

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

FEB 27 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Quirk-Silva Sharon Darlene

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FAIR POLITICAL
PRACTICES COMMISSION
2014 FEB 27 PM 3:04

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Assembly District 65
Division, Board, Department, District, if applicable Your Position
Assemblymember

► 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 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, 2013, through December 31, 2013. Leaving Office: Date Left ____/____/____ (Check one)
- or- The period covered is 12 / 03 / 2013, through December 31, 2013. The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

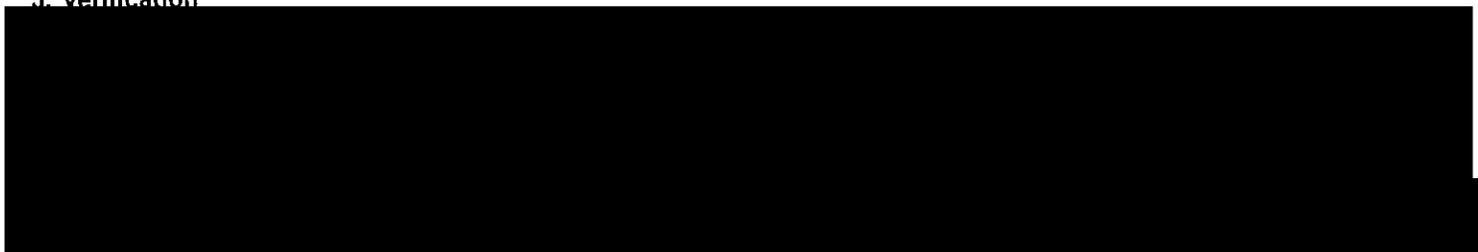
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- 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



I certify under penalty of perjury under the laws of the State of California

Date Signed 2/27/2014
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Quirk-Silva

▶ NAME OF SOURCE (Not an Acronym)
John Perez for Assembly 2012

ADDRESS (Business Address Acceptable)
777 South Figueroa St. Ste. 4050 LA CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Democratic Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 26 / 13</u>	<u>\$ 74.75</u>	<u>Jacket Dem Conferenc</u>
<u>03 / 08 / 13</u>	<u>\$ 49.07</u>	<u>Dinner / Members</u>
<u>06 / 18 / 13</u>	<u>\$ 15.80</u>	<u>Dinner / Members</u>

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21 Street, #200 Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Issue Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 13</u>	<u>\$ 95.19</u>	<u>Dem. Policy Dinner</u>
<u>02 / 26 / 13</u>	<u>\$ 123.94</u>	<u>Dem. Policy Dinner</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Latino Caucus Political Action Committee (PAC)

ADDRESS (Business Address Acceptable)
700 Capitol Mall, 22nd Floor Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Latino Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 13 / 13</u>	<u>\$ 21.00</u>	<u>scarf</u>
<u>05 / 02 / 13</u>	<u>\$ 21.32</u>	<u>Reception / Meals</u>
<u>01 / 24 / 13</u>	<u>\$ 131.76</u>	<u>Personal Wooden Box</u>

▶ NAME OF SOURCE (Not an Acronym)
Latino Caucus Political Action Committee (PAC)

ADDRESS (Business Address Acceptable)
700 Capitol Mall, 22nd Floor Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Latino Caucus

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 28 / 13</u>	<u>\$ 86.74</u>	<u>Portfolio</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Latino Caucus Foundation ("Foundation")

ADDRESS (Business Address Acceptable)
1001 K Street, 6th Floor Sac. CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Issue Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 06 / 13</u>	<u>\$ 142.77</u>	<u>Framed Poster</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
California Issues Forum

ADDRESS (Business Address Acceptable)
1717 I Street Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Issue Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 14 / 13</u>	<u>\$ 15.00</u>	<u>Policy / Box Lunch</u>
<u>08 / 20 / 13</u>	<u>\$ 85.00</u>	<u>Legislative Dinner</u>
<u>06 / 15 / 13</u>	<u>\$ 15.00</u>	<u>Policy / Box Lunch</u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Quirk-Silva

▶ NAME OF SOURCE (Not an Acronym)
 California Issues Forum

ADDRESS (Business Address Acceptable)
 1717 I Street Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Issue Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 13	\$ 15.00	Policy / Box Lunch
04 / 17 / 13	\$ 15.00	Policy / Box Lunch
01 / 29 / 13	\$ 84.50	Leg Kick-off Dinner

▶ NAME OF SOURCE (Not an Acronym)
 Del Mar Thoroughbred Club

ADDRESS (Business Address Acceptable)
 PO Box 700 Del Mar, California 92014

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Thoroughbred Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 17 / 13	\$ 440.00	Opening Day
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 California Dental Association

ADDRESS (Business Address Acceptable)
 455 Capitol Mall, Ste. 600 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 13 / 13	\$ 114.14	Industry / Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Orange County Coalition of Police & Sheriff PAC

ADDRESS (Business Address Acceptable)
 1415 L Street Ste. 410 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public Safety

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 25 / 13	\$ 186.38	Dinner / Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Family Business Association

ADDRESS (Business Address Acceptable)
 1215 K Street Ste. 2120 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Community Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 13	\$ 53.42	Dinner / Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Personal Insurance Federation of California

ADDRESS (Business Address Acceptable)
 1201 K Street, Ste. 950 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Insurance

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 15 / 13	\$ 59.18	Industry Dinner
08 / 29 / 13	\$ 14.00	Spoke at their luncheon
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
Quirk-Silva

▶ NAME OF SOURCE (Not an Acronym)
California State Protocol Foundation

ADDRESS (Business Address Acceptable)
11355 West Olympic Blvd. Los Angeles, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Issue Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 13	\$ 65.92	Gov. Dinner Members
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Allergan, Inc

ADDRESS (Business Address Acceptable)
2525 Dupont Drive, Tower 2 Irvine, CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Life Science / Medical Device

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 09 / 13	\$ 57.51	Facility Tour / Lunch
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Parsons Corporation

ADDRESS (Business Address Acceptable)
100 West Walnut Street Pasadena, CA 91124

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 01 / 13	\$ 274.00	Rose Parade Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Eddie Q. Insurance

ADDRESS (Business Address Acceptable)
415 N. Broadway, Santa Ana, CA 92701

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 02 / 13	\$ 300.00	Dinner / Awards
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
OC Auto Dealers Association

ADDRESS (Business Address Acceptable)
3737 Birch St. Ste. 200 Newport Beach, CA 92660

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Automotive Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 13	\$ 52.50	Spoke at Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
MG Disposal

ADDRESS (Business Address Acceptable)
1131 N. Blue Gum Street Anaheim, CA 92806

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycling Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 13	\$ 65.00	Leg Update Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Quirk-Silva

▶ NAME OF SOURCE (Not an Acronym)
 Knott's Berry Farm

ADDRESS (Business Address Acceptable)
 8039 Beach Blvd. Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 13	\$ 150.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Legislative Women's Caucus

ADDRESS (Business Address Acceptable)
 400 Capitol Mall, 22nd Floor Sac, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy Issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 21 / 13	\$ 70.52	Speaker Series Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Medieval Times Dinner & Tournament

ADDRESS (Business Address Acceptable)
 7662 Beach Blvd. Buena Park, CA 90620

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Entertainment Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 13	\$ 240.00	Dinner Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Sally Ann Catering

ADDRESS (Business Address Acceptable)
 801 S. Lakeview Ave. Ste. B. Placentia, CA 92870

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Small Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 02 / 13	\$ 200.00	Open House Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 MG Disposal

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____