



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Controller's Office
 Division, Board, Department, District, if applicable
Executive Office
 Your Position
California State Controller

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms) See 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, 2017, through December 31, 2017.
- or-
- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Date of Election June 5, 2018 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

- Schedules attached**
- 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)
300 Capitol Mall, Suite 1850 Sacramento CA 95814
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 445-2636 Betty.Yee@su.ca.gov

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed April 23, 2018 Signature _____
(month, day, year) (filing official.)

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
CA Fire Foundation
 ADDRESS (Business Address Acceptable)
1780 Creekside Oaks Dr., Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Firefighters' assistance foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/22/17</u>	<u>\$360.00</u>	<u>Two event tickets (food and 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
American National Committee of America-Western Region
 ADDRESS (Business Address Acceptable)
104 N. Belmont St., Suite 200, Glendale, CA 91206
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/8/17</u>	<u>\$150.00</u>	<u>Two event tickets (food and 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Filer's Verification

Print Name Patty Ting Yee

Office, Agency or Court California State Controller's Office

Statement Type 2017/2018 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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 April 23, 2018

Filer's Signat _____

Comments: The tickets from the CA Fire Foundation are deemed to have no value as they were for a 501(c)(3) fundraising event.



STATE OF CALIFORNIA
FAIR POLITICAL PRACTICES COMMISSION
1102 Q Street • Suite 3000 • Sacramento, CA 95811

April 25, 2018

The Honorable Betty Yee
California State Controller
300 Capitol Mall, Suite 1850
Sacramento, CA 95814
Also sent to: bettyyee@sco.ca.gov

Re: Letter Rejecting Gift Limit Referral (COM-03142018-00327)

Dear Ms. Yee:

As you are aware, the Enforcement Division of the Fair Political Practices Commission received a referral alleging that you may have violated the gift limits imposed by the Political Reform Act (the "Act"),¹ by accepting and reporting gifts of tickets valued in excess of the gift limits. In response to our letter, you explained that, after contacting the entities that provided you with the tickets, you realized you had incorrectly reported the value of the tickets. You then filed an amendment to your 2017 Annual Statement of Economic Interests ("SEI") to reflect the actual values, which were within the allowable gift limit. In addition, two of the tickets were received from a 501(c)(3) non-profit organization for its annual fundraiser and are therefore deemed to have no value and are not required to be disclosed. (Regulation 18946.4.) The Enforcement Division will not pursue this matter further.

Thank you for your assistance. If you have any questions, please contact Tara Stock at tstock@fppc.ca.gov.

Sincerely,

Galena West
Enforcement Division Chief

cc: FPPC's SEI Unit

¹ The Political Reform Act is contained in Government Code sections 81000 through 91014, and all statutory references are to this code. The regulations of the Fair Political Practices Commission are contained in Sections 18110 through 18997 of Title 2 of the California Code of Regulations, and all regulatory references are to this source.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
RECEIVED
Official Use Only
FAIR POLITICAL
PRACTICES COMMISSION

2018 FEB 28 PM 4:02
(MIDDLE)

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Controller's Office

Division, Board, Department, District, if applicable

Executive Office

Your Position

California State Controller

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

See attachment.

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is ____/____/____, through December 31, 2017.
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4. Schedule Summary (must complete) ► Total number of pages including this cover page: 8

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- Schedule A-1 - Investments – schedule attached
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- 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)
300 Capitol Mall, Suite R150 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 445-2636 Betty.Yee@sco.ca.gov

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California

Date Signed February 27, 2018
(month, day, year)

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

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Betty Ting Yee

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Reform Pension Board

ADDRESS (Business Address Acceptable)
355 Lexington Ave., 18th Fl., New York, NY 10017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pension plan

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only

\$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 (For self-employed use Schedule A-2.) Retirement benefit

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____ (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only

\$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 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____ (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

(Describe)

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 Address Acceptable) _____

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 _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address _____
City _____

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Patty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)
American Education Institute
ADDRESS (Business Address Acceptable)
P.O. Box 88858, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public affairs

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/9/17</u>	<u>\$ 19.72</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Monterey Bay Aquarium Foundation
ADDRESS (Business Address Acceptable)
886 Cannery Row, Monterey, CA 93940
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Aquarium and research foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/14/17</u>	<u>\$ 151.33</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
* Close the Gap
ADDRESS (Business Address Acceptable)
555 Bryant Street, Palo Alto, CA 94301
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's leadership development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/2/17</u>	<u>\$ 30.00</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CA Fire Foundation
ADDRESS (Business Address Acceptable)
1780 Creekside Oaks Drive, Sacramento, CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Firefighters' foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/22/17</u>	<u>\$ 500.00</u>	<u>Two event tickets (food and beverage)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Service Employees Int'l Union: local 1000
ADDRESS (Business Address Acceptable)
808-14th Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/28/17</u>	<u>\$ 40.53</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Equality CA
ADDRESS (Business Address Acceptable)
3701 Wilshire Blvd. #705 Los Angeles, CA 90010
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3/27/17</u>	<u>\$ 300.00</u>	<u>Two event tickets (food and beverage)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: * - denotes speaking engagement

SCHEDULE D
Income – Gifts

Name
Betty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)
* CA Women Lead

ADDRESS (Business Address Acceptable)
1017 L Street #118 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's leadership development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/6/17</u>	<u>\$ 62.23</u>	<u>Flowers</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CA Labor Federation, AFL-CIO

ADDRESS (Business Address Acceptable)
600 Grand Avenue #410 Oakland, CA 94610

BUSINESS ACTIVITY, IF ANY, OF SOURCE
labor advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/24/17</u>	<u>\$ 61.26</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Institute of Governmental Studies

ADDRESS (Business Address Acceptable)
109 Moses Hall, UC Berkeley, Berkeley, CA 94720-2370

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public policy institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/18/17</u>	<u>\$ 200.00</u>	<u>Tiffany bowl (award)</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Clare's

ADDRESS (Business Address Acceptable)
99 Chauncy Street, 6th Floor Boston, MA 02111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit sustainability organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/25/17</u>	<u>\$ 54.00</u>	<u>Food and beverage</u>
<u>4/25/17</u>	<u>\$ 120.00</u>	<u>Food and beverage</u>
<u>4/27/17</u>	<u>\$ 56.00</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
* Feminist Majority Foundation

ADDRESS (Business Address Acceptable)
433 S. Beverly Drive, Beverly Hills, CA 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Women's rights advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/23/17</u>	<u>\$ 35.00</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Clare's

ADDRESS (Business Address Acceptable)
99 Chauncy Street, 6th Floor Boston, MA 02111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit sustainability organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/25/17</u>	<u>\$ 125.33</u>	<u>Food and beverage</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: * - denotes speaking engagement

(*) - denotes speaking engagement and service on the nonprofit board

SCHEDULE D
Income - Gifts

Name
Betty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles Alliance for a New Economy
ADDRESS (Business Address Acceptable)
464 Lucas Avenue, Suite 202 Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/12/17</u>	<u>\$ 85.00</u>	<u>Food and beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Hollywood Chamber of Commerce Community Foundation
ADDRESS (Business Address Acceptable)
6255 Sunset Blvd, Suite 150 Hollywood, CA 90028
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/1/17</u>	<u>\$ 54.00</u>	<u>Food and beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Asian Pacific Islander Caucus Foundation
ADDRESS (Business Address Acceptable)
1005 - 12th Street, Suite H, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political leadership development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5/15/17</u>	<u>\$ 100.00</u>	<u>1 event ticket (food and beverage)</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Planned Parenthood Affiliates of CA
ADDRESS (Business Address Acceptable)
555 Capitol Mall, Suite 510 Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/19/17</u>	<u>\$ 150.00</u>	<u>1 event ticket (food and beverage)</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Warner Bros. Entertainment, Inc.
ADDRESS (Business Address Acceptable)
4000 Warner Blvd., Burbank, CA 91522
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Movie Audio

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/1/17</u>	<u>\$ 47.00</u>	<u>Movie screening, food, and beverage</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles Business Journal
ADDRESS (Business Address Acceptable)
5700 Wilshire Blvd, Suite 170 Los Angeles, CA 90036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business publication

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/23/17</u>	<u>\$ 100.00</u>	<u>1 event ticket (food and beverage)</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Betty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)
* China Insurance Regulatory Commission
ADDRESS (Business Address Acceptable)
15 Financial Street, Xicheng, Beijing, China 100140
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Regulatory agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/26/17</u>	<u>\$ 20.00</u>	<u>Framed plate</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
50/50 Climate Project
ADDRESS (Business Address Acceptable)
P.O. Box 220, Eastersburg, MD 20884
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/18/17</u>	<u>\$88.00</u>	<u>Food and beverage</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
* Beta Alpha Si at CA State Univ. San Bernardino
ADDRESS (Business Address Acceptable)
5500 University Parkway, San Bernardino, CA 92407
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/27/17</u>	<u>\$ 97.00</u>	<u>Flowers</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Asian Business Association
ADDRESS (Business Address Acceptable)
767 N. Hill Street, Suite 308, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/27/17</u>	<u>\$ 400.00</u>	<u>Two event tickets (food and beverage)</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Korean American Chamber of Commerce of L.A.
ADDRESS (Business Address Acceptable)
3435 Wilshire Blvd. Suite 2050, Los Angeles, CA 90010
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/28/17</u>	<u>\$ 100.00</u>	<u>1 Guest ticket (food and beverage)</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
American National Committee of America - Western Region
ADDRESS (Business Address Acceptable)
104 N. Belmont Street, Suite 200 Glendale, CA 91206
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/8/17</u>	<u>\$ 500.00</u>	<u>Two event tickets (food and beverage)</u>
<u> </u>	<u>\$</u>	<u> </u>
<u> </u>	<u>\$</u>	<u> </u>

Comments: * - denotes speaking engagement

SCHEDULE D
Income – Gifts

Name
Patty Ting Yee

▶ NAME OF SOURCE (Not an Acronym)
Regional Hispanic Chamber of Commerce
 ADDRESS (Business Address Acceptable)
One World Trade Ctr, P.O. Box 32477 Long Beach, CA 90830
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/3/17</u>	<u>\$ 70.00</u>	<u>Food and 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____

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

Name
Betty Ting Yee

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
e. Republic Governing Institute

ADDRESS (Business Address Acceptable)
100 Blue Ravine Road

CITY AND STATE
Folsom, CA 95630

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public sector research and media

DATE(S): 2/3/17 - 2/4/17 AMT: \$ 933.22
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description Participated in leadership institute

▶ If Gift, Provide Travel Destination Washington, DC

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____

California State Controller Betty T. Yee – Boards and Commissions 2017

- Board of Equalization (BOE) – Ex Officio Member**
- Commission on State Mandates (CSM) – Ex Officio Member**
- CA Debt & Investment Advisory Commission – Ex Officio Member**
- CA Debt Limit Allocation Committee (CDLAC) – Ex Officio Member**
- CA Educational Facilities Authority (CEFA) – Ex Officio Member**
- CA Health Facilities Financing Authority (CHFFA) – Ex Officio Member**
- CA State Teachers' Retirement System (CalSTRS) – Ex Officio Member**
- CA Tax Credit Allocation Committee (TCAC) – Ex Officio Member**
- Franchise Tax Board (FTB) – Ex Officio Member**
- Golden State Tobacco Securitization Corporation – Ex Officio Member**
- CA Industrial Development Financing Advisory Commission (CIDFAC) – Ex Officio Member**
- CA Pollution Control Financing Authority (CPCFA) – Ex Officio Member**
- Pooled Money Investment Board (PMIB) – Ex Officio Member**
- CA Public Employees' Retirement System (CalPERS) – Ex Officio Member**
- State Lands Commission – Ex Officio Member**
- State Public Works Board (PWB) – Ex Officio Member**
- Victim Compensation & Government Claims Board – Ex Officio Member**

