

**Statement of Organization
Recipient Committee**

Statement Type

<input type="checkbox"/> Initial	<input type="checkbox"/> Amendment	<input checked="" type="checkbox"/> Termination – See Part 5
<input type="radio"/> Not yet qualified or	<input type="radio"/> Date qualification threshold met	Date of termination
<input type="radio"/> Date qualification threshold met	Date qualification threshold met	12 / 31 / 2020

Date Stamp	CALIFORNIA FORM 410
CITY CLERK'S OFFICE JAN 13 2021 AM 11:01	

1. Committee Information				2. Treasurer and Other Principal Officers			
I.D. Number 1306205 <small>(if applicable)</small>							
NAME OF COMMITTEE Detrick for Council 2016				NAME OF TREASURER Janice C. Detrick			
STREET ADDRESS (NO P.O. BOX) [REDACTED]				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Elk Grove	STATE CA	ZIP CODE 95624	AREA CODE/PHONE 916-715-8065	CITY Elk Grove	STATE CA	ZIP CODE 95624	AREA CODE/PHONE 916-812-8180
FULL MAILING ADDRESS (IF DIFFERENT)				NAME OF ASSISTANT TREASURER, IF ANY Sanjay Prasad			
E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) steve@stevedetrick.com				STREET ADDRESS (NO P.O. BOX) [REDACTED]			
CITY Elk Grove	STATE CA	ZIP CODE 95624	AREA CODE/PHONE 916-856-2802	NAME OF PRINCIPAL OFFICER(S)			
COUNTY OF DOMICILE Sacramento	JURISDICTION WHERE COMMITTEE IS ACTIVE Elk Grove			STREET ADDRESS (NO P.O. BOX)			
<i>Attach additional information on appropriately labeled continuation sheets.</i>				CITY STATE ZIP CODE AREA CODE/PHONE			

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	<u>1/13/22</u>	By	<u>[REDACTED]</u>
	DATE		SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	<u>1-13-2021</u>	By	<u>[REDACTED]</u>
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
Executed on	_____	By	_____
	DATE		SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT