STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
State Controller's Office
Division, Board, Department, District, if applicable
Executive
Your Position
Deputy Controller, Taxation
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: Franchise Tax Board & State Board of Equalization
Position: State Controller's Designee

2. Jurisdiction of Office (Check at least one box)
☒ State
☐ Multi-County
☐ City of __________________________
☐ County of __________________________
☐ Other __________________________

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2016, through December 31, 2016.
☐ Leaving Office: Date Left _______ / _______ / _______.
☐ The period covered is _______ / _______ / _______ , through December 31, 2016.
☐ Assuming Office: Date assumed _______ / _______ / _______.
☐ The period covered is _______ / _______ / _______.
☐ Candidate: Election Year _______ and office sought, if different than Part 1: _______

☐ Candidate for election:
☐ None - No reportable interests on any schedule

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _______
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 (Business or Agency Address Recommended - Public Document)
300 Capitol Mall, STE 1850
Sacramento, CA 95814

DAYTIME TELEPHONE NUMBER
(916) 324-2219

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 foregoing is true and correct.

Date Signed 3/29/17 (month, day, year) Signature ________________________________

FPPC Form 700 (2016/2017)
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