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FAIR POLITICAL PRACTICES COMMISSION  
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**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

2008 MAR -3 PM 3:48

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Bowen	Debra	Lynn	( 916 ) 653-7244
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
1500 11th Street		Sacramento	CA 95814

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

Name of Office, Agency, or Court:  
Secretary of State

Division, Board, District, if applicable:  
Executive

Your Position:  
Secretary of State

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

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

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

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

State

County of \_\_\_\_\_

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, 2007, through December 31, 2007.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2007.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate

**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 - 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 March 3, 2008  
(month, day, year)

Signature Debra Bowen  
(File the originally signed statement with your filing official.)



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

Name \_\_\_\_\_

> STREET ADDRESS OR PRECISE LOCATION  
8115 La Riviera Drive  
 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

IF APPLICABLE, LIST DATE: \_\_\_\_\_/\_\_\_\_\_/07  
 ACQUIRED DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust  Easement  
 Leasehold \_\_\_\_\_  rental property  
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.  
Bradley & Meredith Pannett

> 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

IF APPLICABLE, LIST DATE: \_\_\_\_\_/\_\_\_\_\_/07  
 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, 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 ACTIVITY 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 ACTIVITY 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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____ _____ _____
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- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

> NAME OF SOURCE  
Toyota Motor Sales, USA, Inc  
 ADDRESS  
19001 S. Western Avenue, PO Box 2722  
 CITY AND STATE  
Torrance, CA 90509  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE(S): 03 / 31 / 07 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 73.93  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Dinner, Senate Rules contingent,  
March 29-April 7 2007

> NAME OF SOURCE  
Shizuoka Prefecture  
 ADDRESS  
9-6 Otemachi  
 CITY AND STATE  
Shizuoka-shi, 420-8601Japan  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE(S): 04 / 03 / 07 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 109.00  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Dinner, Senate Rules contingent,  
March 29-April 7 2007

> NAME OF SOURCE  
Japanese Ministry of Foreign Affairs  
 ADDRESS  
Kasumigaseki 2-2-1, Chiyoda-ku  
 CITY AND STATE  
Tokyo 100-8919, Japan  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE(S): 04 / 02 / 07 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 73.00  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Dinner, Senate Rules contingent,  
March 29-April 7 2007

> NAME OF SOURCE  
Osaka Prefecture  
 ADDRESS  
2-1-22 Othemaue Tyuoh-ku  
 CITY AND STATE  
Osaka City, 540-8570, Japan  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE(S): 04 / 05 / 07 - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 64.00  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Lunch, Senate Rules contingent,  
March 29-April 7 2007

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