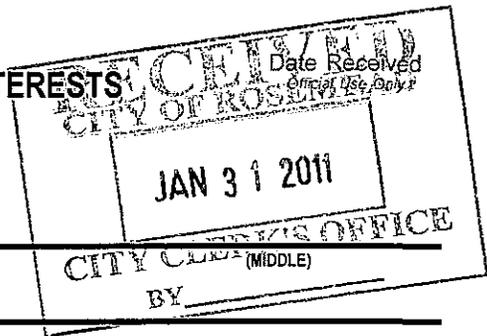


STATEMENT OF ECONOMIC INTERESTS
 FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE



2011 FEB 11 PM 1:04

TP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Ly Steven

1. Office, Agency, or Court

Agency Name
 City of Rosemead
 Division, Board, Department, District, if applicable
 City Council
 Your Position
 Councilman

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Rosemead Other _____

3. Type of Statement (Check at least one box)

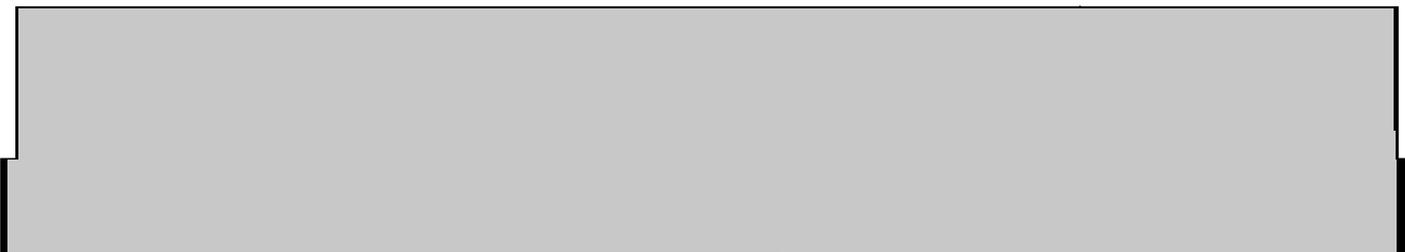
- Annual: The period covered is January 1, 2010, through December 31, 2010. **-or-** Leaving Office: Date Left ____/____/____
The period covered is ____/____/____, through December 31, 2010. (Check one)
- Assuming Office: Date ____/____/____ The period covered is January 1, 2010, through the date of leaving office.
- Candidate: Election Year _____ Office sought, if different than Part 1: _____ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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



herein and in any attached schedules is true and complete. I acknowledge this is
 I certify under penalty of perjury under the laws of the State of California that

Date Signed 1/31/11
(month, day, year)

Signature

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Steven Ly	

▶ NAME OF BUSINESS ENTITY
Steven Ly

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Stock Investments

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 10 / / 10
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

Name
Steven Ly

▶ 1. BUSINESS ENTITY OR TRUST

San Gabriel Valley Business Journal LLC
Name
790 E Colorado Blvd. 9th Floor, Pasadena, CA 91101
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Business News Publication

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 10 _____ / ____ / 10
 \$10,001 - \$100,000 _____ / ____ / 10 _____ / ____ / 10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership LLC Other _____

YOUR BUSINESS POSITION Publisher

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 10 _____ / ____ / 10
 \$10,001 - \$100,000 _____ / ____ / 10 _____ / ____ / 10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

▶ 1. BUSINESS ENTITY OR TRUST

LBL Holding LLC
Name
3040 Rosemead Pl., Rosemead, CA 91770
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Real Estate Investment and Management

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 10 _____ / ____ / 10
 \$10,001 - \$100,000 _____ / ____ / 10 _____ / ____ / 10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership LLC Other _____

YOUR BUSINESS POSITION Managing Partner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Real Income from 5631 Aldama St, 328 S Ave 59,
3450 E 8th St (all located in Los Angeles, CA)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

LBL Holding LLC
Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Real Estate Investment and Management
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 10 _____ / ____ / 10
 \$10,001 - \$100,000 _____ / ____ / 10 _____ / ____ / 10
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

SCHEDULE D
Income – Gifts

Name
 Steven Ly

▶ NAME OF SOURCE
League of CA Cities
 ADDRESS (Business Address Acceptable)
1400 K Street, Suite 400, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cities Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 21 / 10</u>	\$ <u>45</u>	<u>Policy Meeting Lunch</u>
<u>4 / 8 / 10</u>	\$ <u>35</u>	<u>Policy Meeting Lunch</u>
<u>6 / 17 / 10</u>	\$ <u>35</u>	<u>Policy Meeting Lunch</u>

▶ NAME OF SOURCE
CH Auto
 ADDRESS (Business Address Acceptable)
8399 E Garvey Ave, Rosemead, CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Auto Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 20 / 10</u>	\$ <u>125</u>	<u>Lincoln Training</u>
<u> / / </u>	\$ <u> </u>	<u>Center Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Athens Services
 ADDRESS (Business Address Acceptable)
14048 E. Valley Blvd., City of Industry, CA 91746
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Removal and Disposal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7 / 23 / 10</u>	\$ <u>250</u>	<u>LA Dodger Game</u>
<u>5 / 13 / 10</u>	\$ <u>100</u>	<u>CCCA Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Burke, Williams and Sorensen
 ADDRESS (Business Address Acceptable)
444 S Flower St, Suite 2400, Los Angeles, CA 90071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 16 / 10</u>	\$ <u>70</u>	<u>Dinner at CA League</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
Southern California Edison
 ADDRESS (Business Address Acceptable)
2244 Walnut Grove Avenue, Rosemead, CA 91770
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cities Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 14 / 10</u>	\$ <u>148.59</u>	<u>Angel Baseball Game</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
League of CA Cities - LA Division
 ADDRESS (Business Address Acceptable)
P.O. Box 1444 Monrovia, CA 91017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cities Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 4 / 10</u>	\$ <u>58</u>	<u>Monthly Meeting</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 Steven Ly

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
 Rosemead Sister City Association

ADDRESS (Business Address Acceptable)
 8399 E Garvey Ave, Rosemead, CA 91770

CITY AND STATE
 Rosemead, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Sister City Relationship Development

DATE(S): 10 / 13 / 10 - 10 / 24 / 10 AMT: \$ 1,000
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Reimbursement for travel expenses for Keelung Sister City Visit. Topics included Economic Development, Tourism, etc.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
 (If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____