CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

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 ______________________________

☐ 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, 2015, through December 31, 2015.
- or -
The period covered is __/__/______, through December 31, 2015.

☐ Leaving Office: Date Left __/__/______
(Check one)
☐ The period covered is January 1, 2015, through the date of leaving office.
- or -
☐ The period covered is __/__/______, through the date of leaving office.

☐ Assuming Office: Date assumed __/__/______

☐ Candidate: Election year ____________ and office sought, if different than Part 1:

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
- or -
☑ None - No reportable interests on any schedule

☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income - Gifts – schedule attached
☐ Schedule E - Income - Gifts - Travel Payments – schedule attached

5. Verification

MAILING ADDRESS
300 CAPITOL MALL, STE 1850
SACRAMENTO, CA 95814

STREET

CITY

STATE

ZIP CODE

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 03/20/2016
(month, day, year)

Signature

FPF Form 700 (2015/2016)
FPF Advice Email: advice@ffpc.ca.gov
FPF Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov