

COVER PAGE

Filed Date: 01/29/2017 10:49 AM
 SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Fini M. Elizabeth

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Independent Citizens Oversight Committee
 Division, Board, Department, District, if applicable Your Position
 Alternate 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)

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, 2016, through December 31, 2016.
 -or- The period covered is ____/____/____, through December 31, 2016.
 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, 2016, through the date of leaving office.
 -or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

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

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1975 Zonal Ave, Kam 504 Los Angeles CA 90089-9023
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (323) 442-7874 efini@med.usc.edu

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 01/29/2017 10:49 AM Signature Electronic Submission
 (month, day, year) (File the originally signed statement with your filing official.)

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

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">M. Elizabeth Fini</p> |
|--|

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 University of Southern California

ADDRESS (Business Address Acceptable)
 2250 Alcazar Street, Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Keck School of Medicine of USC

YOUR BUSINESS POSITION
 Professor and Director, USC Institute for Genetic Medicine

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)

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)

▶ 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* | INTEREST RATE | TERM (Months/Years) |
| _____ | _____ % <input type="checkbox"/> None | _____ |
| ADDRESS (Business Address Acceptable) | | |
| _____ | | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN | |
| _____ | <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| | <input type="checkbox"/> Real Property _____ | Street address |
| | | _____ |
| | | City |
| HIGHEST BALANCE DURING REPORTING PERIOD | <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> Other _____ | (Describe) |
| <input type="checkbox"/> \$1,001 - \$10,000 | | |
| <input type="checkbox"/> \$10,001 - \$100,000 | | |
| <input type="checkbox"/> OVER \$100,000 | | |

Comments: _____

Subject: FW: Notification - Your Submitted Form 700
Date: Monday, January 30, 2017 at 12:12:46 PM Pacific Standard Time
From: Maria Bonneville
To: Amy Cheung

From: <Form700@fppc.ca.gov> on behalf of "Form700@fppc.ca.gov" <Form700@fppc.ca.gov>
Reply-To: "Form700@fppc.ca.gov" <Form700@fppc.ca.gov>
Date: Sunday, January 29, 2017 at 10:49 AM
To: "M. Elizabeth Fini" <efini@med.usc.edu>
Cc: Maria Bonneville <MBonneville@cirm.ca.gov>, Amy Cheung <ACheung@cirm.ca.gov>
Subject: Notification - Your Submitted Form 700

Dear M. Elizabeth,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 01/29/2017 10:49 AM.

Electronic Confirmation #: 2955

Agency: Independent Citizens Oversight Committee
Position: Alternate Member
Filing Type: Annual
Filing Year: 2016
Number of pages: 3

If you need to view, print or amend your filed form, a copy of your filing has been saved in your profile under 'Previous Filings' in the eDisclosure System.

Hope you enjoyed your online filing experience.

System Logon Link: <https://form700.fppc.ca.gov/>