021300007-NFH-0007

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

CG

Date Initial Filing Received
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04/06/2015
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Filing ID:
154934835

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

Hansen, Steve

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Sacramento

Division, Board, Department, District, if applicable: Mayor and Council Office

Your Position: City Council

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

- [ ] State
- [X] Multi-County Placer,El Dorado,Yolo,Solano,Alameda,San Francisco
- [X] City of Sacramento
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [X] County of Sacramento
- [ ] Other

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

[X] **Annual:** The period covered is January 1, 2014, through December 31, 2014

-or-

The period covered is ___/___/___, through December 31, 2014

[X] **Assuming Office:** Date assumed 01 / 13 / 2015 See attached

[X] **Leaving Office:** Date Left ___/___/___ See attached
(Check one)

⊗ The period covered is January 1, 2014, through the date of leaving office.

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

[ ] **Candidate:** Election Year _____ and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 4

- [ ] **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
- [X] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

Date Signed 04/06/2015
(month, day, year)

021300007-NFH-0007

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Hansen

Agency	Division/Board/Dept/District	Position	Type of Statement
Downtown Sac Revitalization Corp	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Downtown Sacramento Partnership	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Regional Human Rights/Fair Housing	Mayor and Council Office	Member	Leaving Office 1/13/2015
Sac Area Flood Control Agency	Mayor and Council Office	Member	Leaving Office 1/13/2015
Sac Metro Air Quality Mgmt District	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Regional County Sanitation District	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Regional Transit	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Transportation Authority	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Sacramento Regional Arts Facilities Financing Authority	Member	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Mayor and Council Office	Regional Water Authority	Leaving Office 1/13/2015
Sacramento Regional County Solid Waste Authority		Member	Assuming Office 1/13/2015
Sac. Metro Cable Commission		member	Assuming Office 1/13/2015

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Hansen

Agency	Division/Board/Dept/District	Position	Type of Statement
Sac. County Sanitation District Financing Authority		Member	Annual 1/1/2014 - 12/31/2014
Capitol Corridor Joint Powers Authority		Member	Annual 1/1/2014 - 12/31/2014

021300007-NFH-0007

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

SCHEDULE D
Income – Gifts

► NAME OF SOURCE (Not an Acronym)
KAISER PERMANANTE
ADDRESS *(Business Address Acceptable)*
6600 BRUCEVILLE ROAD
Sacramento , CA 95823
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 14	$ 150.00	Ticket to Valley Vision Legacy Feast
09 / 10 / 14	$ 150.00	TICKET TO AWARD 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)
/ /	$	
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

[redacted]

Date Signed 04/06/2015

[redacted]

Comments:

021300007-NFH-0007

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

CG

COVER PAGE

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

Hansen, Steve

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Sacramento

Division, Board, Department, District, if applicable: Mayor and Council Office

Your Position: City Council

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

- [ ] State
- [x] Multi-County Placer, El Dorado
- [x] City of Sacramento
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [x] County of Sacramento
- [ ] Other

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

[x] **Annual:** The period covered is January 1, 2014, through December 31, 2014

-or-

The period covered is __/__/__, through December 31, 2014

[x] **Assuming Office:** Date assumed 01 / 13 / 2015 See attached

[x] **Leaving Office:** Date Left __/__/__ See attached
(Check one)

⊗ The period covered is January 1, 2014, through the date of leaving office.

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

[ ] **Candidate:** Election Year ____ and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► **Total number of pages including this cover page:** 2

- [ ] **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-

[x] **None** - *No reportable interests on any schedule*

[redacted]

Date Signed 03/13/2015
(month, day, year)

021300007-NFH-0007

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Hansen

Agency	Division/Board/Dept/District	Position	Type of Statement
Downtown Sac Revitalization Corp	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Downtown Sacramento Partnership	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Regional Human Rights/Fair Housing	Mayor and Council Office	Member	Leaving Office 1/13/2015
Sac Area Flood Control Agency	Mayor and Council Office	Member	Leaving Office 1/13/2015
Sac Metro Air Quality Mgmt District	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Regional County Sanitation District	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Regional Transit	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Transportation Authority	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Sacramento Regional Arts Facilities Financing Authority	Member	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Mayor and Council Office	City Council	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Mayor and Council Office	Regional Water Authority	Leaving Office 1/13/2015
Sacramento Regional County Solid Waste Authority		Member	Assuming Office 1/13/2015

