CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Received
(Office Use Only)
MAR - 1 2013

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Galgiani	Cathleen	A

1. Office, Agency, or Court

Agency Name: Legislator

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

Your Position: Senator

► 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 or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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

- [X] **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 ____/____/_____
- [ ] **Candidate:** Election Year _____ and office sought, if different than Part 1: _____
- [ ] **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.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 2

- [ ] **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
- [X] **Schedule D** - *Income – Gifts* – 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 a

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

Date Signed 3/1/2013 (month, day, year)

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party
ADDRESS (Business Address Acceptable)
1401 21st St #200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/7-8/12	$ 26.92	Policy Conf.-Meals
12/2/12	$ 136.36	Dinner
8/15/12	$ 39.15	Meal

▶ 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 Cathleen Galgiani
Office, Agency or Court State Senate
Statement Type ☑ 2012/2013 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 3/1/2013

Filer's Signatu (d)(5)

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

FEB 19 2013

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
2013 FEB 27 PM 3:49

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Galgiani	Cathleen	A

1. Office, Agency, or Court

Agency Name
Legislator

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

Your Position: senator

► 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 or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

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- [ ] **Candidate:** Election year _____ and office sought, if different than Part 1: _____
- [ ] **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.

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** 7

- [ ] **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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **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
(d)(5) redacted				

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 foregoing is true and correct.

Date Signed 2/19/2013 (month, day, year)

Signature (d)(5) redacted

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Galgiani

SCHEDULE B
Interests in Real Property
(Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6605 S. Regent St

CITY
Stockton, CA 95204

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 ACQUIRED ___/___/12 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

Duplicated on Schedule C
Ellen Powell

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
241 Lilac Lane

CITY
Merced, CA 95334

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 ACQUIRED ___/___/12 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 ____% ☐ 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: Galgiani

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: Ellen Powell - Renter

ADDRESS (Business Address Acceptable): 665 S. Regent St

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

YOUR BUSINESS POSITION: Roommate

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: $800.00 Jan - Sept only
- ☒ Other: Duplicated on Schedule B (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 _____ (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 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: Galgiani

SCHEDULE D
Income – Gifts

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)
CA Grape & Tree Fruit League	978 W. Alluvial, Ste 107 Fresno, CA 93711-5700		8/22/12	$15.00	Fresh fruit gift pack
			/ /	$	
			/ /	$	

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)
CA Tribal Business Alliance	1530 J St Suite 410 Sacramento, CA 95814		1/18/12	$32.95	Food & Beverages
			/ /	$	
			/ /	$	

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)
John A. Perez For Assembly 2012	777 S. Figueroa #4050 Los Angeles, CA 90017		1/4/12	$39.00	Engraved box
			/ /	$	
			/ /	$	

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)
Calchamber	1215 K St. Ste 1400 Sacramento, CA 95814-3		2/10/12	$150.00	Dinner
			/ /	$	
			/ /	$	

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)
CA Business Properties Association	1121 L St, Ste 809 Sacramento, CA 95814		1/18/12	$7.12	Reception
			/ /	$	
			/ /	$	

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)
CA Rice Commission	1231 I St, Ste 205 Sacramento, CA 95814		3/5/12	$32.28	gift box
			/ /	$	
			/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Galgiani

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym): Ellison Wilson Advocacy LLC
ADDRESS (Business Address Acceptable): 1725 Capitol Ave
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA 95811

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/9/12	$23.00	Book
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): State Building & Construction Trades Council of CA
ADDRESS (Business Address Acceptable): 1225 8th St, Ste 375
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/10/12	$35.58	Luncheon
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): CA Democratic Party
ADDRESS (Business Address Acceptable): 1401 21st St #200
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA 95811

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/7&12	$26.92	Policy conf. meals
12/2/12	$136.36	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Assemblymember Garrick
ADDRESS (Business Address Acceptable): State Capitol Rm 2158
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/15/12	$5.00	Shamrock plant
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): Pechanga Band of Luiseno Indians
ADDRESS (Business Address Acceptable): 1415 L St, Ste 410
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/18/12	$9.50	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym): American Council of Engineering Comp
ADDRESS (Business Address Acceptable): 1303 J St Ste 450
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/8/12	$73.49	Food & Beverage
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Galgiani

SCHEDULE D
Income – Gifts

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)
CA Cattlemen's Association	1221 H Street	Sacramento CA, 95814	3/29/12	$30.00	Food & Beverage
CA State Floral Association	1521 I St	Sacramento, CA 95814	3/21/12	$16.95	Flowers
Wine Institute	425 Market St. Ste 1000	San Francisco, CA 94105	3/12/12	$66.23	Reception
Churchansi Economic Development Authority	46575 Road 417, Bldg C	Coarsegold, CA 93614	1/18/12	$9.49	Food, Beverage & entertainment
			12/19/12	$102.76	Dinner
			12/17/12	$56.64	gift basket
Southern CA Edison	2244 Walnut Grove Ave	Rosemead, CA 91770	2/13/12	$18.87	Food & Beverage
CA Issues Forum	1717 I St	Sacramento, CA	6/13/12	$65.26	meal

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Galgiani

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)*: CA Independent Petroleum Assoc
ADDRESS *(Business Address Acceptable)*: 1001 K St, 6th Floor
CITY AND STATE: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Conference ☐ 501(c)(3)
DATE(S): 11/29/12 - 11/30/12 *(If gift)* AMT: $ 892.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE *(Not an Acronym)*: CA Issues Forum
ADDRESS *(Business Address Acceptable)*: 1717 I St
CITY AND STATE: Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Nonprofit organization ☐ 501(c)(3)
DATE(S): 12/11/12 - / / *(If gift)* AMT: $ 835.00
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): / / - / / *(If gift)* AMT: $
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): / / - / / *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: