date Stamp	CALIFORNIA 460
	Statement covers period from 01/01/2016	Date of election if applicable: (Month, Day, Year)		Page 1 of 66 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 04/23/2016	06/07/2016		
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5.) General Purpose Committee Sponsored Small Contributor Committee Delitical Party/Central Committee	All Committees - Complete Parts 1,2,3, and 4. nmittee Ballot Measure Committee O Primary Formed O Controlled O Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	2. Type of Statement: Pre-election Statement Semi-annual Statement Termination Statement Amendment (Explain below) Amend Summary Page, Schedule A, E, F	nt: ent ent ent n below)	☐ Quarterly Statement☐ Special Odd-Year Report☐ Supplemental Preelection☐ Statement - Attach Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Cristina Garcia for Assembly 2016 STREET ADDRESS (NO P.O. BOX)	I.D.NUMBER 1373564	Treasurer(s) NAME OF TREASURER Cristina Garcia MAILING ADDRESS		
CITY Long Beach CA 90807 MAILING ADDRESS (IF DIFFERENT) NO, AND STREET OR P.O. BOX	DE AREA CODE/PHONE (562)427-2100	CITY Long Beach NAME OF ASSISTANT TREASURER, IF ANY	STATE CA	ZIP CODE AREA CODE/PHONE 5624272100
CITY STATE ZIP CODE Sacramento CA 95814	DE AREA CODE/PHONE	MAILING ADDRESS		
		CITY OPTIONAL: FAX/E-MAIL ADDRESS	STATE	ZIP CODE AREA CODE/PHONE
4. Verification				

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

			G		FPPC Form 460 (June/01)	State of California
By SIGNATURE OF TREASURER OR ASSISTANT TREASURER		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
. A	B	1	BS		8	
	DAIE	DATE		DATE		DATE
Executed on	Executed on		Executed on		Executed on.	_



COVER PAGE - PART 2

					Page 2	of
5. Officeholder or (5. Officeholder or Candidate Controlled Commit	Committee	6. Ballot Measure Committee	nmittee	3	
NAME OF OFFICEHOLDER OR CANDIDATE	OR CANDIDATE		NAME OF BALLOT MEASURE			
Cristina Garcia						
OFFICE SOUGHT OR HELD (INC Sought: State Assembly Person Assembly District	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF Sought: State Assembly Person Assembly District	NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS A	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	holder, candidate, or	r state measure propon	ent, if any.
	Long Beach	ch CA 90807	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DIDATE, OR PROPONEN	LZ	
Related Committee not included in this statem contributions or to make es	Related Committees Not Included in this Statement: List any comn not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.	ement: List any committees orimarily formed to receive acy.	OFFICE SOUGHT OR HELD		DISTRICT NO, IF ANY	ANY
COMMITTEE NAME Garcia for Assembly 2012		I.D.NUMBER 1343925	7. Primarily Formed Committee which this committee is primarily formed.		List names of officeholder(s) or candidate(s) Ffor	or candidate(s) Ffor
			NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
NAME OF TREASURER		ED CO				SUPPORT
Cristina Garcia		YES NO				OPPOSE
COMMITTEE ADDRESS ST	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
C/TY I ong Reach	STATE ZIP CODE	ODE AREA CODE/PHONE 5624272100				OPPOSE
THE DOLL OF			NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPOBI
COMMITTEE NAME		J.D.NOMBER				OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS ST	COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)					
CITY	STATE ZIP CODE	ODE AREA CODE/PHONE	Attach	Attach continuation sneets if necessary	II necessary	

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Campaign Disclosure Statement	Type or print in ink.			SUMMARY PAGE
Summary Page	Amounts may be rounded	Statement	Statement covers period CALIF	CALIFORNIA ALA
	to whole dollars.	from 01/01/2016		FORM +OO
SEE INSTRUCTIONS ON REVERSE		through 04/23/2016	2016 Page 3	of 66
NAME OF FILER Cristina Garcia for Assembly 2016			I.D. NUMBER 1373564	IMBER 54
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	ry for Candidates tate Primary and
1. Monetary Contributions Schedule A, Line 3	\$164,522.00	\$164,522.00	1/1 through 6/30	5/30 7/1 to Date
2. Loans Received Schedule B, Line 7	\$0.00	\$164,522.00	_	00
Nonmonetary Contributions Schedule C, Lire	\$496.47	\$496.47	Received Acceptage 24 Expenditues	
	\$165,018.47	\$165,018.47	Made \$.00	\$.00
Expenditures Made 6. Payments Made Schedule E. Line 4	\$116,379.21	\$116,379.21	Expenditure Limit Summary for State Candidates	nmary for State
Loans Made	\$0.00	\$0.00	22. Cumulative Ex	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$116,379.21	\$116,379.21	(if Subject to Volunta	(if Subject to Voluntary Experiorure Emilis)
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	(\$4,833.74)	\$455.08	Date of Election (mm/dd/yy)	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	\$496.47	\$496.47		6160 082 30
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$112,041.94	\$117,330.76	6/1/2016	5109,765.39
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16	\$239,563.08 T	To calculate Column B, add		
	\$164,522.00 C \$566,38 Tf	corresponding amounts from Column B of your last		
14. Miscellaneous increases to Casri Scribbane 1, Line 4 15. Cash Payments Column A, Line 8 above	9.21	report. Some amounts in Column A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$288,272.25 fi	figures that should be subtracted from previous		
If this is a termination statement, Line 16 must be zero.	<u>a</u> # .	period amounts. If this is the first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00 c	for this calendar year, only carry over the amounts		
Cach Eximination Out of the Date		from Lines 2, 7, and 9 (II	Secretary 1 2001 Amounts in this section may be	ed vern notices sidt in stori

19. Outstanding Debts Cash Equivalents

\$455.08 \$0.00

See instructions on reverse

Cash Equivalents and Outstanding Debts

Add Line 2 + Line 9 in Column B above

"Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

	endent	tee)
	Agent or Independent	Contractor (on Behalf of This Committee)
4.	Made by an	on Behalf
Schedule G	Payments Made by an Agent	Contractor

SCHEDULE G Type or print in ink

or Independent	Amounts may be rounded	Statement covers period	CALIFORNIA ACA	
s Committee)	to whole dollars.	from 01/01/2016	FORM 400	
		through 04/23/2016	Page 53 of 66	
			I.D. NUMBER 1373564	

NAME OF AGENT OR INDEPENDENT CONTRACTOR SEE INSTRUCTIONS ON REVERSE Cristina Garcia for Assembly 2016 American Express NAME OF FILER

transfer between committees of the same candidate/sponsor AMOUNT PAID information technology costs (internet, email) t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs campaign workers' salaries returned contributions voter registration CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment DESCRIPTION OF PAYMENT RAD TRS TSF VOT WEB RFD SAL TEC TRC postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances В MBR member communications CODE petition circulating office expenses Payments that are contributions or independent expenditures must also be summarized on Schedule D. phone banks print ads MTG OFC PET PHO POL POS PRO PRT independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* campaign literature and mailings CMP campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations legal defense CVC FND 9

\$578.93 \$108.00 \$813.91 \$813.91 3/31/16 Candidate roundtrip airfare Sacramento/Santa Ana for fundraiser event 4/7-4/9/16 Candidate lodging for fundraiser event TRC TRC FND END END NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) TravelStore, Inc. Los Angeles, CA 90025 Ticketmaster Charleston, WV 25311 Charleston, WV 25311 The Nines Hotel Portland, OR 97204 Ticketmaster

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or ndependent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

FPPC Toll-Free Helpline: 866/ASK-FPPC FPPC Form 460 (June/01)

TOTAL* \$2314.75

Recipient Committee Campaign Statement Government Code Sections 84200-84216.5)	Type or print in ink.	ž,	Date Stamp	CALIFORNIA 2001/02 FORM	460
	Statement covers period from 05/22/2016	Date of election if applicable: (Month, Day, Year)		Page 1 of 32 For Official Use Only	of 32
SEE INSTRUCTIONS ON REVERSE	through 06/30/2016				
1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Officeholder, Candidate Election Committee Officeholder, Candidate Committee		2. Type of Statement: Pre-election Statement Semi-annual Statement Termination Statement Amendment (Explain below)	wo)	☐ Quarterly Statement ☐ Special Odd-Year Report ☐ Supplemental Preelection Statement - Attach Form 495	nent ar Report eelection ch Form 495
3. Committee Information COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE Cristina Garcia for Assembly 2016	I.D.NUMBER 1373564 SOMMITTEE	Treasurer(s) NAME OF THEASURER Cristina Garcia			
STREET ADDRESS (NO P.O. BOX)		MAILING ADDRESS			
CITY Long Beach CA 90807 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	E ZIP CODE AREA CODE/PHONE 90807 (562)427-2100	CITY Long Beach NAME OF ASSISTANT TREASURER, IF ANY	STATE	ZIP CODE ARE 90807 562427	AREA CODE/PHONE 5624272100
CITY STATE	ZIP CODE AREA CODE/PHONE	MAILING ADDRESS			
L ADDRESS	7,007	СІТУ	STATE	ZIP CODE ARE	AREA CODE/PHONE
info@olsonhagel.com		OPTIONAL: FAX/E-MAIL ADDRESS)

4. Verification
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules

							FPPC Form 460 (June/01)	FPPC Toll-Free Helpline: 866/ASK-FPPC	State of Salitonina
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.	P _V Cristina Garcia	SIGNATURE OF TREASURER OR ASSISTANT TREASURER	B _V Cristina Garcia	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	BA	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	By	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	
omplete. I certify und	08/01/2016	DATE	08/01/2016	DATE		DATE		DATE	
is true and co	Executed on 08/01/2016		Executed on 08/01/2016		Executed on		Executed on		



COVER PAGE - PART 2

Campaign Statement Cover Page – Part 2				FORM	FORM 460
				Page 2	of 32
5. Officeholder or Candidate Controlled Commit	ed Committee	6. Ballot Measure Committee	nittee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		E	
Cristina Garcia					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: State Assembly Person Assembly District	RICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	lder, candidate,	or state measure propor	nent, if any.
Long	Long Beach CA 90807	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	ATE, OR PROPON	ENT	
Related Committees Not Included in this Statement: List any comnot included in this statement that are controlled by you or are primarily formed to receive	Statement: List any committees are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO, IF ANY	ANY
contributions or to make expenditures on behalf of your candidacy.	ndidacy.				
COMMITTEE NAME	I.D.NUMBER	7. Primarily Formed Committee	ı	List names of officeholder(s) or candidate(s) Ffor	or candidate(s) Ffor
Garcia for Assembly 2012	1343925	which this committee is primarily formed.	rmed.		
		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	
NAME OF TREASURER	ED C				SUPPORT
Cristina Garcia	YES				OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
CITY STATE ZIP	ZIP CODE AREA CODE/PHONE 5624272100				□ OPPOSE
LINE	O NI IMAGE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEENAMIC			-		OPPOSE
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COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)					
CITY STATE Z	ZIP CODE AREA CODE/PHONE	Attach co	Attach continuation sheets if necessary	ts if necessary	