General Obligation Bond Finance Committees

- 1986 County Correctional Facility Capital Expenditure Finance Committee – Ex Officio Member**
- 1986 Prison Construction Committee – Ex Officio Member**
- 1988 County Correctional Facility Capital Expenditure and Youth Facility Finance Committee – Ex Officio Member**
- 1988 Prison Construction Committee – Ex Officio Member**
- 1990 Prison Construction Committee – Ex Officio Member**
- Achieving a Better Life Experience (ABLE) Act Board - Ex Officio Member**
- CA Alternative Energy and Advanced Transportation Finance Authority – Ex Officio Member**
- CA Clean Water, Clean Air, Safe Neighborhood Parks, and Coastal Protection Act Finance Committee – Ex Officio Member**
- CA Coastal Commission (even numbered years) – Ex Officio Member**
- CA Secure Choice Retirement Savings Board (added Oct. 2013) – Ex Officio Member**
- CA Streamlined Sales Tax Project-Board of Governance – Ex Officio Member**
- CA Transportation Financing Authority – Ex Officio Member**
- CA Urban Waterfront Area Restoration Financing Authority – Ex Officer Member**
- CA Wildlife, Coastal, and Parkland Conservation Program of 1988 Finance Committee – Ex Officio Member**
- Children's Hospital Bond Act Finance Committee – Ex Officio Member**
- Citizen's Financial Accountability Oversight Committee - Ex Officio Member**
- Clean Water & Water Reclamation Finance Committee – Ex Officio Member**
- Clean Water and Water Conservation Finance Committee – Ex Officio Member**
- Clean Water Finance Committee – Ex Officio Member**

Disaster Preparedness and Flood Prevention Bond Finance Committee – Ex Officio Member
Earthquake Safety and Housing Rehabilitation Finance Committee – Ex Officio Member
Earthquake Safety and Public Buildings Rehabilitation Finance Committee – Ex Officio Member
Economic Recovery Financing Committee – Ex Officio Member
First Time Home Buyers Financing Committee – Ex Officio Member
Harbor Improvement Bond Committee – Ex Officio Member
Higher Education Facilities Finance Committee – Ex Officio Member
High-Speed Passenger Train Finance Committee – Ex Officio Member
Highway Safety, Traffic Reduction, Air Quality, and Port Security Committee – Ex Officio Member
Housing Committee – Ex Officio Member
Housing Finance Committee – Ex Officio Member
Lake Tahoe Acquisitions Finance Committee – Ex Officio Member
Ocean Protection Council (even numbered years) – Ex Officio Member
Parklands Program Finance Committee of 1980 – Ex Officio Member
Parklands Program Finance Committee of 1984 – Ex Officio Member
Passenger Rail Finance Committee – Ex Officio Member
Safe Drinking Water, Clean Water, Watershed Protection, and Flood Protection Finance Committee – Ex Officio Member
Safe Drinking Water, Water Quality & Supply, Flood Control, River & Coastal Protection Finance Committee – Ex Officio Member
Safe Neighborhood Parks, Clean Water, Clean Air and Coastal Protection (Villaraigosa-Keeley Act) Finance Committee – Ex Officio Member
Safe, Clean, Reliable Water Supply Finance Committee – Ex Officio Member
Seismic Retrofit Finance Committee - Ex Officio Member
State Park & Recreation Finance Committee – Ex Officio Member
State School Building Finance Committee – Ex Officio Member
Stem Cell Research and Cures Finance Committee – Ex Officio Member
Transportation Improvement Finance Committee – Ex Officio Member
Veterans' Debenture Finance Committee – Ex Officio Member
Veterans' Finance Committee of 1943 – Ex Officio Member
Veterans' Home Finance Committee – Ex Officio Member
Voting Modernization Finance Committee – Ex Officio Member
Water Conservation & Water Quality Finance Committee of 1986 – Ex Officio Member
Water Conservation Finance Committee – Ex Officio Member
Water Quality, Supply, and Infrastructure Improvement Finance Committee – Ex Officio Member
Water Resources Development Finance Committee – Ex Officio Member
Water Security, Clean Drinking Water, Coastal and Beach Protection Act of 2002 Finance Committee – Ex Officio Member
Wildlife Habitat Enhancement Program Finance Committee – Ex Officio Member