

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ly, Steve

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, Board, Department, District, if applicable

Your Position

Mayor

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

Agency: (See Attached) Position:

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

- State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Elk Grove Other _____

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 ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- 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: 4

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached 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
(Business or Agency Address Recommended - Public Document)
PO Box 580660
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 717-3827 stevely@comcast.net

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 04/01/2020
(month, day, year)

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

SCHEDULE D
Income – Gifts

Name
Steve Ly

▶ NAME OF SOURCE (Not an Acronym)
North State Building Association

ADDRESS (Business Address Acceptable)
1536 Eureka Road, Roseville, CA 95661

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Building Industry Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 19	\$ 260	2 Gala Dinner Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
US-China Railroad Friendship Association

ADDRESS (Business Address Acceptable)
4000 Truxel Road, Ste. 3, Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Interest Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 11 / 19	\$ 300	2 Gala Dinner Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
International Association of Firefighters

ADDRESS (Business Address Acceptable)
1750 New York Ave., NW Ste. 300, Washington DC 20006

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Firefighter Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 19	\$ 200	2 Firefighter Helmets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
US Conference of Mayors

ADDRESS (Business Address Acceptable)
1620 I St, NW, Washington DC 20006

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 19	\$ 150	6 Meal Tickets
06 / 29 / 19	\$ 150	3 Park/Park Tickets
06 / 29 / 19	\$ 100	4 Museum Dinner
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente -Great Sacramento

ADDRESS (Business Address Acceptable)
6600 Bruceville Road, Sacramento, CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare Provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 19	\$ 232	2 Tickets to Musical
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Tim Albright

ADDRESS (Business Address Acceptable)
8401 Laguna Pams Way, Elk Grove, CA 95758

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 12 / 19	\$ 70	Sporting Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name _____
Steve Ly

▶ NAME OF SOURCE *(Not an Acronym)*
Thomas Lee

ADDRESS *(Business Address Acceptable)*
2108 Kohler Memorial Dr, Ste. 230, Sheboygan WI 53

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Home Healthare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 24 / 19	425	Airline Ticket 1/2 cost
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Dr. Tou Lee

ADDRESS *(Business Address Acceptable)*
125 Maple Drive, Plymouth, WI 53073

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Doctor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 24 / 19	425	Airline Ticket 1/2 cost
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer Steve Ly with the City of Elk Grove:

- **Mayor (City of Elk Grove)**
- **President of the Board (Finance Authority of the City of Elk Grove)**
- **President of the Board (Parking Authority of the City of Elk Grove)**

Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer Steve Ly with additional agencies:

- **Board Member (Sacramento Metropolitan Air Quality Management District Board)**
- **Board Member (Sacramento Regional County Sanitation District)**
- **Board Member (Sacramento County Sanitation Districts Financing Authority)**
- **Alternate Board Member (Sacramento Area Sewer District)**