

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.¹ Ms. Garcia has disclosed owning and receiving income from real property located in the town of Bell Gardens.² According to city officials in Bell Gardens' business licensing department, the business licenses on these large properties are not held by Ms. Garcia.³ 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) The name of the business entity in which each investment is held, 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.⁴ 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.⁵ The real estate in question was given to Ms. Garcia at no cost by her sister, Maria de la Luz Garcia, on April 18, 2012.⁶ 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.⁷ 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.⁸ 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.¹¹ 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.¹³ 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.¹⁴ 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 5/3/12.¹⁵ 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.¹⁸ 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.¹⁹ 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 (<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

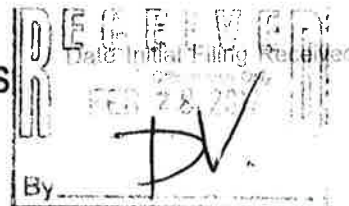
²³ Dan Morain, *Sacramento Bee*, June 21, 2016

(<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.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Garcia

Maria

Cristina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 58

Your Position

Assemblymember

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

Agency: _____

Position: _____

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

☒ State

☐ Multi-County _____

☐ City of _____

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.

-or-

The period covered is _____, through December 31, 2016.

☐ **Assuming Office:** Date assumed _____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left _____
(Check one)

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 9

Schedules attached

☐ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule B - Real Property** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

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

Date Signed _____

(month, day, year)

Signature _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

Cristina Garcia

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5701-5707 1/2 Fostoria St

CITY
Bell Gardens, CA

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

IF APPLICABLE, LIST DATE:
_____/_____/16 ACQUIRED _____/_____/16 DISPOSED

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

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

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

NAME OF LENDER*

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____% <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable	

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

FN2

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

7228-7230 Granger

CITY

Bell Gardens, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Angelica Romero, Froylan and Martina Gallcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

6338-6340 Gotham Street

CITY

Bell Gardens, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

FN 2

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

5954-5958 1/2 Ludell Street

CITY

Bell Gardens, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Miguel Gutierrez, Maria Sagura

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

5962-64 Ludell St

CITY

Bell Gardens, CA

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/16

ACQUIRED

____/____/16

DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

FN 2

Firm **Hermelinda Ruiz**

Account # **00168091**

Firm	Hermelinda Ruiz	Bus. Status	Active
Firm (Add'l)		Lic. Status	Active
Street	5701-07 1/2 Fostoria St	Acct No	00168091
City	Bell Gardens, CA 90201	License	00168091
Location	Inside	Phone	(562) 928-6439
Mail (Add'l)		Alt Phone	
Mail Addr	6340 Gotham St	Start Date	03/07/2002
Mail City	Bell Gardens, CA 90201	Close Date	
Bus. Rate	Apt/Hotel/Not Daily	Ownership	Sole Proprietorship
		Geo Area	
		Insp. Area	Insp. Status
Last Rec Update	02/13/2018 es		

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				
Bus Type	1162 - DWELLING UNITS 10+ ATTACHED				
APN		FEIN	57-3049508	Mailing List	Yes
BEAN		SEIN	--	Special Cond	No

FN3

Firm **Javier Garcia**

Account # **00168090**

Firm	Javier Garcia	Bus. Status	Active
Firm (Add'l)		Lic. Status	Active
Street	5954-58 1/2 Ludell St	Acct No	00168090
City	Bell Gardens, CA 90201	License	00168090
Location	Inside	Phone	(562) 928-6439
Mail (Add'l)		Alt Phone	
Mail Addr	6340 Gotham St	Start Date	03/27/2002
Mail City	Bell Gardens, CA 90201	Close Date	
Bus. Rate	Apt/Hotel/Not Daily	Ownership	Sole Proprietorship
		Geo Area	
		Insp. Area	Insp. Status
Last Rec Update	02/13/2018 es		

Summary Screen					
Owner 1	Javier Garcia	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				
Bus Type	1162 - DWELLING UNITS 10+ ATTACHED				
APN		FEIN	54-9889344	Mailing List	Yes
BEAN		SEIN	--	Special Cond	No

FN3

Firm **Javier Garcia**
Account # **00169465**

Firm	Javier Garcia	Bus. Status	Active
Firm (Add'l)		Lic. Status	Active
Street	7602 Garfield Ave	Acct No	00169465
City	Bell Gardens, CA 90201	License	00169465
Location	Inside	Phone	(562) 607-7046
Mail (Add'l)		Alt Phone	
Mail Addr	6340 Gotham	Start Date	01/18/2007
Mail City	Bell Gardens, CA 90201	Close Date	
Bus. Rate	Apt/Hotel/Not Daily	Ownership	Sole Proprietorship
		Geo Area	
		Insp. Area	Insp. Status
Last Rec Update	02/13/2018 es		

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

FN 3

Firm **Javier Garcia**
Account # **00168092**

Firm	Javier Garcia	Bus. Status	Active
Firm (Add'l)		Lic. Status	Active
Street	6629-35 Ajax Ave	Acct No	00168092
City	Bell Gardens, CA 90201	License	00168092
Location	Inside	Phone	(562) 928-6439
Mail (Add'l)		Alt Phone	
Mail Addr	6340 Gotham St	Start Date	03/07/2002
Mail City	Bell Gardens, CA 90201	Close Date	
Bus. Rate	Apt/Hotel/Not Daily	Ownership	Sole Proprietorship
		Geo Area	
		Insp. Area	Insp. Status
Last Rec Update	02/13/2018 es		

Summary Screen					
Owner 1	Javier Garcia	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				
Bus Type	1162 - DWELLING UNITS 10+ ATTACHED				
APN		FEIN	54-9889344	Mailing List	Yes
BEAN		SEIN	—	Special Cond	No

FN 3

Firm **Clementina Correa**

Account # **00169464**

Firm	Clementina Correa	Bus. Status	Active
Firm (Add'l)		Lic. Status	Active
Street	6710 Alvina St	Acct No	00169464
City	Bell Gardens, CA 90201	License	00169464
Location	Inside	Phone	(562) 964-6578
Mail (Add'l)		Alt Phone	
Mail Addr	6340 Gotham St	Start Date	01/18/2007
Mail City	Bell Gardens, CA 90201	Close Date	
Bus. Rate	Apt/Hotel/Not Daily	Ownership	Sole Proprietorship
		Geo Area	
		Insp. Area	Insp. Status
Last Rec Update	02/13/2018 es		

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

FN3

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. #6356-036-006

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 as: 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 ANGELES

On 6.6.12

before me, JACQUELINE DE SANTIAGO

A Notary Public in and for said State personally appeared

MARIA CRISTINA GARCIA

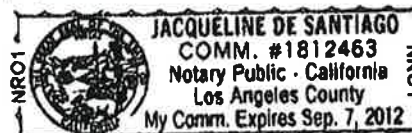
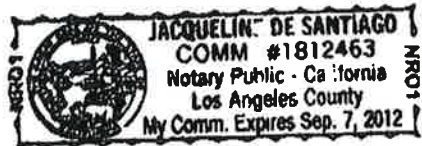


MARIA CRISTINA GARCIA

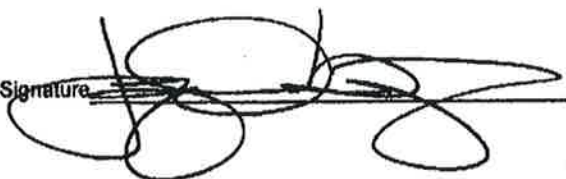
who proved to me on the basis of satisfactory evidence to be the
person(s) whose name(s) is/are subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their
signature(s) on the instrument the person(s),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



Signature



(Seal)

FN5

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

☒ 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 ☒ 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#:6358-003-006

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,

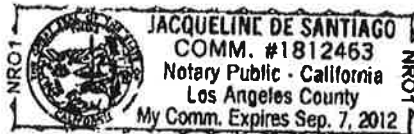
A Notary Public in and for said State personally appeared

MARIA DE LA LUZ GARCIA

Maria de la Luz Garcia
MARIA DE LA LUZ GARCIA

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), 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.



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:

Escrow No.: 038362-JD

Title Order No.: 6114

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. 11647, 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

COUNTY OF LOS ANGELES

On 6.6.12

before me, JACQUELINE DE SANTIAGO

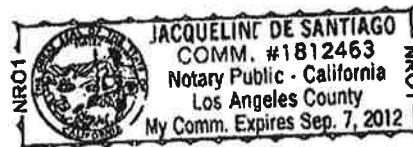
A Notary Public in and for said State personally appeared

MARIA CRISTINA GARCIA -



MARIA CRISTINA GARCIA

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), 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.



Signature



(Seal)

FN 7

3A

RECORDING REQUESTED BY:
FIDELITY NATIONAL TITLE

AND WHEN RECORDED MAIL TO:

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



THIS SPACE FOR RECORDER'S USE ONLY:

Title Order No.: 6114

Escrow No.: 038362-JD

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX is \$187.00

☒ 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 ☒ 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 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
AP#: 6357-033-027

DATED June 5, 2012

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

On 6-6-12

before me, JACQUELINE DE SANTIAGO

A Notary Public in and for said State personally appeared

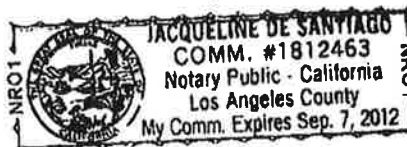
DARYL WARREN HALBERT -


DARYL WARREN 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), 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.



Signature

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

(Seal)

FN 8

2A

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' Exemption: \$0
Real Estate Exemption: \$0
Personal Property Exemption: \$0
Fixture Exemptions: \$0

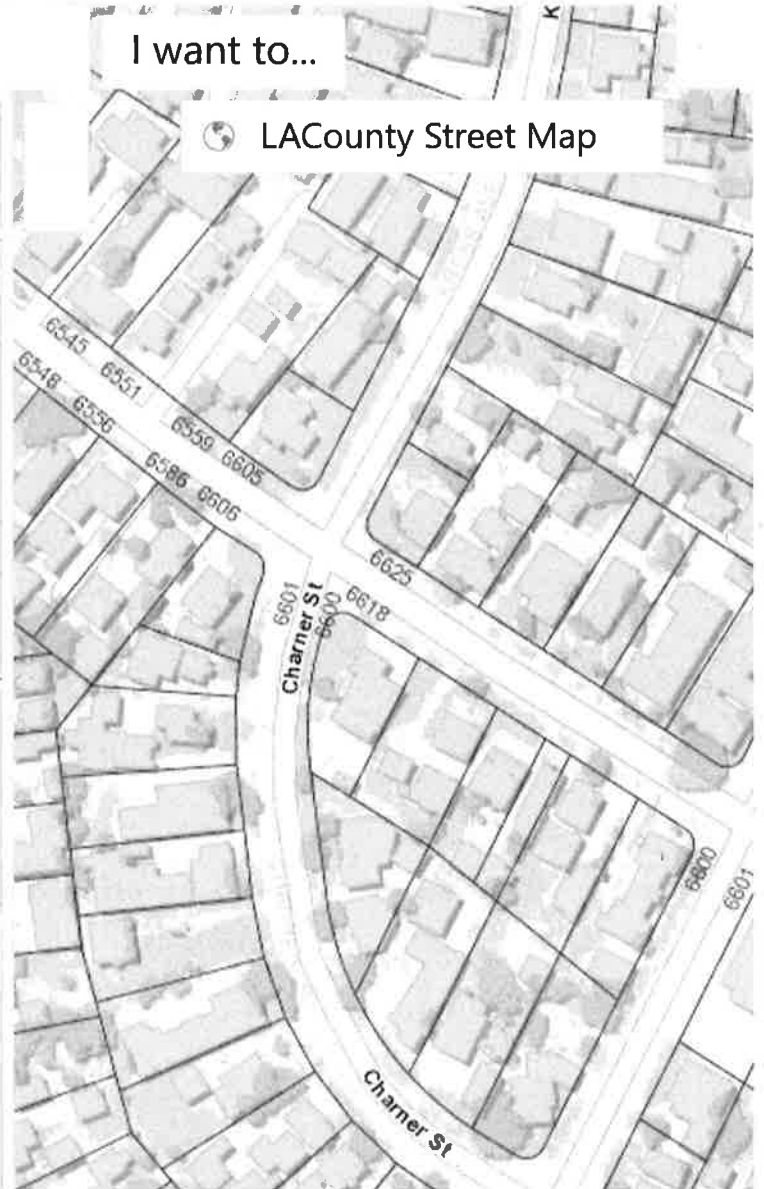
- 2017 Annual taxes
- Property tax payment FAQs
- Estimate supplemental taxes

Property Boundary Description

TRACT # 11547 LOT 41

I want to...

 [LACounty Street Map](#)



0 100 200ft

FN 9

**Recipient Committee
Campaign Statement**
(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
2001/02
FORM

Date Stamp

460

Page 1 of 33

For Official Use Only

Type or print in ink.

Date of election if applicable:
(Month, Day, Year)

Statement covers period

from 05/20/2012

through 06/30/2012

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6.)
☐ Primary Formed Candidate/Officerholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1343925

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Garcia for Assembly 2012

Treasurer(s)

NAME OF TREASURER
Cristina Garcia

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
Bell Gardens CA 90201 (562)427-2100

CITY STATE ZIP CODE AREA CODE/PHONE
Bell Gardens CA 90201 (213) 215-2621

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE
Bell Gardens CA 90202

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 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.

Executed on _____ By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

FN10

Recipient Committee Campaign Statement Cover Page - Part 2

CALIFORNIA
FORM
460

 Page 2 of 33

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Cristina Garcia			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Sought: Assembly District 58			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
Bell Gardens	CA	90201	

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN10

Recipient Committee
Campaign Statement
Cover Page - Part 2

CALIFORNIA
FORM

460

Page 3 of 33

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Cristina Garcia			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
State Assembly District 58			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		CITY	STATE ZIP
Bell Gardens		CA	90201

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent	
---	--

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Committee
List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN 10

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 05/20/2012

through 06/30/2012

CALIFORNIA
FORM

460

Page 4 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions Schedule A, Line 3
2. Loans Received Schedule B, Line 7
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
4. Nonmonetary Contributions Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

\$25,320.00
\$5,500.00
\$30,820.00
\$0.00
\$30,820.00

20. Contribution Received 1/1 through 6/30 7/1 to Date
\$0.00 \$0.00
21. Expenditures Made \$0.00 \$0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

Expenditures Made

6. Payments Made Schedule E, Line 4
7. Loans Made Schedule H, Line 7
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
10. Nonmonetary Adjustment Schedule C, Line 3
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10

\$59,995.93
\$0.00
\$59,995.93
\$87,088.66
\$0.00
\$147,084.59

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

6/5/2012

\$155,725.12

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16
13. Cash Receipts Column A, Line 3 above
14. Miscellaneous Increases to Cash Schedule I, Line 4
15. Cash Payments Column A, Line 8 above
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
if this is a termination statement, Line 16 must be zero.

\$31,956.50
\$30,820.00
\$259.30
\$59,995.93
\$3,039.87

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\$71,253.56

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

\$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse
19. Outstanding Debts Add Line 2 + Line 9 in Column B above

\$0.00
\$237,093.63

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

FNL

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 05/20/2012
through 06/30/2012

CALIFORNIA
FORM 460

Page 15 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<div> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div> Cristina Garcia Bell Gardens, CA 90201		\$2,300.00		<div> <input checked="" type="checkbox"/> PAID \$1,000.00 <input type="checkbox"/> FORGIVEN </div>	\$1,300.00 DATE DUE 6/7/2012	RATE %	\$2,300.00 DATE INCURRED 1/27/2012	\$56,100.00 PER ELECTION** 2012P: \$56,100.00
<div> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div> Cristina Garcia Bell Gardens, CA 90201		\$50,000.00		<div> <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN </div>	\$50,000.00 DATE DUE 6/7/2012	RATE %	\$50,000.00 DATE INCURRED 2/12/2012	\$56,100.00 PER ELECTION** 2012P: \$56,100.00
<div> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC </div> Cristina Garcia Bell Gardens, CA 90201			\$3,800.00	<div> <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN </div>	\$3,800.00 DATE DUE 6/7/2012	RATE %	\$3,800.00 DATE INCURRED 6/7/2012	\$56,100.00 PER ELECTION** 2012P: \$56,100.00

SUBTOTALS

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.)

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

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

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

\$6,500.00

\$1,000.00

Net \$5,500.00

(may be a negative number)

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

** If required.

*Contributor Codes

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

FN 10

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period

from 05/20/2012

through 06/30/2012

CALIFORNIA
FORM

Page 16 of 33

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
AliH. Saleh Bell, CA 90201	Mayor City of Bell		\$2,700.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$2,700.00	RATE	\$2,700.00	CALENDAR YEAR \$2,700.00 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE		6/13/2012 DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE		CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE		CALENDAR YEAR PER ELECTION**

SUBTOTALS \$6,500.00 \$1,000.00 \$57,800.00

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.)

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

Net

(may be a negative number)

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

** If required.

*Contributor Codes
IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

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

F N 10

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS FEB 28 2013

Date Received
Official Use Only

COVER PAGE *TM*

BY: *B. J. H.*

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
California State Assembly
Division, Board, Department, District, if applicable
District 56
Your Position
Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- ☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☐ Other _____

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

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

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages (including this cover page): 1

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify that the information provided herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/28/13
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Asm. Cristina Garcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

6544-65461/2 Emll

CITY

Bell Gardens

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

07 / 01 / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

7228-7230 Granger

CITY

Bell gardens

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Angalica Romaro, Froylan and Martina Galicia

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

FN 10

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FOR POLITICAL PRACTICES COMMISSION

Name

Asm. Cristina Garcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

6338-6340 Gotham St.

CITY

Bell Gardens

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/12 07/01/12
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

6833-6635 A Jax

CITY

Bell Gardens

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/12 07/01/12
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

FN10

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Asm. Cristine Garcia
--

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

CITY
Bell Gardens

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 _____/_____/12 _____/_____/12
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

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

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

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

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

CITY
Bell Gardens

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 07/08/12 _____/_____/12
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

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

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments: _____

FN 10

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Asm. Cristina Garcia

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

7602-7808 Garfield

CITY

Bell Gardens

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

06 / 01 / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

8710-6714 1/2 Alvina

CITY

Bell Gardens

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 12 07 / 01 / 12
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

FN 10

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Asm. Cristina Garcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
5701-5707 Fosterla

CITY
Bell Gardens

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

IF APPLICABLE, LIST DATE:
____/____/12 07/01/12
ACQUIRED DISPOSED

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

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

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

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

IF APPLICABLE, LIST DATE:
____/____/12 ____/____/12
ACQUIRED DISPOSED

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

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

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

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

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

Comments: _____

FN 10

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

☒ 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 ☒ 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 196, 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

Hermelinda Ruiz
HERMELINDA RUIZ

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

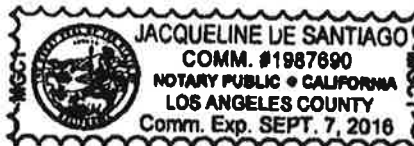
COUNTY OF LOS ANGELES

On 5/4/15 before me, JACQUELINE DE SANTIAGO A Notary Public personally appeared HERMELINDA RUIZ 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), 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.

Signature

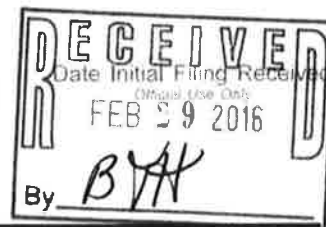
(Seal)



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

FN 12

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 58

Your Position

Assemblymember

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

Agency: _____ Position: _____

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

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

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

☒ Annual: The period covered is January 1, 2015, through December 31, 2015.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2015.

☐ The period covered is January 1, 2015, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed

2/29/16

(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Cristina Garcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

6544 1/2 Emil

CITY

Bell Gardens, Ca

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

Angelica Romero, Forylan and Matina Gallcia

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/15 ____/____/15
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS <u>7228-7230 Granger</u>					
CITY <u>Bell Gardens, Ca</u>					
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table><tr><td><u> </u> / <u> </u> / <u>15</u></td><td><u> </u> / <u> </u> / <u>15</u></td></tr><tr><td>ACQUIRED</td><td>DISPOSED</td></tr></table>	<u> </u> / <u> </u> / <u>15</u>	<u> </u> / <u> </u> / <u>15</u>	ACQUIRED	DISPOSED
<u> </u> / <u> </u> / <u>15</u>	<u> </u> / <u> </u> / <u>15</u>				
ACQUIRED	DISPOSED				
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> _____ Other					
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> 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. <input type="checkbox"/> None <u>Angelica Romero, Froylan and Martin Gallcia</u>					

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS <u>6338-6340 Gotham Street</u>					
CITY <u>Bell Gardens</u>					
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: <table><tr><td><u> </u> / <u> </u> / <u>15</u></td><td><u> </u> / <u> </u> / <u>15</u></td></tr><tr><td>ACQUIRED</td><td>DISPOSED</td></tr></table>	<u> </u> / <u> </u> / <u>15</u>	<u> </u> / <u> </u> / <u>15</u>	ACQUIRED	DISPOSED
<u> </u> / <u> </u> / <u>15</u>	<u> </u> / <u> </u> / <u>15</u>				
ACQUIRED	DISPOSED				
NATURE OF INTEREST <input checked="" type="checkbox"/> Ownership/Deed of Trust <input type="checkbox"/> Easement <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> _____ Other					
IF RENTAL PROPERTY, GROSS INCOME RECEIVED <input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> 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. <input checked="" type="checkbox"/> None					

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

NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE _____% <input type="checkbox"/> None	TERM (Months/Years) _____
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE _____% <input type="checkbox"/> None	TERM (Months/Years) _____
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 <input type="checkbox"/> Guarantor, if applicable	

FN 13

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Cristina Garcia

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

CITY
Bell Gardens, Ca

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

IF APPLICABLE, LIST DATE:
_____/_____/15 ____/_____/15
ACQUIRED DISPOSED

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

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

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

NAME OF LENDER*		NAME OF LENDER*	
<hr/>		<hr/>	
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)	
<hr/>		<hr/>	
BUSINESS ACTIVITY, IF ANY, OF LENDER		BUSINESS ACTIVITY, IF ANY, OF LENDER	
<hr/>		<hr/>	
INTEREST RATE	TERM (Months/Years)	INTEREST RATE	TERM (Months/Years)
<hr/> % <input type="checkbox"/> None	<hr/>	<hr/> % <input type="checkbox"/> None	<hr/>
HIGHEST BALANCE DURING REPORTING PERIOD		HIGHEST BALANCE DURING REPORTING PERIOD	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> Guarantor, if applicable		<input type="checkbox"/> Guarantor, if applicable	

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

N 13

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)

Ca Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35 Suite 202

CITY AND STATE

San Francisco, Ca 94133

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

DATE(S): 03/05/15 - 03/06/15 AMT: \$ 578.41
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Sonoma, Ca

▶ NAME OF SOURCE (Not an Acronym)

Ca Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35 Suite 202

CITY AND STATE

San Francisco, Ca 94133

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

DATE(S): 11/19/15 - 11/20/15 AMT: \$ 558.89
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Carlsbad, Ca

▶ NAME OF SOURCE (Not an Acronym)

Ca Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35 Suite 202

CITY AND STATE

San Francisco

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

DATE(S): 10/16/15 - 10/28/15 AMT: \$ 14,348.25
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Australia

▶ NAME OF SOURCE (Not an Acronym)

Ca Foundation on the Environment and the Economy

ADDRESS (Business Address Acceptable)

Pier 35 Suite 202

CITY AND STATE

San Francisco, Ca 94133

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

DATE(S): 01/29/15 - 01/30/15 AMT: \$ 598.35
(If gift)

▶ MUST CHECK ONE: ☒ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Napa, Ca

Comments: _____

FN 13

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)

Taipei Economic and Cultural Office in LA

ADDRESS (Business Address Acceptable)

3731 Wilshire Blvd #700

CITY AND STATE

Los Angeles, Ca 90010

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

DATE(S): 07/26/15 - 08/01/15 AMT: \$ 17,000.00
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Taiwan

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

California Independent Petroleum Association

ADDRESS (Business Address Acceptable)

1001 K Street Sixth Floor

CITY AND STATE

Sacramento, Ca 95814

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

DATE(S): 12/10/15 - 12/11/15 AMT: \$ 748.24
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

North Beach, Ca

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

FN 13

**Schedule D
Income - Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Cristina Garcia

<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/yyyy)	VALUE	DESCRIPTION OF GIFT(S)
California Dem Party	1830 9th Street Sacramento, ca 95811	95814		01/27/15	\$ 35.21	Lunch
California Dem Party	1830 9th Street Sacramento, ca 95811	95814		02/03/15	\$ 44.99	Lunch
California Dem Party	1830 9th Street Sacramento, ca 95811	95814		02/03/15	\$ 144.38	Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			1/28/2015	\$ 55.37	Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			1/5/2015	\$ 38.88	Personalized card holder
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			02/03/15	\$ 67.76	Personalized jacket
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			02/12/15	\$ 89.53	Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			02/17/15	\$ 80.19	Dinner
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			05/18/15	\$ 16.73	Receptio
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			03/11/15	\$ 21.27	Food and beverage
Toni Atkins for State Assembly	330 Encinitas Blvd. Ste. 101 Encinitas, Ca 92024			09/09/15	\$ 71.42	Dinner
Sempra Energy and Utilities	925 L Street Suite 650 Sac, Ca	95814		01/14/15	\$ 231.50	Dinner
Sempra Energy and Utilities	925 L Street Suite 650 Sac, Ca	95814		03/06/15	\$ 100.00	Event Ticket
Sempra Energy and Utilities	925 L Street Suite 650 Sac, Ca	95814		07/23/15	\$ 139.90	Dinner
The Latino Legislative Caucus Foundation	777 S. Figueroa St. Suite 4050 LA, ca	90017		02/24/25	\$ 185.16	Meals
The Latino Legislative Caucus Foundation	777 S. Figueroa St. Suite 4050 LA, ca	90017		02/26/15	\$ 40.89	Poster
Women in California Leadership	400 Capitol Mall 22nd Floor Sac, Ca	95814		01/05/15	\$ 83.31	Food and beverage
Women in California Leadership	400 Capitol Mall 22nd Floor Sac, Ca	95814		03/09/15	\$ 15.37	Lapel Pin
Eggman for Assembly	5429 Madison Ave, Sac, ca	95841		02/14/15	\$ 57.09	Dinner
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			4/21/2015	\$ 12.58	Dinner
Verizon	1201 K Street Suite Suite 1980 Sac, Ca 95814			05/26/15	\$ 65.00	Roast ticket
Forest Foundation	1215 K Street Suite 1835 Sac, Ca	95814		05/14-15/15	\$ 276.26	Food and lodging
Latino Caucus Leadership Pac	777. Figueroa Street Suite 4050 LA	90017		05/03/15	\$ 61.01	jacket

FN 13

Schedule D
Income - Gifts

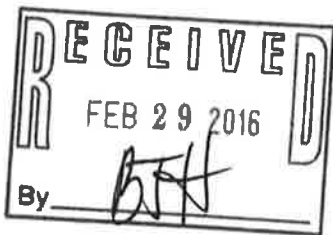
CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Cristina Garcia

<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	\$ 100.00	Program Ticket
Planned Parenthood Advocacy Project Los Angeles County	400 W. 30th Street Los Angeles, Ca	90007		10/01/15	\$ 100.00	Program Ticket
Human Services Association	6800 Florence Ave, Bell Gardens Ca	90201		05/07/15	\$ 150.00	Program Ticket
Apple Inc.	1 Infinite Loop Cupertino, Ca	95014		07/14/15	\$ 65.57	meal

FN 13



SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE (Not an Acronym)

Rendon for Assembly 2016

ADDRESS (Business Address Acceptable)

605 Long Beach Blvd. Suite 426, Long Beach, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 18 / 15	\$ 94.09	Reception and gift bag
	\$	
	\$	

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Filer's Verification

Print Name Maria Cristina Garcia

Office, Agency or Court California State Assembly

Statement Type ☒ 2015/2016 Annual ☐ Assuming ☐ Leaving
☐ (yr) Annual ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

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

Date Signed 02/29/2016
(month, day, year)

Filer's Signature [Signature]

Comments: _____

FN 13

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

Date Stamp

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from 01/01/2012

through 03/17/2012

Page 1 of 24

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ 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, I
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1343925

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Garcia for Assembly 2012

NAME OF TREASURER
Cristina Garcia

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY Long Beach STATE CA ZIP CODE 90807 AREA CODE/PHONE (562)427-2100

CITY Bell Gardens STATE CA ZIP CODE 90201 AREA CODE/PHONE (213) 215-2621

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 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.

