

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initial Filing Received  
 Official Use Only

MAR 2 2015  
 DP

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 CALIFORNIA STATE SENATE  
 Division, Board, Department, District, If applicable SENATE  
 Your Position SENATOR

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

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

RECEIVED  
 FAIR POLITICAL  
 PRACTICES COMMISSION  
 2015 MAR -2 PM 1:35

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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: \_\_\_\_\_

- 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

I certify under penalty of perjury under the laws of the State of California that the information and in any attached schedules is true and complete. I acknowledge this is a

Date Signed 03/02/2015  
 (month, day, year)

Signature



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>GALGIANI, CATHLEEN</b>
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**RENA READEN**

ADDRESS (Business Address Acceptable)  
**665 S. REGENT ST., STOCKTON, CA 95204**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**RENTER**

YOUR BUSINESS POSITION  
**1200.00**

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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
*(Real property, car, boat, etc.)*  
 Loan repayment  
 Commission or  Rental income, list each source of \$10,000 or more  
 \_\_\_\_\_  
*(Describe)*  
 Other \_\_\_\_\_  
*(Describe)*

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  
 (For self-employed use Schedule A-2.)  
 Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)  
 Sale of \_\_\_\_\_  
*(Real property, car, boat, etc.)*  
 Loan repayment  
 Commission or  Rental income, list each source of \$10,000 or more  
 \_\_\_\_\_  
*(Describe)*  
 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	<i>Street address</i>
		_____
		<i>City</i>
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	<i>(Describe)</i>
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**CALIFORNIA ISSUES FORUM**

ADDRESS (Business Address Acceptable)  
**1717 I ST., SACRAMENTO, CA 95811**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**NON PROFIT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 14	\$ 95.00	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**CALIFORNIA DEMOCRATIC PARTY**

ADDRESS (Business Address Acceptable)  
**1401 21ST STREET, SACRAMENTO, CA 95811**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	\$ 80.56	MEAL
11 / 06 / 14	\$ 68.45	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**CALIFORNIA GRAPE & TREE FRUIT LEAGUE**

ADDRESS (Business Address Acceptable)  
**978 W. ALLUVIAL, SUITE 107, FRESNO, CA 93711**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 04 / 14	\$ 78.98	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**CALIFORNIA BUSINESS PROPERTIES ASSOC**

ADDRESS (Business Address Acceptable)  
**1121 I ST, SUITE 809, SACRAMENTO, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 14	\$ 71.63	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**CONSULATE GENERAL OF JAPAN IN SF**

ADDRESS (Business Address Acceptable)  
**275 BATTERY ST., SUITE 2100, SF, CA 94111**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**GOVERNMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 14	\$ 94.00	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)  
**MINISTRY OF FOREIGN AFFAIR**

ADDRESS (Business Address Acceptable)  
**2-2-1 KASUMIGASEKI CHIYODA-KU TOKYO, JAPAN**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**GOVERNMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 14	\$ 81.00	MEAL
/ /	\$	
/ /	\$	

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**GALGIANI, CATHLEEN**

▶ NAME OF SOURCE (Not an Acronym)

**MINISTRY OF LAND INFRASTRUCTURE, TRAN, & T**

ADDRESS (Business Address Acceptable)

**2-1-3 KASUMIGASEKI CHIYODA, TOKYO 100-8918**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**GOVERNMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 14	\$ 85.00	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

**CALIFORNIA FOUNDATION FOR COMMERCE & ED**

ADDRESS (Business Address Acceptable)

**1215 K ST., SUITE 1400, SACRAMENTO, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 08 / 14	\$ 234.72	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

**KEVIN de LEON FOR SENATE 2014**

ADDRESS (Business Address Acceptable)

**777 S. FIGUEROA ST., SUITE 4050, LA, CA 90017**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**GOVERNMENT**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 30 / 14	\$ 235.66	MEAL
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

**CALIFORNIA INDEPENDENT PRETROLEUM ASSO**

ADDRESS (Business Address Acceptable)

**1001 K ST., 6TH FLOOR, SACRAMENTO, CA 95814**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 30 / 14	\$ 412.88	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)
/ /	\$	
/ /	\$	
/ /	\$	

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>GALGIANI, CATHLEEN</b>
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- 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 FOUNDATION ON THE ENVIRONMENT & ECONC**

ADDRESS (Business Address Acceptable)  
**PIER 35, SUITE 2020**

CITY AND STATE  
**SAN FRANCISCO, CA**

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

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DATE(S): 05/15/14 - 05/16/14 AMT: \$ 561.31  
(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)  
**PACIFIC POLICY RESEARCH**

ADDRESS (Business Address Acceptable)  
**101 PARKSHORE DR., SUITE 100**

CITY AND STATE  
**FOLSOM, CA 95630**

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

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DATE(S): 11/19/14 - 11/22/14 AMT: \$ 1,209.99  
(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 INDEPENDENT PETROLEUM ASSOC**

ADDRESS (Business Address Acceptable)  
**1001 K ST., 6TH FLOOR**

CITY AND STATE  
**SACRAMENTO, CA**

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

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DATE(S): 12/05/14 - 12/06/14 AMT: \$ 445.52  
(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

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

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DATE(S): \_\_\_\_\_ AMT: \$ \_\_\_\_\_  
(if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

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

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