

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
 Date Initial Filing Received  
 MAY 31 2017  
 Enterprise Compliance Division

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)

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, 2016, through December 31, 2016.  
 -or-  
 The period covered is \_\_\_\_\_, through December 31, 2016.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
 -or-  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**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

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 information provided is true and correct.

Date Signed May 19, 2017 (month, day, year) Sign \_\_\_\_\_ (File the originally signed statement with your filing official)



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

- 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

ADDRESS (Business Address Acceptable)  
100 Blue Pavane

CITY AND STATE  
Toksony, CA 95630

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Media and research for public sector

DATE(S) 11/12/16 - 11/11/16 AMT: \$ 843.62  
 (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 Phoenix, AZ

▶ 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 \_\_\_\_\_

**Filer's Verification**

Print Name Betty Ting Yee

Office, Agency or Court California State Controller's Office

Statement Type  2016/2017 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 May 19, 2017

Filer's Sign 

Comments: The \$843.62 gift consists of airfare (#84.96); lodging (#155.66); and ground transportation (#100.00).