CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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BOARD OF SUPERVISORS

Please type or print in ink. GG

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Yee	Jimmie	R.	[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL E-MAIL ADDRESS
[redacted]				

1. Office, Agency, or Court

FILED
MAR 02 2010
CRAIG A. KRAMER, CLERK-RECORDER
By DEPUTY

Name of Office, Agency, or Court:
County of Sacramento

Division, Board, District, if applicable:
Board of Supervisors

Your Position:
Board Member

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: (see attached)

Position:

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

- ☐ State
- ☒ County of Sacramento
- ☐ City of
- ☐ Multi-County
- ☐ Other

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31, 2009.

☐ Leaving Office Date Left: ___/___/___ (Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

☐ I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 2/17/2010
(month, day, year)

Signature [redacted]
(Retain the originally signed statement with your filing office.)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Jimmie R. Yee

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ STREET ADDRESS OR PRECISE LOCATION
2320 Broadway

CITY
Sacramento, 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
03 / 06 / ~~09~~ 1991 (ACQUIRED) — / / 09 (DISPOSED)

NATURE OF INTEREST
- ☐ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☒ Partnership (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
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☐ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE
/ / 09 (ACQUIRED) — / / 09 (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 _____ % ☐ 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: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Jimmie R. Yee

SCHEDULE D
Income – Gifts

► NAME OF SOURCE
Sacramento Jazz Jubilee
ADDRESS *(Business Address Acceptable)*
2787 Del Monte Street, West Sacramento, CA 95691
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 09	$ 110.00	Jazz Festival Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
Clement Kong
ADDRESS *(Business Address Acceptable)*
2430 J Street, Sacramento, CA 95816
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 02 / 09	$ 150.00	1 - Kings ticket
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

► NAME OF SOURCE
No. Califorinia Collection Service, Inc. - Robert Biko
ADDRESS *(Business Address Acceptable)*
700 Leisure Lane, Sacramento, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 09	$ 165.00	1 - Kings ticket
/ /	$	
/ /	$	

► NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

Conflict of Interest - Form 700

Name of Board/Commission:
Area 4 Agency on Aging -Governing Board (Alternate - Miko Sawamura)
Board of Supervisors
First 5 Sacramento 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)
Sacramento Area Sewer District
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)
Sacramento Public Library Authority Governing Board
Sacramento Regional County Sanitation District
Sacramento Regional Solid Waste Authority Board (SWA)
Sacramento Transportation Authority (STA)
County of Sacramento - Voter's Registration