CALIFORNIA FORM 700	STATEMENT OF CO	ECONOMIC INTE	RESTS Date Initial Filing Rec Filing Official Use Only
	A PUBL	IC DOCUMENT	Filed Date: 03/23/2021 10:43 SAN: FPPC
Please type or print in ink. NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
	Robert		(MIDDLE)
	Robert		Λ
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)	untium Madinina		
California Institute of Regener Division, Board, Department, District, if a		Your Position	
	approcesio		
		ICOC Board Me	mber
► If filing for multiple positions, list belo	ow or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)		
X State		Judge, Retired Judge (Statewide Jurisdictio	e, Pro Tem Judge, or Court Commissioner n)
Multi-County		County of	
City of			
3. Type of Statement (Check at le			
Annual: The period covered is Jan December 31, 2020. -or-	nuary 1, 2020, through	Example 2 Leaving Office: D	ate Left <u>03 / 02 / 2021</u> (<i>Check one circle.</i>)
The period covered is December 31, 2020 .	/, through	leaving office.	ered is January 1, 2020 , through the date of
Assuming Office: Date assumed	//	 The period cover the date of leav 	ered is/, through ing office.
Candidate: Date of Election	and office sought, i	f different than Part 1:	
4. Schedule Summary (must c	omplete) 🕞 Total number o	of pages including this	s cover page: 3
Schedules attached			
Schedule A-1 - Investments – s	schedule attached	Schedule C - Income, Loan	s, & Business Positions – schedule attache
Schedule A-2 - Investments – s		Schedule D - Income - Gift	
		Schedule E - Income - Gift	s - Travel Payments - schedule attached
🗙 Schedule B - Real Property – s			
-or- None - No reportable int			
-or- None - No reportable int			STATE ZIP CODE
-Or- None - No reportable int 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Pull 173 N Morrison Ave Ste C	terests on any schedule CITY San Jos		STATE ZIP CODE CA 95126-2712
-Or- None - No reportable int 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul 173 N Morrison Ave Ste C DAYTIME TELEPHONE NUMBER	terests on any schedule	EMAIL ADDRESS	
-Or- None - No reportable int 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul 173 N Morrison Ave Ste C DAYTIME TELEPHONE NUMBER (408) 275-9410 I have used all reasonable diligence in p	terests on any schedule CITY Dilic Document) San Jos reparing this statement. I have review	EMAIL ADDRESS rquintmd@gmail.com ed this statement and to the	
-Or- None - No reportable int 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul 173 N Morrison Ave Ste C DAYTIME TELEPHONE NUMBER (408) 275-9410	terests on any schedule CITY blic Document) San Jos preparing this statement. I have review s true and complete. I acknowledge th	EMAIL ADDRESS rquintmd@gmail.com ed this statement and to the his is a public document.	CA 95126-2712 best of my knowledge the information contain
-Or- None - No reportable int 5. Verification MAILING ADDRESS STREET (Business or Agency Address Recommended - Pul 173 N Morrison Ave Ste C DAYTIME TELEPHONE NUMBER (408) 275-9410 I have used all reasonable diligence in p herein and in any attached schedules is	terests on any schedule CITY blic Document) CITY San Jos reparing this statement. I have review s true and complete. I acknowledge th ler the laws of the State of California	EMAIL ADDRESS rquintmd@gmail.com ed this statement and to the his is a public document. a that the foregoing is true	CA 95126-2712 best of my knowledge the information contain

SCHEDULE B Interests in Real Property (Including Rental Income)

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

Robert Quint

French Oaks Condominiums	Red Oaks Condominiums	
CITY	CITY	
Las Vegas, NV	Houston, TX	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	
NATURE OF INTEREST X Ownership/Deed of Trust Easement	NATURE OF INTEREST X Ownership/Deed of Trust Easement	
Leasehold Vrs. remaining Other	Leasehold Dther	
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$\$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None None	
	I lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:	
NAME OF LENDER*	NAME OF LENDER*	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)	
% None	% None	
\$500 - \$1,000 \$1,001 - \$10,000	□ \$500 - \$1,000 □ \$1,001 - \$10,000	
\$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	\$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	

Comments: __

SCHEDULE C Income, Loans, & Business **Positions**

(Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Robert Quint

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Robert A. Quint MD Medical Corp		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
173 N Morrison Ave #C, San Jose 95126		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Physicians Office		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Physician/President		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
☐ \$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000	
∑ \$10,001 - \$100,000 ☐ OVER \$100,000	□ \$10,001 - \$100,000 □ OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Commission or Rental Income, <i>list each source of \$10,000 or more</i>		
	Commission or Rental Income, <i>list each source of \$10,000 or more</i>	
(Describe)	(Describe)	
X Other Medical Services	Other	
(Describe)	(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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LO	OAN
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		