CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

*A PUBLIC DOCUMENT*

Date Initial Filing Received
*Filing Official Use Only*

Filed Date: 05/30/2020 10:47 AM
SAN: FPPC

*Please type or print in ink.*

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

## 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, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.

-or-

The period covered is 12 / 11 / 2018, through December 31, 2019.

☐ **Assuming Office:** Date assumed ___/___/___

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

○ The period covered is January 1, 2019, through the date of leaving office.

-or-

○ 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 (must complete) ▶ *Total number of pages including this cover page:* 3

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

DAYTIME TELEPHONE NUMBER: ( 916 ) 434-2493
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** 05/30/2020 10:47 AM
*(month, day, year)*

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

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Alyssa Silhi

### ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
The California Special Districts Association

ADDRESS *(Business Address Acceptable)*
1112 I Street, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Local Government Association

YOUR BUSINESS POSITION
Legislative Representative

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☒ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☒ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
  _____ *(Describe)*
- ☐ Other _____ *(Describe)*

### ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
  _____ *(Describe)*
- ☐ Other _____ *(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
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)
_____

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
  _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

**Comments:** _____

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Alyssa Silhi

# SCHEDULE D
## Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
WEINTRAUB Law
ADDRESS *(Business Address Acceptable)*
400 Capitol Mall, 11th Floor Sacramento CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 06 / 20 / 19 | $ 250.00 | Lincoln Potters Reception |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*
Teichert Construction
ADDRESS *(Business Address Acceptable)*
3500 American River Dr, Sacramento CA 95864
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Construction

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 05 / 06 / 19 | $ 157.26 | Dinner reception, Cap-to-Cap Program |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*
Hefner Law
ADDRESS *(Business Address Acceptable)*
2150 River Plaza Dr, Ste. 450 Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 05 / 04 / 19 | $ 198.00 | Dinner reception, Cap-to-Cap Program |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*
Sutter Health Foundation
ADDRESS *(Business Address Acceptable)*
2000 River Plaza Dr, Sacramento CA 95833
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 05 / 06 / 19 | $ 157.26 | Dinner reception, Cap-to-Cap Program |
| / / | $ | |
| / / | $ | |

▶ NAME OF SOURCE *(Not an Acronym)*
Kaiser Foundation Health Plan, Inc.
ADDRESS *(Business Address Acceptable)*
6600 Bruceville Rd, Sacramento CA 95823
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 05 / 05 / 19 | $ 188.75 | Dinner reception, Cap-to-Cap Program |
| / / | $ | |
| / / | $ | |

▶ 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:** Teichert/Sutter Health co-hosted the 05/06/19 Cap-to-Cap program dinner reception