A02014

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CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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FAIR POLITICAL PRACTICES COMMISSION
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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: City Council

Your Position: Council Member

► 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
- ☐ Multi-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, 2014, through December 31, 2014.

-or-

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

☑ **Assuming Office:** Date assumed 12 / 10 / 2014

☐ **Leaving Office:** Date Left ___/___/_____ *(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
- ☑ **Schedule D** - *Income – Gifts* – schedule attached
- ☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

☐ **None** - *No reportable interests on any schedule*

5 [redacted]

herein and in any attached schedules is true and complete. I acknl [redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 01/10/2015
(month, day, year)

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Ly

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Hmong International Culture Institute

ADDRESS *(Business Address Acceptable)*
5506 Tam O'Shanter Dr., Stockton, CA 95210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit

YOUR BUSINESS POSITION
Consultant

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☑ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

Consulting
(Describe)

- ☐ Other _____ *(Describe)*

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Steve Ly for School Board 2012

ADDRESS *(Business Address Acceptable)*
1787 Tribute Rd., Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign Loan Re-Payment

YOUR BUSINESS POSITION
Candidate

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☑ Loan repayment
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*

(Describe)

- ☐ Other Loan Re-payment to spouse *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
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Name
Steve Ly

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
National Electrician Contractor Association (NECA)
ADDRESS *(Business Address Acceptable)*
6300 Village Parkway, Dublin, CA 94568
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Electrician Contractor Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/12/14	$65.00	Dinner and Jersey
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/18/14	$27.00	Meal
04/29/14	$25.00	Dinner
06/26/14	$300.00	Charity Dinner

▶ NAME OF SOURCE *(Not an Acronym)*
Patrick Kennedy
ADDRESS *(Business Address Acceptable)*
4640 23rd Street, Sacto., CA 95822
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sacramento City Unified School District Trustee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/14/14	$200.00	Charity Dinner
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/30/14	$10.00	Lunch
07/14/14	$15.00	Meal
10/21/14	$10.00	Lunch

▶ NAME OF SOURCE *(Not an Acronym)*
Thomas Lee
ADDRESS *(Business Address Acceptable)*
W. 2128 Pebble Beach Rd., Garden Grove, 53013
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare Business Owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/13/14	$180.00	Hotel
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Region Builders
ADDRESS *(Business Address Acceptable)*
1331 T Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/12/14	$40.00	Lunch
08/12/14	$65.00	Dinner and Jersey
10/17/14	$25.00	Dinner

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Steve Ly

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Region Builders
ADDRESS *(Business Address Acceptable)*
1331 T Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 05 / 14	$ 190.00	2 Dinner Tickets
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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: