

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Initial Filing
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Steinberg, Darrell			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Sacramento

Division, Board, Department, District, if applicable

Your Position

Mayor and Council Office

Mayor

▶ 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)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Sacramento</u> | <input type="checkbox"/> Other _____ |

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2018, through December 31, 2018 | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018 | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 6**Schedules attached**

- | | |
|---|---|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input checked="" type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached |

-or-

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

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
<i>(Business or Agency Address Recommended - Public Document)</i>				
		Sacramento	CA	95814
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
()				

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

 Date Signed 03/28/2019
 (month, day, year)

 Signature Darrell Steinberg
 (File the originally signed paper statement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
<u>Steinberg, Darrell</u>	

▶ 1. BUSINESS ENTITY OR TRUST

Steinberg Consulting
Name

Sacramento, CA 95831
Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Consulting

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION Owner

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

MERISTEM

Elywn

Resources Legacy Fund

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u> </u> / <u> </u> / <u>18</u> <u> </u> / <u> </u> / <u>18</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 3335 64th Street
 CITY
 Sacramento, CA 95820

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 / /18 DISPOSED / /18

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
 Name(s) redacted

▶ 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 / /18 DISPOSED / /18

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 a commercial lending institution 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

Steinberg, Darrell

▶ NAME OF SOURCE (Not an Acronym)

University of California, Davis

ADDRESS (Business Address Acceptable)

Sacramento, CA 95817

BUSINESS ACTIVITY, IF ANY, OF SOURCE

University Administrator

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

02 / 25 / 18 \$ 250.00 Republic FC Tickets / / \$ / / \$

▶ NAME OF SOURCE (Not an Acronym)

American Leadership Forum

ADDRESS (Business Address Acceptable)

Sacramento, CA 95815

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Organization

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

09 / 21 / 18 \$ 187.50 ALF Dinner / / \$ / / \$

▶ NAME OF SOURCE (Not an Acronym)

Hanson Bridgett

ADDRESS (Business Address Acceptable)

San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

08 / 06 / 18 \$ 202.00 SF Giants Tickets / / \$ / / \$

▶ NAME OF SOURCE (Not an Acronym)

Teichert & Son, Inc

ADDRESS (Business Address Acceptable)

Sacramento, CA 95864

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Construction

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

04 / 16 / 18 \$ 143.86 Dinner / / \$ / / \$

▶ NAME OF SOURCE (Not an Acronym)

Cal Expo

ADDRESS (Business Address Acceptable)

Sacramento, CA 95852

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Public Agency

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

07 / 13 / 18 \$ 448.00 State Fair Tickets / / \$ / / \$

▶ NAME OF SOURCE (Not an Acronym)

Visit Sacramento

ADDRESS (Business Address Acceptable)

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Organization

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

09 / 30 / 18 \$ 225.00 Tower Bridge Dinner / / \$ / / \$

Comments: Tickets to State Fair were given to staff; Paid back \$30 to Mark Friedman for Crocker Ball Ticket

SCHEDULE D

Income – Gifts

Name

Steinberg, Darrell

▶ NAME OF SOURCE (Not an Acronym)

Environmental Science Associates

ADDRESS (Business Address Acceptable)

Sacramento, CA 95816

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Consulting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 09 / 18</u>	<u>\$ 125.00</u>	<u>Binoculars</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

Mark Friedman

ADDRESS (Business Address Acceptable)

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Builder

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 18</u>	<u>\$ 500.00</u>	<u>Crocker Ball Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

Cox Communications

ADDRESS (Business Address Acceptable)

Atlanta, GA 30328

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Telecommunications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 18 / 18</u>	<u>\$ 125.00</u>	<u>Giants/Padres Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

Greater Sacramento Economic Council

ADDRESS (Business Address Acceptable)

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 18</u>	<u>\$ 81.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

CA Professional Firefighters

ADDRESS (Business Address Acceptable)

Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 27 / 18</u>	<u>\$ 90.00</u>	<u>Wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ALS Association Golden West Chapter

ADDRESS (Business Address Acceptable)

Agoura Hills, CA 91376

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 11 / 18</u>	<u>\$ 185.00</u>	<u>SF Giants Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: Tickets to State Fair were given to staff; Paid back \$30 to Mark Friedman for Crocker Ball Ticket