

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Date Received
Official Use Only

MAR 3 2014

BY: BJH

MAR -3 PM 3:56

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Wilk Scott Thomas

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly
Division, Board, Department, District, if applicable
District 38
Your Position
Assembly 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 _____
- 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, 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

5. Verification

(c)(1)

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/03/2014
(month, day, year)

(c)(1)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Scott Wilk

▶ 1. BUSINESS ENTITY OR TRUST

Liaison Communications
Name
28060 Caraway Lane, Santa Clarita CA 91350
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Public Affairs

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 13 / / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other _____

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

None

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 13 / / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Scott Wilk

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Belcaro</u></p> <p>ADDRESS (Business Address Acceptable) <u>28201 River Trail Lane, Valencia 91355</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Home Owners Association</u></p> <p>YOUR BUSINESS POSITION <u>Club Director</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small></p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small></p>
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Comments: _____

**Schedule D
Income - Gifts**

Name

Scott Wilk

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NAME OF SOURCE	ADDRESS OF SOURCE (Business Address Acceptable)	ZIP CODE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Allergan, Inc	2525 Dupont Dr, Irvine, CA	92612	Pharmaceutical Company	10/29/13	\$ 89.32	Facility tour, lunch, photobook
AstraZeneca LP	1800 Concord Pike, DE	19850	Pharmaceutical Company	01/22/13	\$ 95.35	Dinner
California Association of Realtors	1121 L Street #600	95814	Real Estate	05/01/13	\$ 59.00	Reception
California Chamber of Commerce	1215 K Street, Suite 1400	95814	Business Advocacy	02/13/13	\$ 98.42	Dinner (2)
California Chamber of Commerce	1215 K Street, Suite 1400	95814	Business Advocacy	05/21/13	\$ 30.67	Reception
California Chamber of Commerce	1215 K Street, Suite 1400	95814	Business Advocacy	08/26/13	\$ 25.00	Dinner
California Hospital Association	1215 K Street, Suite 800	95814	Healthcare Membership Association	08/19/13	\$ 71.69	Dinner
California Hospital Association	1215 K Street, Suite 800	95814	Healthcare Membership Association	03/13/13	\$ 30.39	Reception
California Medical Association	1201 J Street, Suite 200	95814	Physician Membership Association	2/4/2013	\$11.82	Reception
California Medical Association	1201 J Street, Suite 200	95814	Physician Membership Association	7/2/2013	\$97.22	Dinner
California New Car Dealers Association	1415 L Street, Suite 700	95814	New Car Dealers Association	3/13/2013	\$70.98	Reception
California New Car Dealers Association	1415 L Street, Suite 700	95814	New Car Dealers Association	3/13/2013	\$21.19	Reception entertainment
Connie Conway for Senate 2018 #1353983	505 Van Ness	93721	Campaign	05/28/13	\$60.00	California Roast Ticket
Consulate General of the Republic of Armenia	346 N. Central Avenue		Foreign Government	09/22/13	\$50.00	2 Coffee books
Consulate General of the Republic of Armenia	347 N. Central Avenue		Foreign Government	09/22/13	\$100.00	Watch
Family Business Association	1215 K Street, Suite 2120	95814	Business Advocacy	04/10/13	\$ 53.42	Reception
Liberty Dental Plan	340 Commerce, Suite 100	92602	Dental Plans	02/23/13	\$ 68.85	UFC Reception
Honorable Hovik Abrahamyan	19 Baghramyn Yerevan, 0095 Republic of Armenia		Speaker of the Armenian Assembly	09/17/13	\$189.98	2 Bottles of Ararat Nairi
Honorable Serzh Sarkisian	The Office of the Republic of Armenia, 26 Marshal Baghramian Ave, Yerevan, 0077 Republic of Armenia		President of Armenia	09/19/13	\$ 94.99	Bottle of Ararat Nairi
Mr. Bako Sahakyan	The Office of the NKR President 20 February St., Building 3 Stepanakert		President of Nagorno Karabakh Republic	09/19/13	\$ 94.99	Bottle of Ararat Nairi
Nagornon Karabakh Republic	1334 G Street, NW, Suite 200	20005	Foreign Government	9/22-23/13	\$ 49.00	Medallion
National Federation of Independent Business	921 11th Street, Suite 400	95814	Business Advocacy	02/21/13	\$ 99.69	Reception
Parsons Corporation	100 West Walnut Street	91124	Technology	01/01/13	\$ 180.00	Rose Parade Ticket (2)
Parsons Corporation	100 West Walnut Street	91124	Technology	01/01/13	\$ 94.00	Meal (2)
TechAmerica	1400 K Street, Suite 201	95814	Technology Advocacy	11/18/13	\$ 90.91	Dinner

SCHEDULE E

Income - Gifts

Travel Payments, Advances, and Reimbursements

Name

Scott Wilk

<BLUE> is a required field

- You must 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 AND ADDRESS OF SOURCE <i>(Business Address Acceptable)</i>	BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3)	DATE(S) (mm/dd/yy) (if gift)	AMOUNT	TYPE OF PAYMENT (Gift or Income)	MADE A SPEECH/ PARTICIPATED IN A PANEL		DESCRIPTION
						Yes	No	
California Chamber of Commerce, 1215 K Street, Suite 1400, CA 95814	Business Advocacy	No	10/17-16/2013	\$ 762.65	Gift		Yes	Other - Provide description
California Foundation on the Environment and the Economy, Pier 35 Suite 202, San Francisco CA 94133	Non-profit Educational Program	Yes	4/25-26/2013	\$ 528.89	Gift		No	Hotel and meals
California Foundation on the Environment and the Economy, Pier 35 Suite 202, San Francisco CA 94133	Non-profit Educational Program	Yes	12/9-10/13	\$ 431.59	Gift		No	Hotel and meals
California Healthcare Institute, 1201 K Street, Suite 1840, CA 95814	Research and Healthcare Advocacy	No	12/5-6/13	\$ 532.94	Gift		Yes	Hotel and meals
California State Protocol Foundation, 11355 West Olympic Boulevard, CA 90064	Charitable Organization	Yes	3/11/2013	\$ 55.29	Gift		No	Dinner
Consulate General of the Republic of Armenia, 346 N. Central Avenue	Foreign Government	No	9/15-24/13	\$ 15,782.00	Gift		No	Airfare, hotel and meals (2)
Nagornon Karabakh Republic, 1334 G Street, NW, Suite 200, DC 20005	Foreign Government	No	9/22-23/13	\$ 474.00	Gift		No	Hotel, meal and transportation
TechNet, 5050 El Camino Real, Suite 106, Los Altos, CA 94022	Technology Advocacy	No	12/12-13/13	\$ 513.54	Gift		Yes	Hotel and meals

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
 2015 APR 23 AM 10:43

BK

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

▶ 1. BUSINESS ENTITY OR TRUST

Liaison Communications
 Name
28060 Caraway Lane, Santa Clarita, CA 91350
 Address (Business Address Acceptable)
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 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Public Affairs

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<input checked="" type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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 INVESTMENT REAL PROPERTY

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<input type="checkbox"/> \$2,000 - \$10,000	____/____/13	____/____/13
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

Filer's Verification

Print Name Scott Wilk
Office, Agency or Court California State Assembly
Statement Type 2013/2014 Annual _____ Annual Assuming Leaving Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed contained herein and in any attached schedules is true and complete.

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

Date Signed 04/20/2015 **Filer's Signature** _____
(month, day, year)

(c)(1)