



**COVER PAGE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Yee Betty T.

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

Agency Name  
California State Board of Equalization  
 Division, Board, Department, District, if applicable  
First District Your Position  
Board Member

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

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

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

State  Judge (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, 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 2:10  
 CALIFORNIA FAIR POLITICAL PRACTICES COMMISSION

**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  
 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



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 t

Date Signed February 25, 2011 Signature \_\_\_\_\_  
 (month, day, year)

**RECEIVED**

MAR -1 2011 FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

by EXECUTIVE DIRECTOR'S OFFICE  
 STATE BOARD OF EQUALIZATION

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

Name

Betty T. Yee

▶ STREET ADDRESS OR PRECISE LOCATION  
2420 L Street  
 CITY  
Sacramento

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED 10 / 10 / 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.

▶ STREET ADDRESS OR PRECISE LOCATION  
 \_\_\_\_\_  
 CITY  
 \_\_\_\_\_

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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.

\* 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  
Patty T. Yee

▶ NAME OF SOURCE CA Newspaper Publishers Association / Society of Newspaper Editors  
 ADDRESS (Business Address Acceptable)  
2000 ~~2000~~ O Street, Suite 120, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/27/10</u>	<u>\$ 25.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE  
Greater Ukiah Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
200 South School Street, Ukiah, CA 95402  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chamber of commerce (business association)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 3/10/10</u>	<u>\$ 15.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE  
Morgan Hill Rotary Club  
 ADDRESS (Business Address Acceptable)  
P.O. Box 283, Morgan Hill, CA 95038  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Civic organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 2/3/10</u>	<u>\$ 15.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE  
Humboldt County Farm Bureau  
 ADDRESS (Business Address Acceptable)  
5601 South Broadway Street, Eureka, CA 95503  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Agricultural association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 3/11/10</u>	<u>\$ 10.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE  
100 Black Men, Inc. of the Bay Area  
 ADDRESS (Business Address Acceptable)  
1138 - 12th Street, Oakland, CA 94607  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional organization (mentoring)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/25/10</u>	<u>\$ 25.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>

▶ NAME OF SOURCE  
CA Taxpayers Association  
 ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 1250, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 3/23/10</u>	<u>\$ 20.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>
<u>   /   /   </u>	<u>\$</u>	<u>   </u>

Comments: Gifts noted with an asterisk (\*) above were provided in conjunction with my delivering a speech or making a presentation.

**SCHEDULE D**  
**Income – Gifts**

Name

Patty T. Yee

▶ NAME OF SOURCE  
Board of Equalization Member Jerome Horton  
ADDRESS (Business Address Acceptable)  
450 N Street, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/24/10</u>	<u>\$ 30.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE  
Santa Barbara Chapter of American Society of Women Accountants  
ADDRESS (Business Address Acceptable)  
P.O. Box 20048, Santa Barbara, CA 93120  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional organization (accounting)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 5/20/10</u>	<u>\$ 15.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE  
Keesa Ocampo / ~~Barbara Ocampo~~  
ADDRESS (Business Address Acceptable)  
150 Shoreline Drive, Redwood City, CA 94065  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
NA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/12/10</u>	<u>\$ 20.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE  
Southern CA Edison  
ADDRESS (Business Address Acceptable)  
2244 Walnut Grove Avenue, Rosemead, CA 91770  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Utility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/30/10</u>	<u>\$ 23.42</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE  
San Benito County Chamber of Commerce  
ADDRESS (Business Address Acceptable)  
650 San Benito Street, Suite 130, Hollister, CA 95023  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chamber of commerce (business association)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 5/19/10</u>	<u>\$ 15.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

▶ NAME OF SOURCE  
CA Music and Culture Association  
ADDRESS (Business Address Acceptable)  
200 California Street, Suite 1001, San Francisco, CA 94111  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Trade association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 7/30/10</u>	<u>\$ 16.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>
<u>   /   /   </u>	<u>   \$   </u>	<u>   </u>

Comments: Gifts noted with an asterisk (\*) above were provided in conjunction with my delivering a speech or making a presentation.

**SCHEDULE D**  
**Income - Gifts**

Name  
Betty T. Yee

▶ NAME OF SOURCE  
Organization of Chinese Americans - Sacramento  
 ADDRESS (Business Address Acceptable)  
P.O. Box 90A, Sacramento, CA 95812  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Civic organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/11/10</u>	<u>\$ 15.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Council on American-Islamic Relations  
 ADDRESS (Business Address Acceptable)  
1500 - 7th Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Civil rights organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/28/10</u>	<u>\$ 20.00</u>	<u>Food and beverage</u>
<u>11/20/10</u>	<u>\$ 30.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
CalPac Tech State Package Store and Tavern Owners Assoc.  
 ADDRESS (Business Address Acceptable)  
610 - 10th Street, Suite P, Oakland, CA 94612  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Entertainment business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 8/17/10</u>	<u>\$ 30.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
African American Small Business DMC  
 ADDRESS (Business Address Acceptable)  
P.O. Box 150858, Sacramento, CA 95818  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political action committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 9/30/10</u>	<u>\$ 30.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Golden Gate University Alumni Association  
 ADDRESS (Business Address Acceptable)  
530 Mission Street, San Francisco, CA 94105  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Alumni membership organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/19/10</u>	<u>\$ 15.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE  
Hispanic Business Chamber of Commerce of Marin  
 ADDRESS (Business Address Acceptable)  
P.O. Box 1123, San Rafael, CA 94913  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chamber of commerce (business association)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>* 10/7/10</u>	<u>\$ 15.00</u>	<u>Food and beverage</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: Gifts noted with an asterisk (\*) above were provided in conjunction with my delivering a speech or making a presentation.

**SCHEDULE D**  
**Income - Gifts**

Name  
Betty T. Yee

▶ NAME OF SOURCE American American Chamber of Commerce - Los Angeles Chapter  
 ADDRESS (Business Address Acceptable)  
226 East Broadway, Suite 3130, Glendale, CA 91205  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chamber of Commerce (business association)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
* 10/16/10	\$ 25.00	Food and beverage
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE Aroner, Jewell & Ellis Partners  
 ADDRESS (Business Address Acceptable)  
1803 - 6th Street, Suite B, Berkeley, CA 94710  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/1/10	\$ 10.00	Food and beverage
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE Asian Pacific American Coalition  
 ADDRESS (Business Address Acceptable)  
P.O. Box 261954, San Diego, CA 92196  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political/civic engagement organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
* 10/16/10	\$ 20.00	Food and beverage
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE CA Teachers Association  
 ADDRESS (Business Address Acceptable)  
1118 - 16th Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Teachers union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
* 8/1/10	\$ 13.99	Food and beverage
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE American National Committee  
 ADDRESS (Business Address Acceptable)  
211 W. Chestnut Street, Suite 302, Glendale, CA 91204  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Political advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/24/10	\$ 35.00	Food and beverage
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE \_\_\_\_\_  
 ADDRESS (Business Address Acceptable) \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE \_\_\_\_\_

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

Comments: Gifts noted with an asterisk (\*) above were provided in conjunction with my delivering a speech or making a presentation.