

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
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APR - 2 2013

NAME C	F FILER (LAST)		(FIRST)		(MIDDLE)
Quin	t	Robert		,	Anthony
1. Of	fice, Agency, or Court				
Ag	ency Name				
***************************************	IRM				
Div	rision, Board, Department, District, if applicable		Your Position		
			ICOC M	ember 	
•	If filing for multiple positions, list below or on an attachm	nent.			
Ag	ency:		Position: _		
2. Ju	urisdiction of Office (Check at least one box)				
	State		☐ Judge or	Court Commissioner (S	Statewide Jurisdiction)
	Multi-County			•	,
	City of		-		
	City of		Other		
3. Ty	pe of Statement (Check at least one box)				
\checkmark	Annual: The period covered is January 1, 2012, throud December 31, 2012.	ıgh	Leaving (Check of		
	The period covered is//	, through		period covered is Janua ng office.	ary 1, 2012, through the date of
	Assuming Office: Date assumed/			period covered isate of leaving office.	/, through
	Candidate: Election year and	I office sought, if	different than Part	1:	
4. S	chedule Summary				5
Ch	eck applicable schedules or "None."	➤ Total	number of pa	ges including this	cover page:
	Schedule A-1 - Investments - schedule attached		✓ Schedule C -	Income, Loans, & Busii	ness Positions - schedule attached
√	Schedule A-2 - Investments – schedule attached		لنسا	Income - Gifts - sched	
✓	Schedule B - Real Property – schedule attached		Schedule E -	Income – Gifts – Travel	I Payments – schedule attached
	☐ None - No	-or- reportable intere	ests on any schedu	le	
5. Ve	rification				
	ILING ADDRESS STREET	CITY		STATE	ZIP CODE
	nsiness or Agency Address Recommended - Public Document) 73 N. Morrison Ave # C	San Jose		CA	95126
	YTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OF		
	408) 275-9410		rquintmd@gr		
	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.				
l c	ertify under penalty of perjury under the laws of the	State of Californ	nia that the forego	ing is true and correc	ct.
n -	te Signed		ianatura	Fobrute	2. Quit
	(month, day, year)		ignature	(File the originally signed state	ement with your filing official.)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMM	OO DISSION
Name	
Robert A. Quint	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Robert A. Quint, MD Medical Corporation	
Name	Name
173 N. Morrison Ave, #C, San Jose, CA 95126	Address (Business Address Acceptable)
Address (Business Address Acceptable) Check one	Address (Business Address Acceptable) Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 //12 //12 //12 //12 //12 //12 //12 //12 //12 //12 //12 //12 //12 //12 ///12 //_12 ///13 ///	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
NATURE OF INVESTMENT ☐ Partnership ☐ Sole Proprietorship ✓ S Corp. Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499	\$\begin{array}{cccccccccccccccccccccccccccccccccccc
None	None
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2012/2013) Sch. A-2 FPPC Advice Fmail: advice@fppc.ca.gov

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Robert A. Quint

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
French Oaks Condominiums	Villas of Westador Condominiums
CITY	CITY
Maryland Parkway, Las Vegas, NV	Red Oak, Houston, Texas
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	✓ \$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	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.
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and inner 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	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Robert A. 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, CA 95126	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Practice	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Physician, President	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \text{\$1,001} - \$10,000
▼ \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$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	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
	Loan repayment I raidership
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Commission of Rental income, list each source of \$10,000 of more	Commission of Rental medite, had each source of project of more
Other	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	
* You are not required to report loans from commercial I	ending institutions, or any indebtedness created as part of a
retail installment or credit card transaction, made in the	e lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	
Togular course of business must be unclessed as tener	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street games2
rd	
<u>\$500 - \$1,000</u>	City
\$500 - \$1,000 \$1,001 - \$10,000	_
	City
\$1,001 - \$10,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000	_
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor

SCHEDULE D Income - Gifts



Robert A. Quint

▶ NAME OF SOURCE (Not an Acronym)	▶ NAME OF SOURCE (Not an Acronym)
Eugene Yamasaki	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Fremont CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Patient	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 14 12 \$ 200.00 49er tickets	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	
/	
▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
/\$	
\$	
Comments:	
Comments.	