

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

MAR 12 2013
MAR 12 2013
(MIDDLE)

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lubin Bertram Harold

1. Office, Agency, or Court

Agency Name
California Institute for Regenerative Medicine
Division, Board, Department, District, if applicable
Independent Citizens' Oversight Committee (ICOC)
Your Position
ICOC Member

▶ If filing for multiple positions, list below or on an attachment.

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, 2012, through December 31, 2012. **Leaving Office:** Date Left ____/____/_____
(Check one)
- Assuming Office:** Date assumed ____/____/_____
 The period covered is January 1, 2012, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
 The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 3

- 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
- None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
747 52nd Street Oakland CA 94609
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(510) 428-3461 blubin@mail.cho.org

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 03/07/2013
(month, day, year)

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

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name _____

▶ NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY _____

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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

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IF APPLICABLE, LIST DATE:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
COMCAST

GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____

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

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
 _____ / _____ / **12** _____ / _____ / **12**
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IF APPLICABLE, LIST DATE:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

Comments: _____

