CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
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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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025.
  -or-
  The period covered is ____/____/____, through December 31, 2025.
- [ ] **Assuming Office:** Date assumed ____/____/____
- [ ] **Leaving Office:** Date Left ____/____/____
  (Check one circle below.)
  ◯ The period covered is January 1, 2025, 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:*** 7

Schedules attached

- [ ] **Schedule A-1 -** *Investments* – schedule attached
- [X] **Schedule A-2 -** *Investments* – schedule attached
- [ ] **Schedule B -** *Real Property* – schedule attached
- [X] **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- [X] **Schedule D -** *Income – Gifts* – schedule attached
- [X] **Schedule E -** *Income – Gifts – Travel Payments* – schedule attached
- [ ] **Attachment 700-P -** *Prospective Employment (87200 Filers Only)* – 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 02/25/2026 12:13 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

Fullerton, CA 92832
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:
___/___/25 ACQUIRED ___/___/25 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ LLC 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
Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

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:
___/___/25 ACQUIRED ___/___/25 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:
___/___/25 ACQUIRED ___/___/25 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:
___/___/25 ACQUIRED ___/___/25 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 C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Sharon Quirk-Silva

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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
Silva/QS Consulting

ADDRESS *(Business Address Acceptable)*
504 Princeton Circle East, Fullerton, CA 92831

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting

YOUR BUSINESS POSITION
Principal / Consultant

GROSS INCOME RECEIVED
- ☐ No Income - Business Position Only
- ☐ $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 a commercial lending institution, 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: _____

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Sharon Quirk-Silva

► NAME OF SOURCE *(Not an Acronym)*: Cal Non Profits
ADDRESS *(Business Address Acceptable)*: 1016 Lincoln Blvd, # 111, San Francisco, CA 94129
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Education/research

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 25	$45.65	food/beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Women in California Leadership Foundation
ADDRESS *(Business Address Acceptable)*: 1700 Tribute Road, # 210, Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Women's educational organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 25	$87.88	food/beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Los Angeles Dodgers
ADDRESS *(Business Address Acceptable)*: 1110 Vin Scully Ave, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sports

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 20 / 25	$240.00	Venezuela Shirts/Rings
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Yimby
ADDRESS *(Business Address Acceptable)*: 1121 L St., # 210, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Housing policies/issues

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 25	$48.52	food/beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Draft Kings
ADDRESS *(Business Address Acceptable)*: 222 Berkley ST, Boston, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE: on-line sports company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 25	$135.19	Food/Beverage, entertainment
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Fan Duel Group
ADDRESS *(Business Address Acceptable)*: 300 Park West Ave, New yor, NY 10010
BUSINESS ACTIVITY, IF ANY, OF SOURCE: on-line sports company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 25	$204.84	food/beverage, entertainment
/ /	$	
/ /	$	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Sharon Quirk-Silva

► NAME OF SOURCE *(Not an Acronym)*
TURO
ADDRESS *(Business Address Acceptable)*
111 Sutter Street, San Francisco, CA 94101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 19 / 25	$183.60	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Business Properties Association
ADDRESS *(Business Address Acceptable)*
1121 L Street, # 501, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 25	$86.00	Food/beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Federation Labor Union AFL-CIO
ADDRESS *(Business Address Acceptable)*
1001 K Street, # 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 25	$100.00	Dinner
/ /	$	
/ /	$	

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 12 / 25	$6413	Birthday Flowers
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Walt Disney Company
ADDRESS *(Business Address Acceptable)*
500 South Buena Vista Stree, Burbank, CA 91521
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 25	$378.58	Meal/beverage
11 / 04 / 25	$36.00	Pins
/ /	$	

► 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 D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Sharon Quirk-Silva

► NAME OF SOURCE *(Not an Acronym)*: Planned Parenthood
ADDRESS *(Business Address Acceptable)*: 1201 K St, # 70, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Education, family planning non-profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 10 / 25	$63.44	food/beverage
06 / 12 / 25	$4.67	Pin
/ /	$	

► 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)*: Robert Rivas for Assembly
ADDRESS *(Business Address Acceptable)*: 1700 Tribute Rd, # 201, Sacramento, CA 95815
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Political

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 08 / 25	$77.58	Jacket
02 / 04 / 25	$108.69	Food/beverage
/ /	$	

► 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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 05 / 25	$48.31	Meal
05 / 28 / 25	$69.47	Meal
09 / 03 / 25	$73.61	Meal

► 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)
03 / 05 / 25	$13.00	Lunch
01 / 27 / 25	$54.85	Dinner
01 / 08 / 25	$12.45	Lunch

► 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)
12 / 02 / 25	$54.48	Wine gift
/ /	$	
/ /	$	

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)*
Ideate Labs
ADDRESS *(Business Address Acceptable)*
128 HalKirk Street
CITY AND STATE
Studio City, CA 91604
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Public Benefit Corporation
DATE(S): 04 / 12 / 25 - 04 / 18 / 25 *(If gift)* AMT: $ 4,629.89
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Transportion, lodging, meals for delegation trip
► If Gift, Provide Travel Destination
Portugal

► NAME OF SOURCE *(Not an Acronym)*
Geumsan County
ADDRESS *(Business Address Acceptable)*
32739 20 Insamgwangjiang-RO
CITY AND STATE
Geumsan-Eup, Chungcheongnam-Do, Republic of Korea
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Government
DATE(S): 09 / 18 / 25 - 09 / 29 / 25 *(If gift)* AMT: $ 5,321.00
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Transportion, lodging, meals delegation trip
► If Gift, Provide Travel Destination
Republic of Korea

► NAME OF SOURCE *(Not an Acronym)*
Independent Voter Project
ADDRESS *(Business Address Acceptable)*
2700 Adams, Street, # 2020
CITY AND STATE
San Diego, CA 92163
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non Profit Political Education
DATE(S): 07 / 27 / 25 - 07 / 31 / 25 *(If gift)* AMT: $ 3,511.52
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
Transportion, lodging, meals for housing policy summit
► If Gift, Provide Travel Destination
Mexico

► NAME OF SOURCE *(Not an Acronym)*
Assembly International Relations Foundation
ADDRESS *(Business Address Acceptable)*
1021 St., # 8330
CITY AND STATE
Sacramento, CA 95814
☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Relations
DATE(S): 10 / 16 / 25 - 10 / 25 / 25 *(If gift)* AMT: $ 180.30
► MUST CHECK ONE: ☒ Gift **-or-** ☐ Income
☐ Made a Speech/Participated in a Panel
☒ Other - Provide Description
meals for housing policy summit
► If Gift, Provide Travel Destination
Sweden

Comments: