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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Detrick Steven Mitchell

1. Office, Agency, or Court

Agency Name
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.

Agency: Regional Transit, SacMetroCableCommission Position: Alt-Board Member, Commissioner

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

- State Judge (Statewide Jurisdiction)
- Multi-County _____ County of Sacramento
- City of Elk Grove Other _____

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

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

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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

[Redacted Signature Area]

I certify under penalty of perjury under the laws of the State of California that

Date Signed March 28, 2011
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

Steven M. Detrick

▶ STREET ADDRESS OR PRECISE LOCATION
9319 Whittmore Drive

CITY
Elk Grove, CA 95624

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 3 / 15 / 10 DISPOSED _____

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED _____ / ____ / 10 DISPOSED _____ / ____ / 10

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions 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 _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

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

Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 _____% None

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

Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Steven M. Detrick

▶ NAME OF SOURCE
Kaiser Permanente
 ADDRESS (Business Address Acceptable)
1650 Response Rd., Sacramento, CA 95815
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Dinner at the Hay Adams, Washington, DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	\$ 168.94	Partial Dinner
	\$	
	\$	

▶ NAME OF SOURCE
SureWest
 ADDRESS (Business Address Acceptable)
8150 Industrial Way, Roseville, CA, 95678
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Dinner at the Hay Adams, Washington, DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	\$ 168.94	Partial Dinner
	\$	
	\$	

▶ NAME OF SOURCE
PG&E
 ADDRESS (Business Address Acceptable)
1415 L St. Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Dinner at the Hay Adams, Washington, DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	\$ 168.94	Partial Dinner
	\$	
	\$	

▶ NAME OF SOURCE
Teichert
 ADDRESS (Business Address Acceptable)
3500 American River Drive, Sacramento, CA 95864
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Dinner at the Meridian House, Wash., DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 19 / 10	\$ 72	Partial Dinner
	\$	
	\$	

▶ NAME OF SOURCE
Sutter Health
 ADDRESS (Business Address Acceptable)
2200 River Plaza Drive, Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Dinner at the Meridian House, Wash., DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 19 / 10	\$ 72	Partial Dinner
	\$	
	\$	

▶ NAME OF SOURCE
Catholic Healthcare West-Mercy
 ADDRESS (Business Address Acceptable)
3400 Data Drive, Rancho Cordova, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Brunch at the Anderson House, Wash, DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	\$ 87.04	Partial Brunch
	\$	
	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Steven M. Detrick

▶ NAME OF SOURCE
Diepenbrock
 ADDRESS (Business Address Acceptable)
400 Capitol Mall # 1800, Sacramento, CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Brunch at the Anderson House, Wash, DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	\$ 87.04	Partial Brunch
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE
Granite Const. Inc.
 ADDRESS (Business Address Acceptable)
8950 Cal Center Drive, #201, Sacramento, CA 95826
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Brunch at the Anderson House, Wash, DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	\$ 87.04	Partial Brunch
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE
GenCorp
 ADDRESS (Business Address Acceptable)
Hwy 50 & AeroJet Way, Rancho Cordova, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cap-Cap Brunch at the Anderson House, Wash, DC

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 18 / 10	\$ 87.04	Partial Brunch
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____
__ / __ / __	\$ _____	_____

Comments: _____