CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Official Use Only

Filed Date: 01/28/2019 11:41 PM
SAN: FPPC

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Lincoln

Division, Board, Department, District, if applicable

Your Position
City Council 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
- ☐ Multi-County _____
- ☒ City of Lincoln
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

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

☐ **Annual:** The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is ___/___/_____, through December 31, 2017.

☒ **Assuming Office:** Date assumed 12 / 11 / 2018

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

☐ **Leaving Office:** Date Left ___/___/_____ *(Check one)*

○ The period covered is January 1, 2017, through the date of leaving office.

-or-

○ The period covered is ___/___/_____, through the date of leaving office.

4. Schedule Summary (must complete) ▶ *Total number of pages including this cover page:* 1

Schedules attached

- ☐ **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*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET	CITY	STATE	ZIP CODE
600 6th St	Lincoln	CA	95648-1825

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
(916) 434-2493	

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 01/28/2019 11:41 PM *(month, day, year)*

Signature Electronic Submission *(File the originally signed statement with your filing official.)*

SCANNED