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Hansen

Agency	Division/Board/Dept/District	Position	Type of Statement
Sac. Metro Cable Commission		member	Assuming Office 1/13/2015
Sac. County Sanitation District Financing Authority		Member	Annual 1/1/2014 - 12/31/2014

02130007-NFH-0007 2014 AN

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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02/12/2015
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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Hansen, Steve

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Sacramento

Division, Board, Department, District, if applicable

Mayor and Council Office

Your Position

City Council

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position:

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

- [ ] State
- [x] Multi-County Placer, El Dorado
- [x] City of Sacramento
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [x] County of Sacramento
- [ ] Other

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

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-or-

The period covered is ___/___/___, through December 31, 2014

[x] **Assuming Office:** Date assumed 01 / 13 / 2015
See attached

[x] **Leaving Office:** Date Left ___/___/___
See attached
(Check one)

⊗ The period covered is January 1, 2014, through the date of leaving office.

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- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [x] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

[redacted]

Date Signed 02/12/2015
(month, day, year)

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Hansen

Agency	Division/Board/Dept/District	Position	Type of Statement
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Downtown Sacramento Partnership	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Regional Human Rights/Fair Housing	Mayor and Council Office	Member	Leaving Office 1/13/2015
Sac Area Flood Control Agency	Mayor and Council Office	Member	Leaving Office 1/13/2015
Sac Metro Air Quality Mgmt District	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Regional County Sanitation District	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Regional Transit	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
Sac Transportation Authority	Mayor and Council Office	Member	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Sacramento Regional Arts Facilities Financing Authority	Member	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Mayor and Council Office	City Council	Annual 1/1/2014 - 12/31/2014
City of Sacramento	Mayor and Council Office	Regional Water Authority	Leaving Office 1/13/2015
Sacramento Regional County Solid Waste Authority		Member	Assuming Office 1/13/2015

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STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Hansen

Agency	Division/Board/Dept/District	Position	Type of Statement
Sac. Metro Cable Commission		member	Assuming Office 1/13/2015

021300007-NFH-0007

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Hansen, Steve

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE (Not an Acronym)
MIKE BARNBAUM
ADDRESS (Business Address Acceptable)
89-B DEAN ROAD
Sacramento , CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 27 /13	$ 179.68	Kings Jersey
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
KAISER PERMANANTE
ADDRESS (Business Address Acceptable)
6600 BRUCEVILLE ROAD
Sacramento , CA 95823
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15/ 15	$ 150.00	Ticket to Valley Vision Legacy Feast
09 / 10/ 15	$ 150.00	TICKET TO AWARD DINNER
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Community Center Theater
ADDRESS (Business Address Acceptable)
Sacramento Convention Center Complex 1301 L Street
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 /14	$ 160.00	2 tickets to Flashdance Show
/ /	$	
/ /	$	

▶ NAME OF SOURCE (Not an Acronym)
Unites States Conference of Mayors
ADDRESS (Business Address Acceptable)
1620 Eye Street
Washington , DC 20006
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 16/ 14	$ 60.90	Kings game ticket, parking, & reception
/ /	$	
/ /	$	

▶ 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:

021300007-NFH-0007

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Hansen, Steve

- **Mark either the gift or income box.**
- **Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

▶ NAME OF SOURCE (Not an Acronym)
Gay & Lesbian Victory Institute
ADDRESS *(Business Address Acceptable)*
1133 15th Street Northwest #350
CITY AND STATE
Washington, DC 20005
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Harvard Kennedy School's Senior Executives in State and Local Government program.
DATE(S): 07/06/14 - 07/25/14 *(If gift)* AMT: $ 6,450.00
TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): __/__/__ - __/__/__ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: