

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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 Ly, Steve 2017 APR -3 PM 3:21

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor

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

Agency: (see attachment) Position: (see attachment)

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

- State
- Multi-County Sacramento County and Yolo County
- City of Elk Grove
- 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, 2016, through December 31, 2016.
- or-
- The period covered is ____/____/____, through December 31, 2016.
- Assuming Office:** Date assumed ____/____/____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- or-
- The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Election year _____ 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 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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
P. O. Box 580660		Elk Grove,	CA	95758
DAYTIME TELEPHONE NUMBER	E-MAIL 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 04/03/2017
 (month, day, year)

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

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
Hefner Stark & Marios, LLP
 ADDRESS (Business Address Acceptable)
2150 River Plaza Dr., Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 16	\$ 176	Dinner (Cap to Cap)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Republic Services
 ADDRESS (Business Address Acceptable)
8642 Elder Creek Rd., Sacramento, CA 95828
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 16	\$ 2	Taxi Ride
04 / 10 / 16	\$ 10	Drinks
07 / 12 / 16	\$ 20	Lunch

▶ NAME OF SOURCE (Not an Acronym)
Carpenters of Northern California
 ADDRESS (Business Address Acceptable)
265 Hagenberger Rd., #200, Oakland, CA 94621
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Carpenter Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 16	\$ 100	2 Tickets
03 / 07 / 16	\$ 20	Lunch
05 / 19 / 16	\$ 25	Dinner

▶ NAME OF SOURCE (Not an Acronym)
Republic Services
 ADDRESS (Business Address Acceptable)
8642 Elder Creek Rd., Sacramento, CA 95828
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 16	\$ 150	Invictus Charity Golf
04 / 12 / 16	\$ 10	Drinks
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Carpenters of Northern California
 ADDRESS (Business Address Acceptable)
265 Hagenberger Rd., #200, Oakland, CA 94621
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Carpenter Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 14 / 16	\$ 99	Room
06 / 14 / 16	\$ 40	Dinner
12 / 16 / 16	\$ 45	Moose Feed Dinner

▶ NAME OF SOURCE (Not an Acronym)
Carpenters of Northern California
 ADDRESS (Business Address Acceptable)
265 Hagenberger Rd., #200, Oakland, CA 94621
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Carpenter Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 13 / 16	\$ 20	Lunch
06 / 14 / 16	\$ 16.75	Lunch
06 / 14 / 16	\$ 100	Ticket

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Steve Ly

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 16	\$ 212.81	Dinner (Cap to Cap)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Sutter Health

ADDRESS (Business Address Acceptable)
 2200 River Plaza Dr., Sacramento, CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 11 / 16	\$ 121.05	Dinner 1/2 (Cap)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Teichert Aggregates

ADDRESS (Business Address Acceptable)
 3500 American River Drive, Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 11 / 16	\$ 121.05	Dinner 1/2 (Cap)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Eli and Sandra Aboufares

ADDRESS (Business Address Acceptable)
 6624 Baveno Way, Elk Grove, CA 95757

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 16	\$ 200	Drink
12 / 20 / 16	\$ 14	Lunch
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Laborers 185

ADDRESS (Business Address Acceptable)
 1320 National Dr., Sacramento, CA 95734

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 10 / 16	\$ 15	Lunch
10 / 10 / 16	\$ 150	Ticket
___ / ___ / ___	\$ _____	_____

▶ 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)
- Chair of the Board (Finance Authority of the City of Elk Grove)
- Chair 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)