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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

TM

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GALGIANI	CATHLEEN	A

1. Office, Agency, or Court

Agency Name: California State Legislature

Division, Board, Department, District, if applicable: State Assembly

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)*

- [X] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [X] **Annual:** The period covered is January 1, 2010, through December 31, 2010.
  -or-
  The period covered is ___/___/___, through December 31, 2010.
- [ ] **Assuming Office:** Date ___/___/___
- [ ] **Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- [ ] **Leaving Office:** Date Left ___/___/___ *(Check one)*
  - ○ The period covered is January 1, 2010, through the date of leaving office.
  - ○ The period covered is ___/___/___, through the date of leaving office.

2011 MAR - 1 PM 4:09

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- [ ] **Schedule A-1** - *Investments* – schedule attached
- [ ] **Schedule A-2** - *Investments* – schedule attached
- [X] **Schedule B** - *Real Property* – schedule attached
  Rental Property
- [X] **Schedule C** - *Income, Loans, & Business Positions* – schedule attached
  Rental Income
- [X] **Schedule D** - *Income – Gifts* – schedule attached
- [X] **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 a

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

Date Signed March 7, 2011 (month, day, year) Signature

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Cathleen Galgiani

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► STREET ADDRESS OR PRECISE LOCATION
665 S. Regent Street

CITY
Stockton

FAIR MARKET VALUE
- [ ] $2,000 - $10,000
- [ ] $10,001 - $100,000
- [x] $100,001 - $1,000,000
- [ ] Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/10 ACQUIRED ___/___/10 DISPOSED

NATURE OF INTEREST Still paying on loan
- [x] Ownership/Deed of Trust
- [ ] Easement
- [ ] Leasehold _____ Yrs. remaining
- [ ] _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- [ ] $0 - $499
- [ ] $500 - $1,000
- [x] $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.
Ellen Powell

► STREET ADDRESS OR PRECISE LOCATION

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:
___/___/10 ACQUIRED ___/___/10 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.

* 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 _____% [ ] None

TERM (Months/Years)

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 _____% [ ] None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

[ ] Guarantor, if applicable

Comments:

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Cathleen Galgiani

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Ellen Powell - Renter

ADDRESS *(Business Address Acceptable)*: 1665 S. Regent Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Stockton, 95204

YOUR BUSINESS POSITION: Landlord

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☒ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☒ Rental Income, *list each source of $10,000 or more*: $9,600
- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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

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

INTEREST RATE: _____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Cathleen Galgiani

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Technology Assn. of America	455 Capitol Mall, Suite 801, Sac, 95814		1/27/10	$15.97	Reception
CA. Poultry Federation	4640 Sayres Way, Suite 4, Modesto, 95356		3/9/10	$223.13	Leg. Poultry Extravaganza
CA Healthcare Institute	1020 Prospect St. #310, La Jolla, CA 92037		2/2/10	$205.30	Biomed. Report Launch
CA State Council of Laborers	1121 L Street, #502, Sacto, CA 95814		3/16/10	$46.46	Laborer's Reception
CA Medical Assn.	1201 J. Street, #200, Sac. 95814		2/2/10	$25.80	Reception
Agribusiness President's Council	1521 I Street Sacramento 95814		2/17/10	$46.65	Legislative Reception

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Cathleen Galgiani

SCHEDULE D
Income – Gifts

► NAME OF SOURCE: CA Cattleman's Assn.
ADDRESS (Business Address Acceptable): 1221 H. Street, Sacto. 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/23/10	$25.00	Legislative Breakfast
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Tribal Business Alliance
ADDRESS (Business Address Acceptable): 12222 New York Ranch Rd Jackson, CA 95 4
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/3/10	$35.00	Food & Beverages
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Automotive Wholesaler's Assn.
ADDRESS (Business Address Acceptable): 11160 Sun Center Dr., Rancho Cordova, 95670
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/24/10	$62.17	Food & Beverages
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Farm Bureau Federation
ADDRESS (Business Address Acceptable): 2300 River Plaza Drive, Sacto 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/2/10	$52.49	Food & Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE: CA Rice Commission
ADDRESS (Business Address Acceptable): 8801 Folsom Blvd #172, Sacto 95826
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/1/10	$28.71	Rice Gift Box
/ /	$	
/ /	$	

► NAME OF SOURCE: Civil Justice Association of CA
ADDRESS (Business Address Acceptable): 1201 K St. Sacto. 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/15/10	$40.97	Reception attendanc
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Kathleen Galgiani

SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA State Floral Association	1521 I St Sacto 95814		3/23/10	$16.95	CA Ag Day-Bouquet
CA Building Industry Assoc.	1215 K St. #1200 Sacto 95814		5/5/10	$79.55	Food & Beverage
Engineering + Utility Contractors Assoc.	17 Crow Canyon Ct #100 San Ramon 94583		4/1/10	$60.00	Food & Beverage
CA Issues Forum	1717 I St. Sacto 95811		6/21/10	$105.34	Food & Beverage
CA Restaurant Association	621 Capitol Mall #2000 Sacto, 95814		4/27/10	$45.00	Reception Attendance
John A. Perez For Assembly	777 S. Figueroa St. #4050 L.A. 90017		12/6/10	$110.00	Leather Portfolio

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Cathleen Galgiani

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
ROLL International Corporation
ADDRESS (Business Address Acceptable)
11444 W. Olympic Blvd L.A. 90064-1544
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/15/10	$12.00	Holiday Gift Box
/ /	$	
/ /	$	

► NAME OF SOURCE
Southern CA Contractors Association
ADDRESS (Business Address Acceptable)
6055 E. Washington Blvd #200 L.A. 90040
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/16/10	$35.00	Food & Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE
Children's Hospital - Central CA
ADDRESS (Business Address Acceptable)
9300 Valley Childrens Place Madera 93636
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5/21/10	$21.65	T-Shirt
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
Mary Hayashi for Assm 2010
ADDRESS (Business Address Acceptable)
555 South Flower St #4210, LA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/4/10	$48.92	Food & Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Cathleen Galgiani

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

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the $420 gift limit.**

► NAME OF SOURCE
CA Issues Forum
ADDRESS *(Business Address Acceptable)*
1717 I St.
CITY AND STATE
Sacramento CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Nonprofit organization
DATE(S): 12/13/10 - 12/14/10 *(if applicable)* AMT: $ 925.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION: Transportation, lodging, food

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(if applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(if applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(if applicable)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: