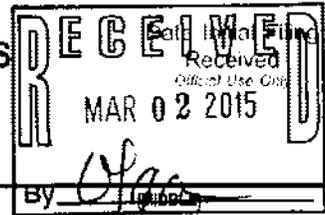


752

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



PP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY
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

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 MAR - 2 PM 3:17

► 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, 2014, through December 31, 2014.
-or- The period covered is ____/____/____, through December 31, 2014.
 Assuming Office: Date assumed ____/____/____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 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.

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 10
 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



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

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

Date Signed 03/02/2015
(month, day, year)

Signature

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Bill (William) Quirk

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
AIG 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
(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
 \$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 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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Bill (William) Quirk

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

ADDRESS (Business Address Acceptable)
1830 9th Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 18 / 14	\$ 36.17	Breakfast
11 / 06 / 14	\$ 73.63	Policy Conference
02 / 04 / 14	\$ 131.24	Conference-Meals

▶ NAME OF SOURCE (Not an Acronym)
Bay Area Council

ADDRESS (Business Address Acceptable)
353 Sacramento Street, 10th Floor, San Francisco 941

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	\$ 95.00	Reception and dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
California Healthcare Institute

ADDRESS (Business Address Acceptable)
1201 K Street, Suite 1840 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
public policy research and advocacy.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 14	\$ 34.90	Wine and Cheese Boan
01 / 15 / 14	\$ 80.49	Food and beverages
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Elevate California: Marc Levine Ballot issue Committee

ADDRESS (Business Address Acceptable)
PO Box 150084, San Rafael CA 94915

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	\$ 107.10	Food
/ /	\$	
/ /	\$	

▶ 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
Nonprofit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	\$ 8.30	Lunch
03 / 27 / 14	\$ 60.00	Bus ride, lunch
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Western Plant Health Association

ADDRESS (Business Address Acceptable)
4460 Duckhorn Drive Suite A Sacramento, CA 95834

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	\$ 241.36	Meal Expense
02 / 19 / 14	\$ 5.28	Reusable Bag
/ /	\$	

Comments: _____

SCHEDULE D
Income – Gifts

Name
Bill (William) Quirk

▶ NAME OF SOURCE (Not an Acronym)
Mooretown Rancheria

ADDRESS (Business Address Acceptable)
1 Alverda Drive Oroville, CA 95966

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 14	\$ 68.66	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CalChamber

ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business advocate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	\$ 62.12	Consuar Corp Receptio
05 / 20 / 14	\$ 32.06	Host Reception
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Northern California Powr Agency

ADDRESS (Business Address Acceptable)
651 Commerce Drive Roseville, CA 95678

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Joint Action Agency

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 14	\$ 87.00	Reception and dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Foundation Health Plan, Inc.

ADDRESS (Business Address Acceptable)
2401 Merced Street, Suite #100 San Leandro, CA 945

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Plan

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 16 / 14	\$ 77.00	Medical Center Opening
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California New Car Dealers Association

ADDRESS (Business Address Acceptable)
1415 L Street, Suite 700 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 09 / 14	\$ 68.28	Reception-Food & Drink
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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
Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 18 / 14	\$ 75.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Bill (William) Quirk

▶ NAME OF SOURCE (Not an Acronym)
 California Cattlemen's Association

ADDRESS (Business Address Acceptable)
 1221 H Street Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 11 / 14	\$ 40.00	Breakfast
06 / 11 / 14	\$ 25.00	Cowboy hat
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Foundation for Commerce and Education

ADDRESS (Business Address Acceptable)
 1215 K Street, Suite 1400, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Educational

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	\$ 234.72	Luncheon
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 San Francisco Public Utilities Commission

ADDRESS (Business Address Acceptable)
 525 Golden Gate Avenue, 13th Fl. San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Utilities Commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 14 / 14	\$ 150.00	Cabin use
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Pacifica Institute

ADDRESS (Business Address Acceptable)
 1257 Tasman Dr. Suite B Sunnyvale, CA 94089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non profit organization promoting cultural awareness

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 14	\$ 85.00	Dinner and baklava
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Pacific Gas and Electric Company

ADDRESS (Business Address Acceptable)
 1415 L Street, Suite 280 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Utility Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 14	\$ 440.00	Giants Game-San Fran
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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: _____

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 94133

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Educational

DATE(S): 02/27/14 - 02/28/14 AMT: \$ 443.28
 (If gift)

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 Healthcare Institute

ADDRESS (Business Address Acceptable)
 1201 K Street, Suite 1840

CITY AND STATE
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Public policy research and advocacy

DATE(S): 12/04/14 - 12/15/14 AMT: \$ 309.73
 (If gift)

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, Site 100

CITY AND STATE
 Folsom, CA 95630

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Educational & Research Foundation

DATE(S): 03/13/14 - 13/14/15 AMT: \$ 216.91
 (If gift)

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

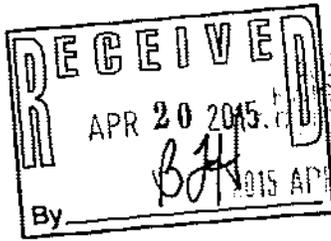
DATE(S): / / - / / AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____



RECEIVED
FAIR POLITICAL PRACTICES COMMISSION

SCHEDULE D
Income - Gifts

BK

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

ADDRESS (Business Address Acceptable)
1830 9th Street, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 20 / 14</u>	<u>\$ 68</u>	<u>Food and Drink</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Filer's Verification

Print Name Bill Quirk

Office, Agency or Court CA State Assembly

Statement Type 2014/2015 Annual Assuming Leaving
 Annual Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4/20/15

Filer's Signature (c)(1)

Comments: