

EB/ 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 OPTIONAL: FAX / E-MAIL ADDRESS
155 Golden Gate Ave., Suite 10500, San Francisco, CA 94102 (415) 557-0287			

1. Office, Agency, or Court

Name of Office, Agency, or Court:
CA 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, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____ through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, 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: 5

► 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 February 26, 2009
(month, day, year)

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

RECEIVED

FEB 27 2009

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Betty T. Yee

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Nationwide Retirement Solutions, Inc.

ADDRESS
P.O. Box 182797, Columbus, OH 43219

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retirement/401(k) plan administrator

YOUR BUSINESS POSITION
N/A

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other Excess 401(k) contribution
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other _____
(Describe)

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 ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

▶ 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>1/17/08</u>	<u>\$75.00</u>	<u>Dinner (food/beverage)</u>
<u>4/2/08</u>	<u>\$108.76</u>	<u>Dinner (food/beverage)</u>
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
CA Taxpayers Assoc. (CAETAX)
 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>4/2/08</u>	<u>\$25.00</u>	<u>Breakfast (food/beverage)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Service Employees International Union - CA State Council
 ADDRESS
1007 7th St. 9th Floor, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/30/08</u>	<u>\$40.00</u>	<u>Reception (food/beverage)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Silicon Valley Leadership Group
 ADDRESS
22A Airport Pkwy., Suite 620, San Jose, CA 95110
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public policy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/2/08</u>	<u>\$30.00</u>	<u>Reception (food/beverage)</u>
<u>8/11/08</u>	<u>\$75.00</u>	<u>Barbeque (food/beverage)</u>
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
AT&T
 ADDRESS
1215 K St., Suite 1800, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Telecommunications company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/5/08</u>	<u>\$24.77</u>	<u>Lunch (food/beverage)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Hewlett-Packard Company
 ADDRESS
3000 Hanover St., Palo Alto, CA 94304
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Technology company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/1/08</u>	<u>\$14.40</u>	<u>Lunch (food/beverage)</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D
Income - Gifts

Name
Betty T. Yee

▶ NAME OF SOURCE
Equality California
ADDRESS
2370 Market St, San Francisco, CA 94114
BUSINESS ACTIVITY, IF ANY, OF SOURCE
LGBT advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/12/08</u>	<u>\$ 30.00</u>	<u>Reception (food/beverage)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
California List
ADDRESS
212-26th St, Suite 150, Santa Monica, CA 90402
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's political organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/13/08</u>	<u>\$ 30.00</u>	<u>Reception (food/beverage)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Honorable Michelle Steel
ADDRESS
550 Deep Valley Dr, Suite 355, Rolling Hills Estates, CA 90274
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Member, CA State Board of Equalization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/14/08</u>	<u>\$ 30.00</u>	<u>Spa treatment</u>
<u>8/6/08</u>	<u>\$ 35.00</u>	<u>Spa treatment and tea</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Organization of Chinese Americans - Sacramento Chapter
ADDRESS
P.O. Box 906, Sacramento, CA 95812
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy and education organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/13/08</u>	<u>\$ 25.00</u>	<u>Reception (food/beverage)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Dr. Kee Whan Ha
ADDRESS
2760 W. Olympic Blvd, Los Angeles, CA 90006
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Supermarket executive

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/14/08</u>	<u>\$ 50.00</u>	<u>Dinner (food/beverage)</u>
<u>8/6/08</u>	<u>\$ 75.00</u>	<u>Dinner (food/beverage) and entertainment (karaoke)</u>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
CA Nations Indian Gaming Assoc.
ADDRESS
1415 L Street, Suite 1060, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal gaming association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/20/08</u>	<u>\$ 30.00</u>	<u>Reception (food/beverage)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE
Council on American-Islamic Relations

ADDRESS
717 K Street, Suite 217, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civil rights advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>9, 3, 08</i>	<i>\$30.00</i>	<i>Hot dinner (food/beverage)</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Comcast

ADDRESS
1215 K St., Suite 1700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cable and telecommunications company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12, 1, 08</i>	<i>\$41.00</i>	<i>Dinner (food/beverage)</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE
Bill Wingo, LLC

ADDRESS
P.O. Box 188888, Sacramento, CA 95818

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Analysis and advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12, 1, 08</i>	<i>\$41.00</i>	<i>Dinner (food/beverage)</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____