

STATEMENT OF ECONOMIC INTERESTS

Date Received  
(circle date only)

COVER PAGE

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION

2013 MAR - 18 10:37

(1M)

Please type or print in ink.

NAME OF FILER (LAST) Yee (FIRST) Betty (MIDDLE) Ting

1. Office, Agency, or Court

Agency Name

California State Board of Equalization

Board Member

Division, Board, Department, District, If applicable

Your Position

First District

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

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

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, 2012, through December 31, 2012.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_
- or- [Check one]
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  The period covered is January 1, 2012, through the date of leaving office.
- December 31, 2012.  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: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 6

- 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

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)

[Redacted Address Block]

Date Signed February 25, 2013 Signature \_\_\_\_\_  
(month, day, year)

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FEB 27 2013

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

Name  
Betty Ting Yee

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>East Bay Municipal Utility District</u> ADDRESS (Business Address Acceptable) <u>3705 - 11th Street, Oakland, CA 94607</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Public water/wastewater utility</u> YOUR BUSINESS POSITION <u>N/A</u>  GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ YOUR BUSINESS POSITION _____  GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE      TERM (Months/Years) _____ % <input type="checkbox"/> None    _____  SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: \_\_\_\_\_

**SCHEDULE D  
Income - Gifts**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <u>Betty Ting Yee</u>
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▶ NAME OF SOURCE (Not an Acronym)  
CA Legislative Black Caucus  
 ADDRESS (Business Address Acceptable)  
State Capitol, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legislators

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/11/12</u>	<u>\$15.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Service Employees International Union, Local 1000  
 ADDRESS (Business Address Acceptable)  
1208-14th Street, Sacramento, CA 95816  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/22/12</u>	<u>\$20.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
California Taxpayers Association  
 ADDRESS (Business Address Acceptable)  
1215 K Street, Suite 1250, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Taxpayer advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/18/12</u>	<u>\$15.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
The Wine Institute  
 ADDRESS (Business Address Acceptable)  
915 L Street, Suite 1400, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Wine industry advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/12/12</u>	<u>\$20.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
~~CA~~ League of California Cities  
 ADDRESS (Business Address Acceptable)  
1400 K Street, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Local government advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/18/12</u>	<u>\$19.16</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
California New Car Dealers Association  
 ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 700, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Car dealers advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/20/12</u>	<u>\$20.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

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

Name  
Betty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)  
California State Council of Laborers  
ADDRESS (Business Address Acceptable)  
1121 L Street, Suite 502, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/20/12</u>	<u>\$36.72</u>	<u>Food, beverage</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)  
Asian Pacific Islanders Calif. Action Network  
ADDRESS (Business Address Acceptable)  
P.O. Box 2081, Gardena, CA 90247  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nationwide advocacy network for API community

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/30/12</u>	<u>\$30.00</u>	<u>Food, beverage</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)  
Natl Assoc. of Women Business Owners - L.A.  
ADDRESS (Business Address Acceptable)  
523 - W. 6th Street, Suite 516, Los Angeles, CA 90014  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business association; advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/23/12</u>	<u>\$25.00</u>	<u>Food, beverage</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)  
Consul General of Mexico  
ADDRESS (Business Address Acceptable)  
2093 Arden Road, Sacramento, CA 95834  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Mexican government representative

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/2/12</u>	<u>\$20.00</u>	<u>Food, beverage</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)  
Coventry Attorneys of California  
ADDRESS (Business Address Acceptable)  
770 L Street, Suite 1200, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional association for attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/30/12</u>	<u>\$20.57</u>	<u>Food, beverage</u>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)  
California Teachers Association  
ADDRESS (Business Address Acceptable)  
118-10th Street, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/22/12</u>	<u>\$48.06</u>	<u>Food, beverage</u>
___/___/___	\$	
___/___/___	\$	

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

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

Name  
Betty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)  
CAPITAL/CAPITAL Foundation  
 ADDRESS (Business Address Acceptable)  
6313 Elvas Avenue, Sacramento, CA 95819  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit collaborative for strengthening communities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/30/12</u>	<u>\$25.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Asian Heritage ~~Association~~ Society  
 ADDRESS (Business Address Acceptable)  
2100 First Avenue, San Diego, CA 92103  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cultural preservation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/15/12</u>	<u>\$80.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Jericho  
 ADDRESS (Business Address Acceptable)  
1228 N Arceet, Suite 10, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Social justice advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/2/12</u>	<u>\$30.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Luca International Group, LLC  
 ADDRESS (Business Address Acceptable)  
2915D Liberty Street, Suite 410, Fremont, CA 94538  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Oil and gas development professional consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/17/12</u>	<u>\$100.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Sacramento River Cats  
 ADDRESS (Business Address Acceptable)  
400 Ballpark Drive, West Sacramento, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Baseball team

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/2/12</u>	<u>\$24.00</u>	<u>2 game tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
United States - Pakistani Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
P.O. Box 21736, El Sobrante, CA 94820  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Chamber of commerce

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/28/12</u>	<u>\$15.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

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

Name  
Betty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)  
Asian Inc.  
ADDRESS (Business Address Acceptable)  
1167 Mission Street, Suite 4, San Francisco, CA 94103  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Social equality; housing; entrepreneurship

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/28/12</u>	<u>\$100.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Hispanics Organized for Political Equality  
ADDRESS (Business Address Acceptable)  
634 South Spring Street, Suite 900, Los Angeles, CA 90014  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Leadership development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/6/12</u>	<u>\$80.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Ernst & Young  
ADDRESS (Business Address Acceptable)  
1415 L Street, Suite 1200, Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Accounting firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/9/12</u>	<u>\$163.44</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
San Mateo County Central Labor Council  
ADDRESS (Business Address Acceptable)  
1153 Chest Drive, Suite 200, Foster City, CA 94041  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Coalition of labor organizations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/7/12</u>	<u>\$30.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
Asian Pacific American Legal Center  
ADDRESS (Business Address Acceptable)  
1145 Wilshire Blvd., Los Angeles, CA 90017  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal resource center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/11/12</u>	<u>\$60.00</u>	<u>Food, beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: \_\_\_\_\_