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

CG

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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OFFICE OF CITY CLERK
CITY OF EL CENTRO

Please type or print in ink.

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

Silva Efrain

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of El Centro

Division, Board, Department, District, if applicable

Your Position
Councilmember

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: El Centro Regional Medical Center Position: Trustee

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2. Jurisdiction of Office *(Check at least one box)*

☐ State
☐ Multi-County _____
☑ City of El Centro
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ County of _____
☑ Other Municipal Hospital

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

☑ **Annual:** The period covered is January 1, 2014, through December 31, 2014.
-or-
The period covered is ____/____/_____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ____/____/_____

☐ **Leaving Office:** Date Left ____/____/_____
(Check one)
○ The period covered is January 1, 2014, through the date of leaving office.
○ The period covered is ____/____/_____, through the date of leaving office.

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

4. Schedule Summary

Check applicable schedules or "None."

► ***Total number of pages including this cover page:*** _____

☐ **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

[redacted]

I certify under penalty of perjury under the laws of the State of [redacted]

Date Signed 04/25/2015
(month, day, year)