CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

State Assembly

Division, Board, Department, District, if applicable

District 67

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)*

- [X] State
- [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- [ ] Multi-County _____
- [ ] County of _____
- [ ] City of _____
- [ ] Other _____

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

- [X] **Annual:** The period covered is January 1, **2024,** through December 31, **2024**.
  -or-
  The period covered is ____/____/____, through December 31, **2024**.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Leaving Office:** Date Left ____/____/____
  (Check one circle below.)
  ◯ The period covered is January 1, **2024**, through the date of leaving office.
  -or-
  ◯ The period covered is ____/____/____, through the date of leaving office.
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 6

Schedules attached

- [ ] **Schedule A-1 -** *Investments* – schedule attached
- [X] **Schedule A-2 -** *Investments* – schedule attached
- [ ] **Schedule B -** *Real Property* – schedule attached
- [ ] **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- [X] **Schedule D -** *Income – Gifts* – schedule attached
- [X] **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached

-or- [ ] ***None*** **-** *No reportable interests on any schedule*

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
[redacted]				

DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS
[redacted]	[redacted]

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 acknowledge this is a public document.

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

Date Signed 02/27/2025 03:11 PM *(month, day, year)*

Signature [redacted] *(File the originally signed paper statement with your filing official.)*

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: Sharon Quirk-Silva

▶ 1. BUSINESS ENTITY OR TRUST

217 N. Richmond Ave LLC
Name

Jesus J. Silva, Patrick J. Quirk, Olivia A. Coscis
Address *(Business Address Acceptable)*

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

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/24 ACQUIRED
___/___/24 DISPOSED

NATURE OF INVESTMENT
☒ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION Investor

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

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

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

☒ None or ☐ Names listed below

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

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

217 N. Richmond Avenue LLC
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

714 N. Richmond Avenue, Fullerton, CA 92832
Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☒ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
03/17/24 ACQUIRED
___/___/24 DISPOSED

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

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▶ 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
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/24 ACQUIRED
___/___/24 DISPOSED

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
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

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

☐ None or ☐ Names listed below

▶ 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
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/24 ACQUIRED
___/___/24 DISPOSED

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 D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Sharon Quirk-Silva

► NAME OF SOURCE *(Not an Acronym)*: California Tribal Business Alliance
ADDRESS *(Business Address Acceptable)*: 1530 J Street, # 400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Native American Public Policy, Education, Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 11 / 24	$109.61	food/beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*: 777 S. Figueroa St., # 4050, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Charitable

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 31 / 24	$20.93	T-Shirt
08 / 03 / 24	$147.45	Jacket
03 / 13 / 24	$178.08	Member Jacket

► NAME OF SOURCE *(Not an Acronym)*: Robert Rivas for Assembly
ADDRESS *(Business Address Acceptable)*: 1700 Tribute Road., # 210, Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 03 / 24	$87.12	food/beverage
03 / 22 / 24	$150.30	flower arrangement
01 / 17 / 24	$16.75	coffee mug

► NAME OF SOURCE *(Not an Acronym)*: CalChamber
ADDRESS *(Business Address Acceptable)*: 1215 K St., # 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business/public affairs, education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 24	$107.67	food/beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Democratic Party
ADDRESS *(Business Address Acceptable)*: 1830 9th St., Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 24	$27.03	food/beverage
01 / 17 / 24	$66.55	food/beverage
03 / 19 / 24	$70.74	food/beverage

► NAME OF SOURCE *(Not an Acronym)*: California Democratic Party
ADDRESS *(Business Address Acceptable)*: 1830 9th St., Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 24	$164.54	lunch
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Sharon 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: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 24 / 24	$11.98	lunch
02 / 21 / 24	$19.69	lunch
08 / 12 / 24	$137.50	dinner

► 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: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 24	$16.62	lunch
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Women in California Leadership Foundation
ADDRESS *(Business Address Acceptable)*: 1700 Tribute Road., # 201, Sacramento, CA95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Charitable

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 02 / 24	$92.64	flowers
03 / 11 / 24	$42.84	food/beverage
01 / 06 / 24	$20.54	notebook/pen

► NAME OF SOURCE *(Not an Acronym)*: Women in California Leadership Foundation
ADDRESS *(Business Address Acceptable)*: 1700 Tribute Road., # 201, Sacramento, CA95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Charitable

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 08 / 24	$200.00	Food/beverages
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Cattlemens Association
ADDRESS *(Business Address Acceptable)*: 3841 N Freeway Blvd., # 130, Sacramento, CA 95834
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Agriculture business/education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 13 / 24	$50.00	food/beverage
03 / 13 / 24	$36.00	hat
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Corey Jackson for Assembly
ADDRESS *(Business Address Acceptable)*: 1 W. Manchester Blvd., # 700, Inglewood, CA 90301
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 25 / 24	$70.02	flowers
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Sharon Quirk-Silva

► NAME OF SOURCE *(Not an Acronym)*
Re-Elect Rick Chavez Zbur for Assembly 2024
ADDRESS *(Business Address Acceptable)*
1700 Tribute Rd., # 210, Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 24	$100.47	food/beverage
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name: Sharon Quirk-Silva

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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.**
- **For gifts of travel, provide the travel destination.**

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S Figuero St., # 4050
CITY AND STATE
Los Angeles, CA 90017
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable, Education
DATE(S): 03 / 15 / 24 - 03 / 16 / 24 *(If gift)* AMT: $ 755.91
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Los Angeles, CA

► NAME OF SOURCE *(Not an Acronym)*
California Latino Legislative Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S Figuero St., # 4050
CITY AND STATE
Los Angeles, CA 90017
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charitable, Education
DATE(S): 12 / 06 / 24 - 12 / 07 / 24 *(If gift)* AMT: $ 1,618.38
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Los Angeles, CA 90017

► NAME OF SOURCE *(Not an Acronym)*
Women in California Leadership
ADDRESS *(Business Address Acceptable)*
187 Tribute Rd., Suite K
CITY AND STATE
Sacramento, CA 95815
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 12 / 24 - 09 / 22 / 24 *(If gift)* AMT: $ 5,142.41
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Norway

► NAME OF SOURCE *(Not an Acronym)*
California Foundation Environment and the Economy
ADDRESS *(Business Address Acceptable)*
920 11th Street,
CITY AND STATE
Sacramento, CA 95814
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
education on enviornment, economic issues
DATE(S): 06 / 20 / 24 - 06 / 21 / 24 *(If gift)* AMT: $ 936.04
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
► If Gift, Provide Travel Destination
Berkely, CA

Comments: