

Please type or print in Ink.

2014 MAR -3 PM 3:55



BY: BH

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Gaines Beth Burkhard

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Assembly

Division, Board, Department, District, if applicable

District 6

Your Position

State Assemblymember

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State
- 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, 2013, through December 31, 2013.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2013.
- 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, 2013, 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: 11

- 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



I have used all reasonable diligence in preparing this statement. I have reviewed this statement 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 3-3-14  
(month, day, year)

Signature \_\_\_\_\_

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

Name  
Beth Gaines

▶ NAME OF BUSINESS ENTITY  
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS  
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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                  DISPOSED

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

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
Beth Gaines

**▶ 1. BUSINESS ENTITY OR TRUST**

Gaines Ranch

Name

P.O. Box 151, Butte City, CA 95920

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Farming

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     Other

YOUR BUSINESS POSITION Partner

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

Diamond Walnut Foods

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
ACQUIRED    DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_  
Yrs. remaining

Other \_\_\_\_\_

- Check box if additional schedules reporting investments or real property are attached

**▶ 1. BUSINESS ENTITY OR TRUST**

Gaines Insurance

Name

2260 Lava Ridge Court, Roseville, CA 95661

Address (Business Address Acceptable)

Check one

- Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Insurance

FAIR MARKET VALUE

- \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
ACQUIRED    DISPOSED

NATURE OF INVESTMENT

- Partnership     Sole Proprietorship     Corporation  
 Other

YOUR BUSINESS POSITION Vice President

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

- \$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

None

Sunset View Cemetery Association, Rod Read & Sons,  
KLS Air Express Inc, Capitol Iron Works, DLS of  
Sacramento, Blue Lake Springs Mutual Water Co.

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:

- INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/13    \_\_\_\_/\_\_\_\_/13  
ACQUIRED    DISPOSED

NATURE OF INTEREST

- Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_  
Yrs. remaining

Other \_\_\_\_\_

- Check box if additional schedules reporting investments or real property are attached

Comments: Additional Schedule: Fair Market Value of Parcels

AMENDMENT TO SCHEDULE A-2

Beth Gaines

**Additional Information for the Schedule A-2**

2013

**GAINES RANCH**

**ITEM #4**

Income: Diamond Walnut  
395 Mitchell Road  
Modesto, CA

**ITEM #4**

| <b>APN #</b>    |  |
|-----------------|--|
| 013-311-001-9   | Glenn County, Value: \$10,001- \$100,000 |
| 013-311-002-9   | Glenn County, Value: Over \$100,000      |
| 013-312-002-9   | Glenn County, Value: Over \$100,000      |
| 013-312-003-0   | Glenn County, Value: \$10,001- \$100,000 |
| 013-312-004-9   | Glenn County, Value: \$10,001- \$100,000 |
| 013-313-001-9   | Glenn County, Value: \$10,001- \$100,000 |
| 013-314-001-9   | Glenn County, Value: \$10,001- \$100,000 |
| 013-314-007-0   | Glenn County, Value: \$10,001- \$100,000 |
| 013-312-001-9   | Glenn County, Value: \$10,001- \$100,000 |
| 013-314-005-9   | Glenn County, Value: \$10,001- \$100,000 |
| 012-120-017-000 | Colusa County, Value: Over \$100,000     |

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

Name  
Beth Gaines

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
3400 Emerson Dr.

CITY  
Roseville, CA

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/13      \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      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  
Lauri Poretti  
Dave & Ashley Higgins

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

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:  
 \_\_\_\_\_/\_\_\_\_\_/13      \_\_\_\_\_/\_\_\_\_\_/13  
 ACQUIRED                      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                      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 D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
 Placer County Association of Realtors  
 ADDRESS *(Business Address Acceptable)*  
 4750 Grove St, Rocklin, CA 95677  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 10 / 13    | \$ 80.00 | ticket to installation |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ NAME OF SOURCE *(Not an Acronym)*  
 Roseville Chamber of Commerce  
 ADDRESS *(Business Address Acceptable)*  
 650 Douglas Blvd, Roseville, CA 95678  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)   |
|-----------------|-----------|--------------------------|
| 01 / 30 / 13    | \$ 60.00  | ticket to installation   |
| 11 / 11 / 13    | \$ 150.00 | tickets to holiday party |
| ___ / ___ / ___ | \$ _____  | _____                    |

▶ NAME OF SOURCE *(Not an Acronym)*  
 Sacramento Metro Chamber of Commerce  
 ADDRESS *(Business Address Acceptable)*  
 1 Capital Mall, Suite 300, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 08 / 13    | \$ 175.00 | ticket to installation |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE *(Not an Acronym)*  
 El Dorado Hills Chamber of Commerce  
 ADDRESS *(Business Address Acceptable)*  
 2085 Vine St, #105, El Dorado Hills, CA 95762  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 28 / 13    | \$ 60.00 | ticket to installation |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ NAME OF SOURCE *(Not an Acronym)*  
 California State Protocol Foundation  
 ADDRESS *(Business Address Acceptable)*  
 11355 West Olympic Blvd, Los Angeles, CA 90064  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 11 / 13    | \$ 55.29 | dinner with Governor   |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ NAME OF SOURCE *(Not an Acronym)*  
 Folsom Chamber of Commerce  
 ADDRESS *(Business Address Acceptable)*  
 200 Wool St, Folsom, CA 95630  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)   |
|-----------------|-----------|--------------------------|
| 01 / 17 / 13    | \$ 50.00  | tickets to state of city |
| 02 / 02 / 13    | \$ 25.00  | Marti Gras ticket        |
| 07 / 04 / 13    | \$ 110.00 | Folsom Rodeo tickets     |
| ___ / ___ / ___ | \$ _____  | _____                    |

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

**SCHEDULE D**  
**Income – Gifts**

Name  
 Beth Gaines

▶ NAME OF SOURCE *(Not an Acronym)*  
**Morongo Band of Mission Indians**

ADDRESS *(Business Address Acceptable)*  
 12700 Pumarra Rd, Banning, CA 92200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 02 / 05 / 13    | \$ 227.61 | dinner                 |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE *(Not an Acronym)*  
**California Association of Realtors**

ADDRESS *(Business Address Acceptable)*  
 1121 L Street #600, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 01 / 13    | \$ 59.00 | reception              |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Big Wake Weekend LLC**

ADDRESS *(Business Address Acceptable)*  
 PO Box 1236, Folsom, CA 95763

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)   |
|-----------------|-----------|--------------------------|
| 06 / 01 / 13    | \$ 215.00 | hospitality tent and hat |
| ___ / ___ / ___ | \$ _____  | _____                    |
| ___ / ___ / ___ | \$ _____  | _____                    |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Placer County Fair Association**

ADDRESS *(Business Address Acceptable)*  
 800 All America City Boulevard, Roseville, CA 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)   |
|-----------------|-----------|--------------------------|
| 06 / 22 / 13    | \$ 135.00 | fair tickets and parking |
| ___ / ___ / ___ | \$ _____  | _____                    |
| ___ / ___ / ___ | \$ _____  | _____                    |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Rocklin Chamber of Commerce**

ADDRESS *(Business Address Acceptable)*  
 3700 Rocklin Rd, Rocklin, CA 95677

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S)  |
|-----------------|----------|-------------------------|
| 06 / 27 / 13    | \$ 50.00 | ticket to charity event |
| 03 / 01 / 13    | \$ 30.00 | ticket to state of city |
| ___ / ___ / ___ | \$ _____ | _____                   |

▶ NAME OF SOURCE *(Not an Acronym)*  
**Sacramento Kings**

ADDRESS *(Business Address Acceptable)*  
 Sleep Train Arena, One Sports Parkway, Sacramento

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 05 / 23 / 13    | \$ 60.00 | Kings Rally Event VIP  |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
 Serrano Associates

ADDRESS (Business Address Acceptable)  
 4515 Serrano Parkway, El Dorado Hills, CA 95762

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S)  |
|-----------------|----------|-------------------------|
| 09 / 19 / 13    | \$ 60.00 | ticket to charity event |
| ___ / ___ / ___ | \$ _____ | _____                   |
| ___ / ___ / ___ | \$ _____ | _____                   |