Executed on 07/31/2013 By Ms. Cristina Garcia SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

FN 15

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page - Part 2

CALIFORNIA
FORM

460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Cristina Garcia			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Sought: 58			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
Bel Gardens	CA	90201	

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)			

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN 15

Recipient Committee
Campaign Statement
Cover Page - Part 2

CALIFORNIA
FORM

460

Page 3 of 24

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Cristina Garcia
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
State Assembly District 58
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Bell Gardens CA 90201

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME I.D. NUMBER
NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT
OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN 15

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 01/01/2012

through 03/17/2012

CALIFORNIA
FORM

460

Page 4 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

Contributions Received

1. Monetary Contributions Schedule A, Line 3
2. Loans Received Schedule B, Line 7
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
4. Nonmonetary Contributions Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

\$18,115.00
\$5,800.00
\$23,915.00
\$0.00
\$23,915.00

Column B
CALENDAR YEAR
TOTAL TO DATE

\$18,115.00
\$5,800.00
\$23,915.00
\$0.00
\$23,915.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contribution Received \$0.00 \$0.00

21. Expenditures Made \$0.00 \$0.00

Expenditures Made

6. Payments Made Schedule E, Line 4
7. Loans Made Schedule H, Line 7
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
10. Nonmonetary Adjustment Schedule C, Line 3
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10

\$16,047.70
\$0.00
\$16,047.70
\$12,095.62
\$0.00
\$28,143.32

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

6/5/2012 \$17,010.48

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16
 13. Cash Receipts Column A, Line 3 above
 14. Miscellaneous Increases to Cash Schedule I, Line 4
 15. Cash Payments Column A, Line 8 above
 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
- If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any):

\$0.00
\$23,915.00
\$0.27
\$16,047.70
\$7,867.57

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

\$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse
19. Outstanding Debts Add Line 2 + Line 9 in Column B above

\$0.00
\$17,895.62

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

FN 15

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA
FORM

Statement covers period

from 01/01/2012

through 03/17/2012

Page 5 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. Number

1343925

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/17/2012	Laura Alice Achucarro Bell, CA 90201	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Homemaker	\$2,000.00	\$2,000.00	2012P: \$2,000.00
3/11/2012	Alvaro Ballesteros Glendale, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JWCH CEO	\$250.00	\$250.00	2012P: \$250.00
3/17/2012	Bell Police Officers Association Bell, CA 90201	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,900.00	\$3,900.00	2012P: \$3,900.00
3/16/2012	Iqbal Butt Los Angeles, CA 90015	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Quantum Real Estate Realtor	\$500.00	\$500.00	2012P: \$500.00
	INTERMEDIARY PayPal San Jose, CA 95131	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

\$16,750.00

(Include all Schedule A subtotals.)

2. Amount received this period - unitemized contributions of less than \$100

\$1,365.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

TOTAL

\$18,115.00

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

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

FN 15

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period

from 01/01/2012

through 03/17/2012

CALIFORNIA
FORM

460

Page 15 of 24

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
<div> <div>IND</div> <div>COM</div> <div>OTH</div> <div>PTY</div> <div>SCC</div> </div>	Professor L.A. Community College		\$2,300.00	<div>PAID</div> <div>FORGIVEN</div>	\$2,300.00 DATE DUE 6/7/2012	RATE %	\$2,300.00 DATE INCURRED 1/27/2012	<div>CALENDAR YEAR</div> <div>\$5,800.00</div> <div>PER ELECTION**</div> <div>2012P: \$5,800.00</div>
<div> <div>IND</div> <div>COM</div> <div>OTH</div> <div>PTY</div> <div>SCC</div> </div>	Professor L.A. Community College		\$3,500.00	<div>PAID</div> <div>FORGIVEN</div>	\$3,500.00 DATE DUE 6/7/2012	RATE %	\$3,500.00 DATE INCURRED 3/17/2012	<div>CALENDAR YEAR</div> <div>\$5,800.00</div> <div>PER ELECTION**</div> <div>2012P: \$5,800.00</div>
<div> <div>IND</div> <div>COM</div> <div>OTH</div> <div>PTY</div> <div>SCC</div> </div>				<div>PAID</div> <div>FORGIVEN</div>	DATE DUE	RATE %	DATE INCURRED	<div>CALENDAR YEAR</div> <div>PER ELECTION**</div>

SUBTOTALS

\$5,800.00

\$5,800.00

Schedule B Summary

1. Loans received this period.

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

\$5,800.00

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.)

\$0.00

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

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

Net \$5,800.00

(may be a negative number)

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

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

** If required.

*Contributor Codes

IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

FPPC Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

FN 15

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

Date Stamp

460

Page 1 of 30

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Statement covers period

from 03/18/2012

through 05/19/2012

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee ☐ Ballot Measure Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ 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
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1343925

Treasurer(s)

NAME OF TREASURER
Cristina Garcia

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
Garcia for Assembly 2012

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY Long Beach STATE CA ZIP CODE 90807 AREA CODE/PHONE (562)427-2100

CITY Bell Gardens STATE CA ZIP CODE 90201 AREA CODE/PHONE (213) 215-2621

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 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.

