

SR



STATEMENT OF ECONOMIC INTERESTS PERSONNEL OF SECRETARY OF STATE

2009 MAR -2 PM 6:02 COVER PAGE

09 MAR -2 PM 4:02

A Public Document

Please type or print in Ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Bowen	Debra	Lynn	( 916 ) 657-2175
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, 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: \_\_\_\_\_

▶ 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 March 2, 2009  
(month, day, year)

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

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ NAME OF BUSINESS ENTITY  
Hansen Natural Corporation

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Food

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
General Electric

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Conglomerate

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Silicon Storage Technology

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Technology

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Provident Energy

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Energy Provider

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Gene Logic

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Pharmaceutical

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock  
 Other \_\_\_\_\_ (Describe)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/08      \_\_\_\_\_/\_\_\_\_\_/08  
 ACQUIRED                      DISPOSED

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

# SCHEDULE E Income - Gifts Travel Payments, Advances, and Reimbursements

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name _____

- **Reminder** - you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE  
JPMorgan Chase

ADDRESS  
801 K Street Sulte 110

CITY AND STATE  
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE(S): 8 / 26 / 08 - / / AMT: \$ 63.00  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Denver Art Museum Luncheon

▶ NAME OF SOURCE  
California Council for Environmental and Economic Ba

ADDRESS  
100 Spear Street, Suite 805

CITY AND STATE  
San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Government

DATE(S): 4 / 8 / 08 - / / AMT: \$ 49.24  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: Edmund "Pat" Brown Luncheon

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

CITY AND STATE  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

▶ NAME OF SOURCE  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_

CITY AND STATE  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(if applicable)*

TYPE OF PAYMENT: (must check one)  Gift  Income

DESCRIPTION: \_\_\_\_\_

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