

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
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Please type or print in ink. NAME OF FILER (LAST)	(FIRST)	(MIDDLE)		
Garcia	Maria	Angélica		
I. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
Peralta Community College District				
Division, Board, Department, District, if applicab	le	Your Position		
Berkeley City College		President		
▶ If filing for multiple positions, list below or or	an attachment. (Do not use	acronyms)		
Agency:		Position:		
2. Jurisdiction of Office (Check at least	one box)			
State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)		
Multi-County		County of Alameda		
City of		Other		
3. Type of Statement (Check at least on				
Annual: The period covered is January 1		Leaving Office: Date Left/		
December 31, 2022.	, 2022, tillough	(Check one circle.)		
The period covered is/ December 31, 2022.	, through	The period covered is January 1, 2022, through the date leaving office.		
Assuming Office: Date assumed	The period covered is, through the date of leaving office.			
Candidate: Date of Election	and office sought.	if different than Part 1:		
4. Schedule Summary (required) Schedules attached	► lotal number o	of pages including this cover page: 2		
		Schedule C - Income, Loans, & Business Positions – schedule attac		
Schedule A-1 - Investments - schedule		Schedule D - Income – Gifts – schedule attached		
Schedule R. Pool Property schedule	attacrica	Schedule E - Income - Gifts - Travel Payments - schedule attached		
Schedule B - Real Property - schedule	attached			
-or- None - No reportable interests	on any schedule			
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Documents)	CITY	STATE ZIP CODE		
2050 Center Street	Berkele	ev CA 94704		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(510) 981-2850		angelicagarcia@peralta.edu		
I have used all reasonable diligence in preparing herein and in any attached schedules is true a		ved this statement and to the best of my knowledge the information con		
I certify under penalty of perjury under the	aws of the State of Californ	ia that the foregoing is true and correct.		
Date Signed 03/16/2023	Si	gnature Angelica (Sarcia (Mar 16, 2023 11:35 PDT)		
(month, day, year)		Angelica Garcia (Mar 16, 2023 11:35 PDT) (File the originally signed paper statement with your filing official.)		

SCHEDULE D Income - Gifts

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

Name

Maria Angélica Garcia

► NAME OF SOURCE (Not an Acronym)		▶ NAME OF SOURCE	(Not an Acronym)	
Campaign for College Opportu	nity	Marina Security	,	
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
1149 S. Hill Street, Ste 925, Los Angeles, CA 90015		465 California St #609, San Francisco, CA 94104		
BUSINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT Security service		DURCE
DATE (mm/dd/yy) VALUE D	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 20 22 150	fruit gift basket	12 13 22	100	wine gift set
10 01 22 40	cookie gift box		\$	
			\$	
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE D	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	
			\$	
			\$	
NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	(Not an Acronym)	
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy) VALUE D	ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
\$			\$	
\$			\$	-
			\$	
Comments:				