

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Please type or print in ink.

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: _____ 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.

-or-

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through
the date of leaving office.

Candidate: Date of Election 11/03/2020 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2

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, Elk Grove, CA 95758

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(916) 717-3827

MayorSteveLy@gmail.com

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 08/06/2020
(month, day, year)

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

**SCHEDULE D
 Income - Gifts**

Name _____

▶ NAME OF SOURCE (Not an Acronym)
 North State Building Industry 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 / 17 / 2020	\$ 250	Two Dinner Tickets
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Tim Albright

ADDRESS (Business Address Acceptable)
 8401 Laguna Palms 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
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Kaiser Permanente-Greater Saramento

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)
 Interwest Consulting

ADDRESS (Business Address Acceptable)
 9300 W. Stockton, Elk Grove CA 95624

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Building Consultants

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 2020	\$ 200	Dinner
/ /	\$	
/ /	\$	

▶ 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: _____