

STATEMENT OF ECONOMIC INTERESTS

FEB 28 2013
Retrieved
Date

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) GAINES (FIRST) BETH (MIDDLE) BURKHARD

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 6

Your Position

State Assembly Member

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

Agency: Position:

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

- State (checked)
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, 2012, through December 31, 2012. (checked)
-or-
The period covered is through December 31, 2012.
Assuming Office: Date assumed
Leaving Office: Date Left (checked)
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: 10

- Schedule A-1 - Investments - schedule attached (checked)
Schedule A-2 - Investments - schedule attached (checked)
Schedule B - Real Property - schedule attached (checked)
Schedule C - Income, Loans, & Business Positions - schedule attached (checked)
Schedule D - Income - Gifts - schedule attached (checked)
Schedule E - Income - Gifts - Travel Payments - schedule attached (checked)
None - No reportable interests on any schedule



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

Date Signed 2/28/13 Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BETH GAINES

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking/Insurance/Food/Beverage/Carpet

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

Comments: _____

Beth B. Gaines

Additional Information for the Schedule A-2

2011-2012

GAINES RANCH

ITEM #4

Income: Diamond Walnut
395 Mitchell Road
Modesto, CA

Sunsweet Growers
901 N. Walton Ave.
Yuba City, CA

ITEM #4

APN # 013-311-001-9
013-311-002-9
013-312-002-9
013-312-003-0
013-312-004-9
013-313-001-9
013-314-001-9
013-314-007-0

013-312-001-9
013-314-005-9
012-120-017-000

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BETH GAINES

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Gaines Insurance

ADDRESS (Business Address Acceptable)
2260 Lava Ridge Ct., Roseville CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

YOUR BUSINESS POSITION
President

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 _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Califomie State Senate

ADDRESS (Business Address Acceptable)
CA State Capitol, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative

YOUR BUSINESS POSITION
State Senator

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 _____
(Real 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 LENOER _____

HIGHEST BALANCE OURING 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: _____

SCHEDULE D
Income – Gifts

Name
BETH GAINES

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan

ADDRESS (Business Address Acceptable)
1215 K St., Ste. 2030 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 25 / 12	\$ 130	Roseville CoC Dinner
03 / 16 / 12	\$ 125	Kids First Luncheon
09 / 08 / 12	\$ 120	Tickets to SPLASH

▶ NAME OF SOURCE (Not an Acronym)
The Council for Legislative Excellence

ADDRESS (Business Address Acceptable)
2150 River Plaza Dr., Ste 150, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 12	\$ 81	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Callfomie New Car Dealers

ADDRESS (Business Address Acceptable)
1415 L St., Ste. 700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Car Sales Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 30 / 12	\$ 93	Dinner/Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Fieldstead & Company

ADDRESS (Business Address Acceptable)
PO Box 19599, Irvine, CA 92623

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philanthropy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 16 / 12	\$ 53	Food and Drink
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
El Dorado County Fair

ADDRESS (Business Address Acceptable)
100 Placerville Dr., Placerville, CA 95667

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 13 / 12	\$ 180	Tickets
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Folsom Lake Rotary

ADDRESS (Business Address Acceptable)
52 Natoma St., Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rotary

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 23 / 12	\$ 50	Reception
/ /	\$	
/ /	\$	

Comments: _____

**SCHEDULE D
 Income - Gifts**

Name
BETH GAINES

▶ NAME OF SOURCE (Not an Acronym)
Halldin Public Relations

ADDRESS (Business Address Acceptable)
5800 Ste. 310 Stanford Ranch Rd. Rocklin, CA 95765

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 03 / 12	\$ 90	Tickets to charity event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Junior Achievement of Sacramento

ADDRESS (Business Address Acceptable)
3800 Watt Ave. Sacramento, CA 95821

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Philanthropy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 12	\$ 130	Tickets to charity event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Wells Fargo

ADDRESS (Business Address Acceptable)
420 Montgomery St., San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 13 / 12	\$ 80	Tickets/Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Frank Calton

ADDRESS (Business Address Acceptable)
5735 Oak Creek Place Grendale Bay, CA 96746

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Commercial Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 12	\$ 80	Tickets to charity event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Cameron Park Chamber of Commerce

ADDRESS (Business Address Acceptable)
PO Box 341 Shingle Springs, CA 95682

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 09 / 12	\$ 90	Installation Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Lincoln Club

ADDRESS (Business Address Acceptable)
PO Box 255747 Sacramento, CA 95865

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 12	\$ 50	Reception
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
BETH GAINES

▶ NAME OF SOURCE (Not an Acronym)
Sacramento Metro Chamber of Commerce

ADDRESS (Business Address Acceptable)
1 Capitol Mall #300 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Chamber of Commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 27 / 12	\$ 175.00	Installation Event
03 / 01 / 12	\$ 30.00	Reception
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Western Fair Association

ADDRESS (Business Address Acceptable)
1776 Tribute Road, Suite 210 Sacramento 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 12	\$ 55.00	Fair Tickets
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

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

- You must 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 Association of Callfomla Life & Health Insurance Co.'s

ADDRESS (Business Address Acceptable)
 1201 K St. Ste 1820,

CITY AND STATE
 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Insurance

DATE(S): 09 / 19 / 12 - 09 / 21 / 12 AMT: \$ 1,311.48
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 Netional Foundation for Women Legislators

ADDRESS (Business Address Acceptable)
 910 16th Street, NW Sulte 100

CITY AND STATE
 Washington, DC

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

DATE(S): 11 / 15 / 12 - 11 / 19 / 12 AMT: \$ 958.68
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

50

NAME OF BUSINESS ENTITY
Galnes Ranch

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Farming

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership: Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership: Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership: Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership: Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership: Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

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

Filer's Verification

Print Name Beth Galnes

Office, Agency or Court California State Assembly

Statement Type 2012/2013 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 6/6/2013

Filer's Sign (d)(5)

Comments: _____

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

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Galnes Ranch</u></p> <p>ADDRESS (Business Address Acceptable) <u>P.O. Box 151, Butte City, CA 95920</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Farming</u></p> <p>YOUR BUSINESS POSITION <u>n/a</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's Income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>YOUR BUSINESS POSITION</p> <p>GROSS INCOME RECEIVED <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</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's Income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small></p>

Comments: _____

▶ 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	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small>	
<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 _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	

Filer's Verification

Print Name Beth Galnes Office, Agency or Court California State Assembly

Statement Type 2012/2013 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 (d)(5)

Date Signed 06/04/2013 Filer's Signature _____
(month, day, year)

STATE CAPITOL
P.O. BOX 942849
SACRAMENTO, CA 94249-0006
(916) 319-2006
FAX (916) 319-2106

Assembly
California Legislature

DISTRICT OFFICE
8799 AUBURN-FOLSOM RD., STE. A
GRANITE BAY, CA 95746
(916) 774-4430
FAX (916) 774-4433



BETH GAINES
ASSEMBLYWOMAN, SIXTH DISTRICT

2013 JUN 7 - 7 AM 11:02

June 6, 2013

Chairwoman Ann Ravel
Fair Political Practices Commission
428 J Street, Suite 620
Sacramento, CA 95814

Dear Chairwoman Ravel:

Please accept my amendments to my 2012 annual FPPC filing. I have left out amendments to schedules A-2 and C as I was mistaken to report my interest in Gaines Ranch since my interest is only in half of my husband's share as community property, and is less than 10%.

(d)(5)

BETH GAINES
Assemblymember, 6th District