

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Filed Date: 03/13/2025 09:41 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Detoy Michael

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Public Employees Retirement System

Division, Board, Department, District, if applicable

Your Position

Board 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

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☐ **Annual:** The period covered is January 1, 2024, through
December 31, 2024.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through
December 31, 2024.

☐ The period covered is January 1, 2024, through the date of
leaving office.

-or-

☒ **Assuming Office:** Date assumed 02 / 12 / 2025

☐ The period covered is ____/____/_____, through
the date of leaving office.

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

Schedules attached

☒ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☒ **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
(Business or Agency Address Recommended - Public Document)

1315 Valley Dr

Hermosa Beach

CA

90254-3846

DAYTIME TELEPHONE NUMBER

EMAIL 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 03/13/2025 09:41 PM
(month, day, year)

Signature Michael Detoy
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Detoy

NAME OF BUSINESS ENTITY

Apple Inc.

GENERAL DESCRIPTION OF THIS BUSINESS

Technology

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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

NAME OF BUSINESS ENTITY

Vanguard CA Long-Term Tax Exempt Fund

GENERAL DESCRIPTION OF THIS BUSINESS

CA Muni Bond Fund

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☒ Other Fund (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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

NAME OF BUSINESS ENTITY

Cedars Sinai

GENERAL DESCRIPTION OF THIS BUSINESS

Hospital Network

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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

Comments:

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <div style="text-align: right; color: blue;">Michael Detoy</div>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <div style="color: blue;">Cedars Sinai</div>	NAME OF SOURCE OF INCOME <div style="color: blue;">Riverside City Firefighters Association</div>
ADDRESS (Business Address Acceptable) <div style="color: blue;">8700 Beverly Blvd. LA, CA 90048</div>	ADDRESS (Business Address Acceptable) <div style="color: blue;">PO Box 7817 Riverside, CA 92513</div>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <div style="color: blue;">Medical</div>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <div style="color: blue;">Labor Union</div>
YOUR BUSINESS POSITION <div style="color: blue;">Physician Assistant</div>	YOUR BUSINESS POSITION <div style="color: blue;">President</div>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <div style="color: blue;">Stipend</div> _____ (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
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Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
IAFF MERP
ADDRESS (Business Address Acceptable)
12121 Harbour Reach Dr. Suite 105
CITY AND STATE
Mukilteo, WA 98275
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Expense Reimbursement Plan
DATE(S): 01 / 23 / 25 - 01 / 23 / 25 AMT: \$ 316.45
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Quarterly Board Meetings in Seattle
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Riverside City Firefighters Association
ADDRESS (Business Address Acceptable)
PO Box 7817
CITY AND STATE
Riverside, CA 92513
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Association
DATE(S): 01 / 05 / 25 - 01 / 08 / 25 AMT: \$ 1496.10
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Attended IAFF ALTS - Training Conference - NO, LA
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
IAFF MERP
ADDRESS (Business Address Acceptable)
12121 Harbour Reach Dr. Suite 105
CITY AND STATE
Mukilteo, WA 98275
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Expense Reimbursement Plan
DATE(S): 03 / 20 / 24 - 03 / 20 / 24 AMT: \$ 397.96
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Quarterly Board Meetings in Seattle
▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Riverside City Firefighters Association
ADDRESS (Business Address Acceptable)
PO Box 7817
CITY AND STATE
Riverside, CA 92513
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Association
DATE(S): 08 / 25 / 24 - 08 / 30 / 24 AMT: \$ 2709.27
(If gift)
▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Attended IAFF Convention as delegate - Bos, MA
▶ If Gift, Provide Travel Destination _____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Michael Deto</u>

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Riverside City Firefighters Association

ADDRESS (Business Address Acceptable)
PO Box 7817

CITY AND STATE
Riverside, CA 92513

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE(S): 03 / 03 / 24 - 03 / 07 / 24 AMT: \$ 2935.73
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description IAFF Legislative Conference - Washington DC

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$_____
(If gift)

▶ MUST CHECK ONE: ☐ Gift -or- ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____