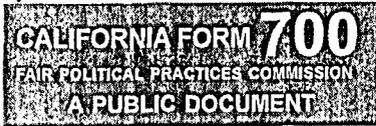


AN 2013



STATEMENT OF ECONOMIC INTERESTS

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Please type or print in ink.

NAME OF FILER (LAST) Detrick Steven Mitchell

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Elk Grove

Division, Board, Department, District, if applicable

Elk Grove City Council

Your Position

Council member

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

Agency: See Attached Position: See Attached

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

- State, Multi-County, City of Elk Grove, Judge or Court Commissioner, County of Elk Grove, Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left, The period covered is January 1, 2013, through the date of leaving office. Assuming Office: Date assumed, Candidate: Election year and office sought

4. Schedule Summary

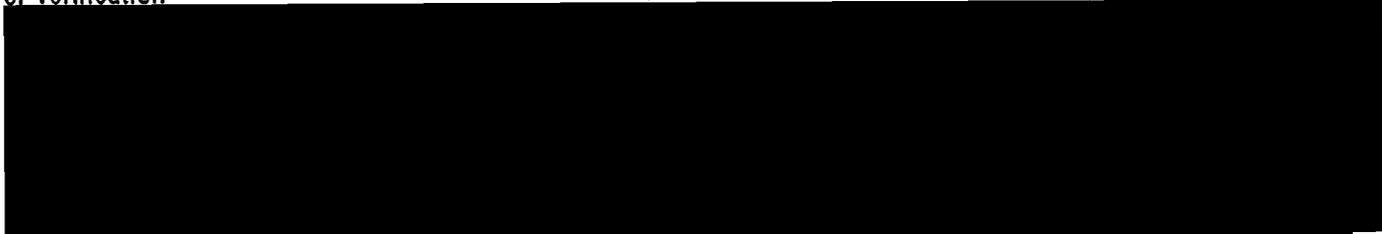
Check applicable schedules or "None."

Total number of pages including this cover page: 6

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments

None - No reportable interests on any schedule

5. Verification



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

Date Signed 02/10/2014 (month, day, year)

**Multiple Positions reported on the Annual Statement Form 700 Statement of Economic Interests for filer Steven Mitchell Detrick with the City of Elk Grove:**

- Council Member (Council Member, City of Elk Grove)
- Member of the Board (Finance Authority of the City of Elk Grove)
- Member 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 Steven Mitchell Detrick with additional agencies:**

- Alternate Board Member (Sacramento Regional Human Rights / Fair Housing Commission)
- Alternate Board Member (Sacramento Regional Transit District)
- Board Member (Sacramento Metropolitan Cable Television Commission)



**SCHEDULE B**  
**Interests in Real Property**  
 (Including Rental Income)

Name  
 Steven Mitchell Detrick

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
 9319 Whittemore 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      /      / 13      DISPOSED      /      / 13

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.  
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

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      /      / 13      DISPOSED      /      / 13

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.  
 None

\* 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 OF SOURCE (Not an Acronym)  
 Teichert

ADDRESS (Business Address Acceptable)  
 3500 American River Drive, Sacramento, CA95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Construction

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 15 / 13    | \$ 294.00 | .5 Cap/Cap Dinner (2)  |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
 Kaiser Foundation Health

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Medical

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 14 / 13    | \$ 262.10 | .5 Cap/Cap Dinner (2)  |
| 04 / 14 / 13    | \$ 117.72 | Cap/Cap Bike Tour (2)  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
 Hefner Stark & Marois

ADDRESS (Business Address Acceptable)  
 2150 River Plaza Dr, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Law Office

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 13 / 13    | \$ 432.00 | Cap/Cap Dinner (2)     |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
 Sutter Health

ADDRESS (Business Address Acceptable)  
 2200 River Plaza Drive, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Medical

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 15 / 13    | \$ 294.00 | .5 Cap/Cap Dinner (2)  |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ NAME OF SOURCE (Not an Acronym)  
 Pacific Gas and Electric (PG&E)

ADDRESS (Business Address Acceptable)  
 1415 L Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Gas and Electric Utility

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| 04 / 14 / 13    | \$ 262.10 | .5 Cap/Cap Dinner (2)  |
| ___ / ___ / ___ | \$ _____  | _____                  |
| ___ / ___ / ___ | \$ _____  | _____                  |

▶ 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: \_\_\_\_\_