

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL
PRACTICES COMMISSION

COVER PAGE

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A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Yee	Betty	T.	(415) 557-3000
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
455 Golden Gate Avenue, Suite 10500, San Francisco, CA 94102			OPTIONAL: FAX/E-MAIL ADDRESS
			(415) 557-0287

1. Office, Agency, or Court

Name of Office, Agency, or Court:
State Board of Equalization

Division, Board, District, if applicable:
First District

Your Position:
Board Member

➔ 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 February 25, 2008
(month, day, year)

Signature [Signature]
(File the originally signed statement with your filing official.)

RECEIVED

FEB 25 2008

SCHEDULE D
Income - Gifts

Name
Betty T. Yee

> NAME OF SOURCE
CA Cable & Telecommunications Assoc.
ADDRESS
360-22nd St, Suite 750, Oakland, CA 94612
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/10/07</u>	<u>\$ 14.26</u>	<u>Breakfast</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Service Employees International Union - CA State Council
ADDRESS
1007-2nd St, 4th Fl, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/31/07</u>	<u>\$ 40.00</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
CA Tribal Business Alliance
ADDRESS
1530 J St, Suite 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/10/07</u>	<u>\$ 50.00</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Personal Insurance Federation of CA
ADDRESS
920-9th St, Suite 2030, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/7/07</u>	<u>\$ 40.00</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
Taxpayers Political Action Committee (TAXPAC)
ADDRESS
400 Capitol Mall, 22nd Fl, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business political action committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/31/07</u>	<u>\$ 52.94</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

> NAME OF SOURCE
ETIA - The Wireless Association
ADDRESS
1400-16th St NW, Suite 600, Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/21/07</u>	<u>\$ 40.00</u>	<u>Food & beverage</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Betty T. Yee

> NAME OF SOURCE
Wine Institute

ADDRESS
425 Market St, Suite 1000, San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Industry association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/12/07</u>	<u>\$50.21</u>	<u>Food & beverage</u>
	\$	
	\$	

> NAME OF SOURCE
Bill Wang LLC

ADDRESS
P.O. Box 188958, Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political strategy & advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/20/07</u>	<u>\$38.93</u>	<u>Food & beverage</u>
	\$	
	\$	

> NAME OF SOURCE
CA State Council of Laborers

ADDRESS
1121 L St, Suite 502, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/19/07</u>	<u>\$68.82</u>	<u>Food & beverage</u>
	\$	
	\$	

> NAME OF SOURCE
CA Taxpayers Assoc. (CAL TAX)

ADDRESS
1215 K St, Suite 1250, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/22/07</u>	<u>\$25.00</u>	<u>Food & beverage</u>
	\$	
	\$	

> NAME OF SOURCE
Comcast

ADDRESS
1215 K Street, Suite 1700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cable TV company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/19/07</u>	<u>\$50.00</u>	<u>Food & beverage</u>
	\$	
	\$	

> NAME OF SOURCE
CA Professional Firefighters

ADDRESS
1750 Greenbriar Drive, Suite 200, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/28/07</u>	<u>\$24.61</u>	<u>Food & beverage & apron</u>
	\$	
	\$	

Comments: _____

**SCHEDULE D
Income - Gifts**

Name
Betty T. Yee

> NAME OF SOURCE
APPE Legislative Caucus Institute
ADDRESS
P.O. Box 942849, Sacramento, CA 95899-0049
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit training institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/11/07</u>	<u>\$50.00</u>	<u>Food & beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
Assoc. of Asian American Investment Managers
ADDRESS
1045 N. Utah St, Suite 512, Arlington, VA 22201
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/4/07</u>	<u>\$40.00</u>	<u>Food & beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE
US Pan Asian American Chamber of Commerce
ADDRESS
1329 18th St NW, Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/11/07</u>	<u>\$50.00</u>	<u>Food & beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
San Jose Firefighters Local 230
ADDRESS
425 E. Santa Clara St. #300, San Jose, CA 95113
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/19/07</u>	<u>\$40.00</u>	<u>Food & beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____