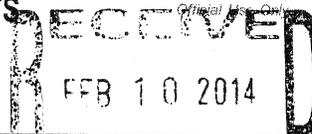


COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY: (MIDDLE)  
PRIETO FRANCISCO

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
Division, Board, Department, District, if applicable Your Position  
ICOC BOARD MEMEBER

► 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, 2013, through December 31, 2013.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)
  - The period covered is January 1, 2013, through the date of leaving office.
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2013.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

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
- or-  
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
8170 LAGUNA BLVD ELK GROVE CA 95758  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 916 ) 691-5925 PRIETOF@SUTTERHEALTH.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 2/6/14  
(month, day, year)

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

FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF BUSINESS ENTITY  
APPLE

GENERAL DESCRIPTION OF THIS BUSINESS  
SOFTWARE

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:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 \_\_\_\_\_  
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 Partnership     Income Received of \$0 - \$499  
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 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

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IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_

