

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
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Filed Date: 01/02/2023 10:25 AM  
SAN: FPPC

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Controller

Division, Board, Department, District, if applicable

Your Position

Controller

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

Agency: SEE ATTACHED LIST Position:

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

- [X] State [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
[ ] Multi-County [ ] County of
[ ] City of [ ] Other

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

- [X] Annual: The period covered is January 1, 2022, through December 31, 2022.
-or- The period covered is through December 31, 2022.
[ ] Assuming Office: Date assumed
[ ] Candidate: Date of Election and office sought, if different than Part 1:
[ ] Leaving Office: Date Left (Check one circle.)
[ ] The period covered is January 1, 2022, through the date of leaving office.
-or-
[ ] The period covered is through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

- [ ] Schedule A-1 - Investments - schedule attached [X] Schedule C - Income, Loans, & Business Positions - schedule attached
[ ] Schedule A-2 - Investments - schedule attached [X] Schedule D - Income - Gifts - schedule attached
[ ] Schedule B - Real Property - 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
300 Capitol Mall, Suite 1850 Sacramento CA 95814
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
( 916 ) 445-2636 b.t.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 that the foregoing is true and correct.

Date Signed 01/02/2023 10:25 AM (month, day, year)

Signature Betty T Yee (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right; color: blue;">Betty Yee</div>

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Coastal Commission		Commissioner	State California	Annual	01/01/22 - 12/31/22
Teachers' Retirement System		Board Member	State California	Annual	01/01/22 - 12/31/22
Public Employees Retirement System		Board Member	State California	Annual	01/01/22 - 12/31/22
California Victim Compensation Board		Board Member	State California	Annual	01/01/22 - 12/31/22

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

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Name

Betty Yee

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Reform Pension Board</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>355 Lexington Ave., 18th Flr., New York, NY 10017</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Pension Plan</u></p> <p>YOUR BUSINESS POSITION <u>Spouse: retiree member</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from a commercial lending institution, 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None    _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small></p> <p style="text-align: right; margin-left: 150px;">_____ City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <small style="margin-left: 150px;">(Describe)</small></p>
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**Comments:** \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
Betty Yee

▶ NAME OF SOURCE *(Not an Acronym)*  
Chinese Institute of Engineers / USA SF Chapter  
 ADDRESS *(Business Address Acceptable)*  
PO Box 2880, Cupertino, CA 95015  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 14 / 22</u>	\$ <u>390</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Nicholas P. Roxborough  
 ADDRESS *(Business Address Acceptable)*  
5900 Canoga Ave, #450, Woodland Hills, CA 91367  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal office

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 22</u>	\$ <u>190</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
California Hispanic Chamber of Commerce  
 ADDRESS *(Business Address Acceptable)*  
1510 J St., #210, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 29 / 22</u>	\$ <u>50</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
San Francisco Labor Council  
 ADDRESS *(Business Address Acceptable)*  
1188 Franklin St., #203, San Francisco, CA 94109  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 13 / 22</u>	\$ <u>250</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
San Mateo County Central Labor Council  
 ADDRESS *(Business Address Acceptable)*  
1153 Chess Dr., #200, Foster City, CA 94404  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Labor advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 29 / 22</u>	\$ <u>500</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Women in California Leadership  
 ADDRESS *(Business Address Acceptable)*  
1787 Tribute Rd., Suite K, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 16 / 22</u>	\$ <u>80</u>	<u>Gift bag</u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>
<u>    /    /    </u>	\$ <u>          </u>	<u>                  </u>

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

**SCHEDULE D**  
**Income – Gifts**

Name  
Betty Yee

▶ NAME OF SOURCE (Not an Acronym)  
API Coalition  
 ADDRESS (Business Address Acceptable)  
PO Box 14511, Fremont, CA 94539  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 10 / 22</u>	<u>\$ 202.02</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Santa Cruz Chamber of Commerce  
 ADDRESS (Business Address Acceptable)  
7960 Soquel Dr., Ste. B112, Aptos, CA 95003  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 13 / 22</u>	<u>\$ 100</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
Planned Parenthood of Los Angeles  
 ADDRESS (Business Address Acceptable)  
400 West 30th St., Los Angeles, CA 90007  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Women's advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 22 / 22</u>	<u>\$ 301.68</u>	<u>Event food and beverage</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
California Assembly Speaker Anthony Rendon  
 ADDRESS (Business Address Acceptable)  
1020 O St., Ste. 8330, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
n/a

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 19 / 22</u>	<u>\$ 94.95</u>	<u>Flower arrangement</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
The Port of San Diego  
 ADDRESS (Business Address Acceptable)  
3165 Pacific Highway, San Diego, CA 92101  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Commercial

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 22</u>	<u>\$ 135</u>	<u>Leather bag</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE (Not an Acronym)  
International Association of Firefighters  
 ADDRESS (Business Address Acceptable)  
1750 New York Ave, N.W., Washington, D.C. 200006  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Professional association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 27 / 22</u>	<u>\$ 87.20</u>	<u>Ornamental pen</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

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