

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

Date Received  
Official Use Only

COUNTY OF SACRAMENTO  
BOARD OF SUPERVISORS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) 14 MAR -3 PM 4:40  
Yee Jimmie R.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

County of Sacramento

Division, Board, Department, District, if applicable

Board of Supervisors

Your Position

Board Member

FILED

MAR 05 2014

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

CRAIG A. KRAMER, CLERK-RECORDER

By CK DEPUTY

Agency: (see attached list)

Position:

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

State

Multi-County

City of

Judge or Court Commissioner (Statewide Jurisdiction)

County of Sacramento

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.

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.

Assuming Office: Date assumed \_\_\_\_\_

Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2014 APR 11 PM 4:23

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

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. I certify that the information provided herein and in any attached schedules is true and complete. I acknowledge that I am subject to the provisions of the Political Reform Act of 1974, and I understand that I may be subject to criminal and civil penalties for providing false information. I certify under penalty of perjury under the laws of the State of California that the information provided herein is true and complete.

Date Signed

2/28/14

(month, day, year)

Conflict of Interest - Form 700 - 2014

<b>Name of Board/Commission:</b>
Area 4 Agency on Aging -Governing Board (Alternate - Miko Sawamura)
Board of Supervisors
Sac-Joaquin Delta Conservancy Protection Board
Delta Protection Commission (Alternate)
Freeport Regional Water Authority (FRWA)
Regional Human Rights/Fair Housing Commission Governing Board
River City Regional Stadium Financing Authority
Sacramento Abandoned Vehicle Service Authority (SAVSA)
Sacramento Area Flood Control Agency Board (SAFCA) - (Alternate - Aaron Chong)
Sacramento Area Sewer District (SASD)
Sacramento County Public Facilities Financing Corp. - Director
Sacramento Employment and Training Agency (SETA)
Sacramento Local Agency Formation Commission (LAFCO)
Sacramento Metropolitan Air Quality Management District (SMAQMD)
Sacramento Metropolitan Cable Television Commission (CTC) - (Alternate - Aaron Chong)
Sacramento Public Library Authority Governing Board
Sacramento Regional County Sanitation District (SRCSD)
Sacramento Regional Solid Waste Authority Board (SWA - Alternate)
Sacramento Transportation Authority (STA)
Tobacco Securitization Authority
Tobacco Securitization Authority of Northern California
Tobacco Securitization Authority of Southern California (Alternate)





**SCHEDULE D**  
**Income – Gifts**

Name  
**Jimmie R. Yee**

▶ NAME OF SOURCE *(Not an Acronym)*  
**California Capital Airshow**

ADDRESS *(Business Address Acceptable)*  
**3745 Whitehead Street, Mather, CA 95655**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Air Show Tickets (2)**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 05 / 13	\$ 300.00	Air Show Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Robert Thomas & Associates**

ADDRESS *(Business Address Acceptable)*  
**7700 College Town, Sacramento, CA 95826**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**King's Ticket**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 13	\$ 67.00	King's ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**2015 U.S. Senior Open**

ADDRESS *(Business Address Acceptable)*  
**3333 Marconi Ave., Sacramento, CA 95821**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**U.S. Senior Open**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 09 / 13	\$ 50.00	shirt and hat
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)*  
**North American Food Distribution Co., Inc.**

ADDRESS *(Business Address Acceptable)*  
**3969 Industrial Blvd., West Sacramento, CA 95691**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Sake Fest**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 15 / 13	\$ 60.00	ticket to event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: \_\_\_\_\_