Executed on 07/31/2013 By Ms. Cristina Garcia SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR
Executed on DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
Executed on DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

FN 15

Recipient Committee Campaign Statement Cover Page - Part 2

**CALIFORNIA
FORM 460**

 Page 2 of 30

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Cristina Garcia			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought:			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
Bell Gardens	CA	90201	58

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN 15

Recipient Committee Campaign Statement Cover Page -- Part 2

CALIFORNIA
FORM

460

Page 3 of 30

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Cristina Garcia			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) State Assembly District 58			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
Bell Gardens	CA	90201	

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN 15

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 03/18/2012

through 05/19/2012

CALIFORNIA
FORM 460

Page 4 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

Contributions Received

1. Monetary Contributions Schedule A, Line 3
2. Loans Received Schedule B, Line 7
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
4. Nonmonetary Contributions Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

\$26,040.00
\$45,000.00
\$71,040.00
\$4,584.41
\$75,624.41

Column B
CALENDAR YEAR
TOTAL TO DATE

\$44,155.00
\$50,800.00
\$94,955.00
\$4,584.41
\$99,539.41

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contribution Received \$0.00 \$0.00

21. Expenditures Made \$0.00 \$0.00

Expenditures Made

6. Payments Made Schedule E, Line 4
7. Loans Made Schedule H, Line 7
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
10. Nonmonetary Adjustment Schedule C, Line 3
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10

\$60,291.42
\$0.00
\$60,291.42
\$55,024.38
\$4,584.41
\$119,900.21

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

6/5/2012 \$134,167.90

Total to Date

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16
13. Cash Receipts Column A, Line 3 above
14. Miscellaneous Increases to Cash Schedule I, Line 4
15. Cash Payments Column A, Line 8 above
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\$7,867.57
\$71,040.00
\$11.95
\$60,291.42
\$18,628.10

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

\$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse
19. Outstanding Debts Add Line 2 + Line 9 in Column B above

\$0.00
\$117,920.00

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

FN 15

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period

from 03/18/2012

through 05/19/2012

CALIFORNIA
FORM 460

Page 14 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<div> <div>IND</div> <div>COM</div> <div>OTH</div> <div>PTY</div> <div>SCC</div> </div>				<div>PAID</div> <div>FORGIVEN</div>	<div>DATE DUE</div>	<div>RATE</div>	<div>DATE INCURRED</div>	<div>CALENDAR YEAR</div> <div>\$50,800.00</div> <div>PER ELECTION**</div> <div>2012P: \$51,100.00</div>
Cristina Garcia Bell Gardens, CA 90201	Professor LA Community College	\$2,300.00			6/7/2012		1/27/2012	
<div>IND</div> <div>COM</div> <div>OTH</div> <div>PTY</div> <div>SCC</div>		\$3,500.00		<div>PAID</div> <div>FORGIVEN</div>	6/7/2012		3/17/2012	
Cristina Garcia Bell Gardens, CA 90201	Professor LA Community College							
<div>IND</div> <div>COM</div> <div>OTH</div> <div>PTY</div> <div>SCC</div>			\$15,000.00	<div>PAID</div> <div>FORGIVEN</div>	12/31/2012		3/29/2012	
Cristina Garcia Bell Gardens, CA 90201	Professor LA Community College							
<div>IND</div> <div>COM</div> <div>OTH</div> <div>PTY</div> <div>SCC</div>				<div>PAID</div> <div>FORGIVEN</div>				

SUBTOTALS

Schedule B Summary

- Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.) _____
Enter the net here and on the Summary Page, Column A, Line 2.

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

\$45,000.00

\$0.00

Net \$45,000.00
(may be a negative number)

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

** If required.

*Contributor Codes
IND-Individual

COM-Recipient Committee (other than PTY or SCC)

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

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

F N 15

Schedule B - Part 1 Loans Received

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

SCHEDULE B - PART 1

Statement covers period
from 03/18/2012
through 05/19/2012

CALIFORNIA
FORM 460

Page 15 of 30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Garcia for Assembly 2012

I.D. NUMBER

1343925

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
Cristina Garcia Bell Gardens, CA 90201	Professor LA Community College		\$30,000.00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$30,000.00 12/31/2012 DATE DUE	RATE %	\$30,000.00 5/3/2012 DATE INCURRED	CALENDAR YEAR \$50,800.00 PER ELECTION** 2012P: \$51,100.00
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		RATE %		CALENDAR YEAR PER ELECTION**

SUBTOTALS \$45,000.00 \$50,800.00

Schedule B Summary

- Loans received this period.
(Total Column (b) plus unitemized loans less than \$100.)
- 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.)
- Net change this period. (Subtract Line 2 from Line 1.)
Enter the net here and on the Summary Page, Column A, Line 2.

Net

(may be a negative number)

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

** If required.

*Contributor Codes

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

OTH-Other

PTY-Political Party

SCC-Small Contributor Committee

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

FV15

OFFICE OF GENERAL COUNSEL

JEFFREY M. PRIETO
General Counsel

KEVIN D. JETER
Associate 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,

A handwritten signature in black ink, appearing to read "C. Trammell".

Cynthia E. Trammell
Paralegal

FN 16

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

Date Stamp

460

Page 1 of 66

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 01/01/2016

through 04/23/2016

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

☒ Officeholder, Candidate Controlled Committee

☒ State Candidate Election Committee

☐ Recall

(Also Complete Part 5.)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ 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, Schedule A, E, F

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection

☐ Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1373564

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Cristina Garcia for Assembly 2016

Treasurer(s)

NAME OF TREASURER

Cristina Garcia

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY

Long Beach

STATE

CA

ZIP CODE

90807

AREA CODE/PHONE

(562)427-2100

CITY

Long Beach

STATE

CA

ZIP CODE

90807

AREA CODE/PHONE

5624272100

NAME OF ASSISTANT TREASURER, IF ANY

CITY

Sacramento

STATE

CA

ZIP CODE

95814

AREA CODE/PHONE

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

info@olsonhagel.com

CITY

STATE

ZIP CODE

AREA CODE/PHONE

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 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.

Executed on _____ By _____
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

FN 21

Recipient Committee Campaign Statement Cover Page - Part 2

**CALIFORNIA
FORM 460**

 Page 2 of 66

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Cristina Garcia			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Sought: State Assembly Person Assembly District 58			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) Long Beach	CITY CA	STATE 90807	ZIP

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Garcia for Assembly 2012	I.D. NUMBER 1343925	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		
CITY Long Beach	STATE CA	ZIP CODE 90807
COMMITTEE NAME	I.D. NUMBER	
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN 21

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from 01/01/2016

through 04/23/2016

CALIFORNIA
FORM

460

Page 3 of 66

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cristina Garcia for Assembly 2016

I.D. NUMBER

1373564

Contributions Received

1. Monetary Contributions Schedule A, Line 3
2. Loans Received Schedule B, Line 7
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
4. Nonmonetary Contributions Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

\$164,522.00
\$0.00
\$164,522.00
\$496.47
\$165,018.47

Column B
CALENDAR YEAR
TOTAL TO DATE

\$164,522.00
\$0.00
\$164,522.00
\$496.47
\$165,018.47

1/1 through 6/30

7/1 to Date

20. Contribution
Received

\$0.00

\$0.00

21. Expenditures
Made

\$0.00

\$0.00

Expenditures Made

6. Payments Made Schedule E, Line 4
7. Loans Made Schedule H, Line 7
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
10. Nonmonetary Adjustment Schedule C, Line 3
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10

Expenditure Limit Summary for State
Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election
(mm/dd/yy)

Total to Date

6/7/2016

\$169,983.39

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16
13. Cash Receipts Column A, Line 3 above
14. Miscellaneous Increases to Cash Schedule I, Line 4
15. Cash Payments Column A, Line 8 above
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

\$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse
19. Outstanding Debts Add Line 2 + Line 9 in Column B above

\$0.00

\$455.08

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

FN 21

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

Statement covers period

from 01/01/2016

through 04/23/2016

CALIFORNIA
FORM

460

Page 53 of 66

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cristina Garcia for Assembly 2016

I.D. NUMBER

1373564

NAME OF AGENT OR INDEPENDENT CONTRACTOR

American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

GMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, email)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR

(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CODE

OR

DESCRIPTION OF PAYMENT

AMOUNT PAID

TravelStore, Inc.

Los Angeles, CA 90025

3/31/16 Candidate roundtrip airfare Sacramento/Santa Ana for fundraiser event

\$108.00

Ticketmaster

Charleston, WV 25311

FND

\$813.91

Ticketmaster

Charleston, WV 25311

FND

\$813.91

The Nines Hotel
Portland, OR 97204

4/7 -4/9/16 Candidate lodging for fundraiser event

\$578.93

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2314.75

* 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 Form 460 (June/01)

FPPC Toll-Free Helpline: 866/ASK-FPPC

FND 21

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM

Date Stamp

460

Page 1 of 32

For Official Use Only

Date of election if applicable:
(Month, Day, Year)

Statement covers period

from 05/22/2016

through 06/30/2016

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall
(Also Complete Part 5.)
☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ 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)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1373564

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Cristina Garcia for Assembly 2016

Treasurer(s)

NAME OF TREASURER

Cristina Garcia

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY Long Beach STATE CA ZIP CODE 90807 AREA CODE/PHONE (562)427-2100

CITY Long Beach STATE CA ZIP CODE 90807 AREA CODE/PHONE 5624272100

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

NAME OF ASSISTANT TREASURER, IF ANY

CITY Sacramento STATE CA ZIP CODE 95814 AREA CODE/PHONE

MAILING ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS info@olsonhagel.com

CITY STATE ZIP CODE AREA CODE/PHONE

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 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.

Executed on 08/01/2016 By Cristina Garcia
DATE
Executed on 08/01/2016 By Cristina Garcia
DATE
Executed on By
DATE
Executed on By
DATE

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

FN 22

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM
460

Page 2 of 32

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
Cristina Garcia			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
Sought: State Assembly Person			
Assembly District 58			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
Long Beach	CA	90807	

Related 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 contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER		
Garcia for Assembly 2012	1343925		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
Cristina Garcia	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			
CITY	STATE	ZIP CODE	AREA CODE/PHONE
Long Beach	CA	90807	5624272100
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)			

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed Committee
which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

FN 22

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 05/22/2016
through 06/30/2016

Page 3 of 32

I.D. NUMBER
1373564

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Cristina Garcia for Assembly 2016

Contributions Received

1. Monetary Contributions Schedule A, Line 3
2. Loans Received Schedule B, Line 7
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2
4. Nonmonetary Contributions Schedule C, Line 3
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4

Column B
CALENDAR YEAR
TOTAL TO DATE

\$259,167.15
\$0.00
\$259,167.15
\$1,247.48
\$260,414.63

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date
20. Contribution Received \$0.00 \$0.00
21. Expenditures Made \$0.00 \$0.00

Expenditures Made

6. Payments Made Schedule E, Line 4
7. Loans Made Schedule H, Line 7
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3
10. Nonmonetary Adjustment Schedule C, Line 3
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date
11/7/2016 \$5,296.42
6/7/2016 \$201,864.32

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16
13. Cash Receipts Column A, Line 3 above
14. Miscellaneous Increases to Cash Schedule I, Line 4
15. Cash Payments Column A, Line 8 above
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse
19. 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.

FN 22

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

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

SCHEDULE G

Statement covers period
from 05/22/2016
through 06/30/2016
Page 27 of 32
CALIFORNIA FORM 460
I.D. NUMBER 1373564

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Cristina Garcia for Assembly 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR
American Express

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, email)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Aria Resort & Casino Las Vegas, NV 89158	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	CTB			\$200.00
741666 Expedia, Inc. Bellevue, WA 98004	TRC		7/24/16 Candidate airfare (Los Angeles/Dublin, Ireland) for Legislative Irish Caucus trip	\$672.20
TOTAL*				\$1555.76

Attach additional information on appropriately labeled continuation sheets.