STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Stowers Yvette Michelle

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
State Controller's Office
Division, Board, Department, District, if applicable
Executive
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: See the attached Position: State Controller's Designee

2. Jurisdiction of Office (Check at least one box)
☒ State
☐ Multi-County
☐ City of
☐ County of
☐ Other
☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2019, through December 31, 2019.
☐ Leaving Office: Date Left /
☐ The period covered is through December 31, 2019.
☒ Assuming Office: Date assumed /
☐ The period covered is through the date of leaving office.
☐ Other

☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3
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
☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
300 Capitol Mall Sacramento CA 95814
DAYTIME TELEPHONE NUMBER EMAIL 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 foregoing is true and correct.

Date Signed 3-26-20
Signatur
(month, day, year) (File the originally signed paper statement with your filing office)

FPPC Form 700 - Cover Page (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 5
<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
</tr>
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<tbody>
<tr>
<td>California Taxpayers Association</td>
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ADDRESS (Business Address Acceptable)

1215 K Street, Suite 1250 Sacramento CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

<table>
<thead>
<tr>
<th>DATE (mm/dd/yyyy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>03/26/19</td>
<td>$53</td>
<td>food/beverage</td>
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Comments:

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