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

ADDRESS (Business Address Acceptable)  
 7150 Baldwin Dam Rd, Folsom, CA 95630

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE    | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 04 / 28 / 13    | \$ 80.00 | Wine and Dine Event    |
| ___ / ___ / ___ | \$ _____ | _____                  |
| ___ / ___ / ___ | \$ _____ | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
 California Nations Indian Gaming Association

ADDRESS (Business Address Acceptable)  
 2150 River Plaza Dr, Suite 120, Sac, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S)  |
|-----------------|-----------|-------------------------|
| 02 / 05 / 13    | \$ 200.00 | conference registration |
| ___ / ___ / ___ | \$ _____  | _____                   |
| ___ / ___ / ___ | \$ _____  | _____                   |

▶ 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**

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br>Beth Gaines |
|--|

- 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)  
 Women in Government

ADDRESS (Business Address Acceptable)  
 1319 F Street, NW Suite 710

CITY AND STATE  
 Washington, DC 2000

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

---

DATE(S): 01 / 03 / 13 - 01 / 05 / 13 AMT: \$ 1,244.13  
 (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)  
 Women in Government

ADDRESS (Business Address Acceptable)  
 1319 F Street, NW Suite 710

CITY AND STATE  
 Washington, DC 2000

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

---

DATE(S): 05 / 16 / 13 - 05 / 18 / 13 AMT: \$ 693.14  
 (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)  
 Women in Government

ADDRESS (Business Address Acceptable)  
 1319 F Street, NW Suite 710

CITY AND STATE  
 Washington, DC 2000

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

---

DATE(S): 11 / 13 / 13 - 11 / 16 / 13 AMT: \$ 1,385.44  
 (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)  
 California Foundation on the Environment and Econo.

ADDRESS (Business Address Acceptable)  
 Pler 35, Suite 202

CITY AND STATE  
 San Francisco, CA

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

---

DATE(S): 02 / 07 / 13 - 02 / 08 / 13 AMT: \$ 477.26  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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

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

Name  
 Beth Gaines

- 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)  
 The Griffith Insurance Education Foundation

ADDRESS (Business Address Acceptable)  
 7100 N. High St, Suite 200

CITY AND STATE  
 Worthington, OH 43085

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

---

DATE(S): 03 / 15 / 13 - 03 / 16 / 13 AMT: \$ 364.33  
 (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)  
 California Foundation on the Environment and Econ.

ADDRESS (Business Address Acceptable)  
 Pier 35, Suite 202

CITY AND STATE  
 San Francisco, CA 94133

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

---

DATE(S): 04 / 25 / 13 - 04 / 26 / 13 AMT: \$ 528.89  
 (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)  
 Association of California Life and Health Ins. Compan.

ADDRESS (Business Address Acceptable)  
 1201 K. Street, Suite 1820

CITY AND STATE  
 Sacramento, CA 94814

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

---

DATE(S): 09 / 25 / 13 - 09 / 26 / 13 AMT: \$ 1,135.74  
 (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: \_\_\_\_\_



JUN 29 2014

BY: Alga

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

RECEIVED  
FAIR POLITICAL PRACTICES COMMISSION  
2014 AUG 11 PM 2:3

- 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 subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

NAME OF SOURCE (Not an Acronym)  
The Griffith Insurance Education Foundation  
ADDRESS (Business Address Acceptable)  
7100 N. High St, Suite 200  
CITY AND STATE  
Worthington, OH 43085  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 03 / 15 / 13 - 03 / 16 / 13 AMT: \$ 364.33  
*(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)  
California Foundation on the Environment and Econ.  
ADDRESS (Business Address Acceptable)  
Pier 35, Suite 202  
CITY AND STATE  
San Francisco, CA 94133  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 04 / 25 / 13 - 04 / 26 / 13 AMT: \$ 528.89  
*(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)  
Association of California Life and Health Ins. Compan.  
ADDRESS (Business Address Acceptable)  
1201 K. Street, Suite 1820  
CITY AND STATE  
Sacramento, CA 94814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 09 / 25 / 13 - 09 / 26 / 13 AMT: \$ 1,135.74  
*(if gift)*

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description

**Filer's Verification**

Print Name Beth Gaines

Office, Agency or Court California State Assembly

Statement Type  2013/2014 Annual  Assuming  Leaving  
 2013 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 7/29/14  
*(month, day, year)*

Filer's Signature [Signature]

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