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Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from 05/22/2016 through 06/30/2016 Page 3 of 32

		from 05/22/2016	910	
SEE INSTRUCTIONS ON REVERSE	4	through 06/30/2016	.016 Page 3	of <u>32</u>
NAME OF FILER Cristina Garcia for Assembly 2016			LD, NUMBER 1373564	
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Candidates rimary and
1 Monetary Contributions Schedule A. Line 3	\$59,835.15	\$259,167.15	General Elections	
	\$0.00		1/1 through 6/30	7/1 to Date
	\$59,835.15	\$259,167.15	20. Contribution \$.00	\$.00
Nonmonetary Contributions Sch	\$319.66			
TOTAL CONTRIBUTIONS RECEIVED	\$60,154.81	\$260,414.63	Made \$5.00	8.00
			Expenditure Limit Summary for State	for State
6. Payments Made Schedule E. Line 4	\$30,627.81	\$209,112.53	Candidates	
l pane Made	\$0.00		22. Cumulative Expenditures Made*	tures Made*
1	\$30,627.81	\$209,112.53	(If Subject to Voluntary Expenditure Limit)	anditure Limit)
Accrued Expenses (Unpaid Bills)	(\$2,656.29)	8.45	Date of Election	Total to Date
. Nonmonetary Adjustment	\$319.66	7.48	(mm/aa/yy)	
Ř	\$28,291.18	\$213,588.46	11/7/2016 \$5.296.42	12
Current Cash Statement			67/2016 \$201.864.32	4.32
12 Boxinning Cash Ralance Previous Summary Page, Line 16	\$261,443.12 To calcu	To calculate Column B, add		
Commission of the Commission o	\$59,835.15	amounts in Column A to the		
Miscellaneous Increases to Cash		from Column B of your last		
	\$30,627.81 Column	report. Some amounts in Column A may be negative		
13+1	\$290,750.46 figures	figures that should be		
If this is a termination statement, Line 16 must be zero.	period s	period amounts. If this is the first report being filed		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00 carry ov	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	Since January 1, 2001. Amounts in this section may be	this section may be
18 Cash Fourivalents See instructions on reverse	\$0.00		different from amounts reported in Oc	Olumin B.

FN2

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

\$3,228.45

See instructions on reverse

18. Cash Equivalents

19. Outstanding Debts

Add Line 2 + Line 9 in Column B above

Amounts may be rounded to whole dollars. Type or print in ink.

Total Control of the	The party of the p
Statement covers period	CALIFORNIA A C
from 05/22/2016	FORM 400
through 06/30/2016	Dags 27 of 32
,	
	I.D. NUMBER
	1373564

SEE INSTRUCTIONS ON REVERSE	urougn og og og og	Page
NAME OF FILER Cristina Garcia for Assembly 2016		13735 13735
NAME OF AGENT OR INDEPENDENT CONTRACTOR American Express		

radio airtime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment RAD RFD SAL

MBR member communications CMP campaign paraphernalia/misc. campaign consultants

meetings and appearances office expenses MTG OFC PET contribution (explain nonmonetary)* civic donations

postage, delivery and messenger services professional services (legal, accounting) polling and survey research petition circulating phone banks 모 PRO PRT POL POS independent expenditure supporting/opposing others (explain)*

print ads

campaign literature and mailings

legal defense

LEG T

candidate filing/ballot fees

fundraising events

FND CVC

CTB

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, email) TEL TRC TRS TSF VOT WEB

t.v. or cable airtime and production costs candidate travel, lodging, and meals

campaign workers' salaries returned contributions

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
	TRC	6/17-6/19/16 Candidate lodging (Las Vegas) for fundraiser event	\$406.56
Broderick Roadhouse Lincoln, CA 95648	MTG	6/8/16 Candidate + 6 meals for staff dinner meeting	\$277,00
California Democratic Party Sacramento, CA 95811 741666	CTB		\$200.00
, WA 98004	TRC	7/24/16 Candidate airfare (Los Angeles/Dublin, Ireland) for Legislative Irish Caucus trip	\$672.20

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Toll-Free Helpline: 866/ASK-FPPC FPPC Form 460 (June/01)

TOTAL* \$1555.76