

COVER PAGE

2017 MAR 30 PM 4:06

GEN. CNSL. OFF. (MIDDLE)  
LEGAL SERVICES

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
GARCIA MONICA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles Unified School District

Division, Board, Department, District, if applicable

Board of Education

Your Position

BOARD MEMBER DISTRICT 2

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

Agency: LA County Probation Office

Position: Head, Commission Services

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

State

Multi-County \_\_\_\_\_

City of \_\_\_\_\_

Judge or Court Commissioner (Statewide Jurisdiction)

County of Los Angeles

Other Portion of LA County (LAUSD)

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 \_\_\_\_\_

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.

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

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)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

monica.garcia@lausd.net

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

Date Signed 03/30/2017  
(month, day, year)

Signature

**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name

MONICA GARCIA

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
717 N. Keenan Street

CITY  
Montebello, CA 90640

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

ACQUIRED      /      / 16      DISPOSED      /      / 16

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  
Rosalia Vasquez

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 \_\_\_\_\_

CITY  
 \_\_\_\_\_

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

ACQUIRED      /      / 16      DISPOSED      /      / 16

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

Name  
MONICA 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Pahara-Aspen Institute  
ADDRESS (Business Address Acceptable)  
1790 Third Street  
CITY AND STATE  
Napa, California 94559  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
  
DATE(S): 01 / 20 / 16 - 1 / 23 / 16 AMT: \$ 981.00  
*(If gift)*  
▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Reunion  
2015-2016 Education Fellowship Program  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Pahara-Aspen Institute  
ADDRESS (Business Address Acceptable)  
1790 Third Street  
CITY AND STATE  
Napa, California 94559  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
  
DATE(S): 07 / 13 / 16 - 07 / 17 / 16 AMT: \$ 1,855.96  
*(If gift)*  
▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Seminar 4  
2015-2016 Education Fellowship Program  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Pahara-Aspen Institute  
ADDRESS (Business Address Acceptable)  
1790 Third Street  
CITY AND STATE  
Napa, California 94559  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
  
DATE(S): 02 / 24 / 16 - 02 / 28 / 16 AMT: \$ 2,118.20  
*(If gift)*  
▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Seminar 3  
2015-2016 Education Fellowship Program  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
University of Massachusetts Boston  
ADDRESS (Business Address Acceptable)  
100 Morrissey Blvd.  
CITY AND STATE  
Boston, MA 02125-3393  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
  
DATE(S): 12 / 01 / 16 - 12 / 03 / 16 AMT: \$ 737.59  
*(If gift)*  
▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Building an Educational  
Justice Movement  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_