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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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MAR 3 2014

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BY:

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Quirk	Bill (William)	Joseph

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Assembly

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
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☑ County of Alemeda
- ☐ Other _____

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

☑ **Annual:** The period covered is January 1, 2013, through December 31, 2013.

-or-

The period covered is ____/____/_____, through December 31, 2013.

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

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

○ The period covered is January 1, 2013, 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:*** 8

- ☐ **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*

herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed 02/24/2014 *(month, day, year)*

Signatur

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Bill (William) Quirk

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Chartis Property Casualty CO

ADDRESS *(Business Address Acceptable)*
70 Pine St. C/O HRPC 180/22; New York NY 10270

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Insurance

YOUR BUSINESS POSITION
Training

GROSS INCOME RECEIVED
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ 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
- ☐ $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
- ☐ Loan repayment
- ☐ Partnership
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Commission or
- ☐ Rental Income, *list each source of $10,000 or more*
- ☐ Other _____ *(Describe)*

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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
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Name
Bill (William) Quirk

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
CTIA – The Wireless Association
ADDRESS *(Business Address Acceptable)*
1400 16th St, NW, Suite 600, Washington, DC 20036
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Wireless Industry Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 13	$ 64.18	Reception
/ /	$	
/ /	$	

► 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)*
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)*
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)*
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)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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Name
Bill (William) Quirk

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
CALSTART-INC
ADDRESS *(Business Address Acceptable)*
48 South Chester Ave. Pasadena CA, 91106
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 13	$ 53.78	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Eli Lilly
ADDRESS *(Business Address Acceptable)*
1215 K Street Suite, 1500
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmaceutical Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 25 / 13	$ 56.00	Dinner
/ /	$	
/ /	$	

► 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)*
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)*
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)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments:

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Name: Bill (William) Quirk

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: California Rice Commission
ADDRESS *(Business Address Acceptable)*: 1231 I Street, Suite 205, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07/13/13	$ 27.37	Gift Box with Rice
06/19/13	$ 23.27	Reception
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: John A. Pérez for Assembly 2012
ADDRESS *(Business Address Acceptable)*: 777 South Figueroa Street, Suite 4050, Los Angeles
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/26/13	$ 74.75	Personalized jacket
08/06/13	$ 44.60	bottle of wine
05/29/13	$ 23.51	food/beverage

► NAME OF SOURCE *(Not an Acronym)*: California Democratic Party
ADDRESS *(Business Address Acceptable)*: 1401 21st Street, #200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/26/13	$ 123.94	Conference / Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: The Western States Petroleum Association
ADDRESS *(Business Address Acceptable)*: 1415 L Street, Suite 600, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-profit Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/04/13	$ 330.54	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Personal Insurance Federation of California
ADDRESS *(Business Address Acceptable)*: 1201 K Street, Suite 950, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Legislative Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08/13/13	$ 54.86	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Association of Realtors
ADDRESS *(Business Address Acceptable)*: 525 South Virgil Avenue, Los Angeles, CA 90020
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Trade Association for Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01/12/13	$ 150.00	Dinner
05/01/13	$ 59.00	Reception
/ /	$	

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SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Family Business Association
ADDRESS *(Business Address Acceptable)*
1215 K Street, Suite 2120, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

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

► NAME OF SOURCE *(Not an Acronym)*
California Grocers Association
ADDRESS *(Business Address Acceptable)*
1215 K Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 30 / 13	$ 33.07	Reception
04 / 29 / 13	$ 275.00	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Healthcare Institute
ADDRESS *(Business Address Acceptable)*
888 Prospect Street, Suite 220, La Jolla CA 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 13	$ 51.42	Reception
06 / 25 / 13	$ 38.24	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Bay Area Bioscience Association
ADDRESS *(Business Address Acceptable)*
400 Oyster Point Blvd. Suite 221 South San Francisc
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 13	$ 51.42	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Wine Institute
ADDRESS *(Business Address Acceptable)*
915 L Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 11 / 13	$ 58.80	Reception
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Poultry Federation
ADDRESS *(Business Address Acceptable)*
4640 Spyres Way, Suite 4, Modesto, CA 95356
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 13	$ 242.30	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
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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. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE *(Not an Acronym)*
California Foundation on the Environment (CFEE)
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Educational
DATE(S): 04/25/13 - 04/26/13 *(If gift)* AMT: $ 528.89
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
California Foundation on the Environment (CFEE)
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Educational
DATE(S): 10/29/13 - 10/30/13 *(If gift)* AMT: $ 502.35
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
California Foundation on the Environment (CFEE)
ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
CITY AND STATE
San Francisco, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Educational
DATE(S): 12/09/13 - 12/10/13 *(If gift)* AMT: $ 431.59
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): ___/___/___ - ___/___/___ *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments:

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Name
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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. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.**

► NAME OF SOURCE *(Not an Acronym)*
TechNet
ADDRESS *(Business Address Acceptable)*
5050 El Camino Real, Suite 106
CITY AND STATE
Los Altos, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Advocacy
DATE(S): 12/12/13 - 12/13/13 *(If gift)* AMT: $ 513.54
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Pacific Policy Research Foundation
ADDRESS *(Business Address Acceptable)*
101 Parkshore Drive, Suite 100
CITY AND STATE
Folsom, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Educational & Research Organization
DATE(S): 03/14/13 - 03/14/13 *(If gift)* AMT: $ 52.60
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Pacific Policy Research Foundation
ADDRESS *(Business Address Acceptable)*
101 Parkshore Drive, Suite 100
CITY AND STATE
Folsom, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Educational & Research Organization
DATE(S): 08/08/13 - 08/11/13 *(If gift)* AMT: $ 1,821.45
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► NAME OF SOURCE *(Not an Acronym)*
Pacific Policy Research Foundation
ADDRESS *(Business Address Acceptable)*
101 Parkshore Drive, Suite 100
CITY AND STATE
Folsom, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☑ 501 (c)(3)
Educational & Research Organization
DATE(S): 11/14/13 - 11/17/13 *(If gift)* AMT: $ 150.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☑ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: