## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.				SAN: FPPC
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
Melmed	Shlomo			
1. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
California Institute of Regenerative	a Medicine			
Division, Board, Department, District, if applica		Your Position		
Division, Doard, Department, District, il applic				
		ICOC Boar	rd Member	
► If filing for multiple positions, list below or	on an attachment. (Do not	use acronyms)		
Ageney		Desition		
Agency:		Position:		
2. Jurisdiction of Office (Check at lea	ast one box)			
X State		Judge Retire	d Judge Pro Tem	Judge, or Court Commissioner
		(Statewide Ju		
Multi-County		County of		
City of				
3. Type of Statement (Check at least of	one box)			
× Annual: The period covered is January	1, <b>2022,</b> through	Leaving Off		/
December 31, <b>2022</b> . -or-				one circle.)
The period covered is/_ December 31, <b>2022</b> .	, throug	h		ary 1, <b>2022</b> , through the date of
Assuming Office: Date assumed		$\bigcirc$ The period	od covered is of leaving office.	/, through
Candidate: Date of Election	and office sou	oht if different than Part 1		
			•	
4. Schedule Summary (required)	► Total numb	per of pages includin	ng this cover p	bage: <u>8</u>
Schedules attached				
Schedule A-1 - Investments – schedu	ule attached	Schedule C - Income	e, Loans, & Busine	ess Positions – schedule attached
Schedule A-2 - Investments – schedu		Schedule D - Income		
Schedule B - Real Property – schedu	ule attached	Schedule E - Income	e – Gifts – Travel	Payments – schedule attached
-or- 🗌 None - No reportable interes	ts on any schedule			
5. Verification				
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
(Business or Agency Address Recommended - Public Doc	•	et Llellinus ed	<b>C</b> A	00040 4004
8700 Beverly Blvd # 2015 DAYTIME TELEPHONE NUMBER	VVe	St Hollywood EMAIL ADDRESS	CA	90048-1804
( 310 )423-4691		melmed@cshs.c	ora	
I have used all reasonable diligence in prepar	ing this statement. I have r		•	knowledge the information contained
herein and in any attached schedules is true				
I certify under penalty of perjury under the	e laws of the State of Cali	fornia that the foregoing	is true and corre	ct.
Date Signed 03/23/2023 07:54	1 PM	Signature	Shlom	Melmed
(month, day, year)		Signature		statement with your filing official.)

	_	ULE A-1 CALIFORNIA FORM 700
		FAIR POLITICAL PRACTICES COMMISSION
		nd Other Interests Name t is Less Than 10%)
	· ·	shlomo Melmed
	Do not attach brokerage	e or financial statements.
►	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	alphabet	apple
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	tech	tech
	\$2,000 - \$10,000       \$10,001 - \$100,000         \$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
		NATURE OF INVESTMENT
	Stock Other (Describe)	Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More ( <i>Report on Schedule C</i> )	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More ( <i>Report on Schedule C</i> )
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u>/ 22</u> <u>/ 22</u> ACQUIRED DISPOSED	/ <u>/_22</u> // <u>22</u> ACQUIREDDISPOSED
-	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
-	amazon	blackstone
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	tech	finance
	FAIR MARKET VALUE	
	\$2,000 - \$10,000       \$10,001 - \$100,000         \$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
	NATURE OF INVESTMENT       X     Stock   Other	NATURE OF INVESTMENT           X         Stock         Other
	(Describe)	(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED	ACQUIRED DISPOSED
►	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	AMD	boeing
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	electronic	industrial
	FAIR MARKET VALUE	FAIR MARKET VALUE
	\$2,000 - \$10,000         \$10,001 - \$100,000           \$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
	Stock Other (Describe)	X Stock Other
	Partnership O Income Received of \$0 - \$499     Income Received of \$500 or More ( <i>Report on Schedule C</i> )	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1 22 1 22	/ / 22 / / 22
	ACQUIRED DISPOSED	ACQUIRED DISPOSED

	SCHED	ULE A	<b>\-1</b>	CALIFORNIA FORM <b>700</b>
	Invest	tments	5	FAIR POLITICAL PRACTICES COMMISSION
	Stocks, Bonds, a			Name
	(Ownership Interes		,	Shlomo Melmed
	Investments m Do not attach brokerage			
►	NAME OF BUSINESS ENTITY	► NAM	E OF BUSINESS ENT	TITY
	GE	JP	morgan	
	GENERAL DESCRIPTION OF THIS BUSINESS	GEN	ERAL DESCRIPTION	OF THIS BUSINESS
	industr	fina	ance	
	FAIR MARKET VALUE	FAIR	MARKET VALUE	
	□ \$2,000 - \$10,000 ★ \$10,001 - \$100,000		2,000 - \$10,000	
	S100,001 - \$1,000,000 Over \$1,000,000	× \$	100,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT		URE OF INVESTMEN <sup>-</sup> Stock Other	Г
	(Describe)			(Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More ( <i>Report on Schedule C</i> )		Partnership O Income	Received of \$0 - \$499 Received of \$500 or More ( <i>Report on Schedule C</i> )
	IF APPLICABLE, LIST DATE:	IF AF	PPLICABLE, LIST DAT	'E:
			<u> </u>	22
_	ACQUIRED DISPOSED			DISPOSED
	NAME OF BUSINESS ENTITY			11 Y
			s restaurant ERAL DESCRIPTION	OF THIS BUSINESS
	industrial	res	taurant	
	FAIR MARKET VALUE	FAIR	MARKET VALUE	
	<b>\$</b> 2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000		2,000 - \$10,000	<b>\$10,001 - \$100,000</b>
	S100,001 - \$1,000,000 Over \$1,000,000		100,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT           X Stock         Other		URE OF INVESTMEN Stock	S corp
			Partnership () Income	(Describe) Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)			Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:	IF AF	PPLICABLE, LIST DAT	E:
	/ / 22 / / 22		/ / 22	/ / 22
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED
•	NAME OF BUSINESS ENTITY	► NAM	E OF BUSINESS ENT	TITY
	iova	visa	а	
	GENERAL DESCRIPTION OF THIS BUSINESS	GEN	ERAL DESCRIPTION	OF THIS BUSINESS
	pharma	fina	ance	
	FAIR MARKET VALUE	FAIR	MARKET VALUE	
	\$2,000 - \$10,000         ▼ \$10,001 - \$100,000		2,000 - \$10,000	× \$10,001 - \$100,000
	S100,001 - \$1,000,000 Over \$1,000,000		100,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT Stock Other disposed (Describe)		URE OF INVESTMEN	(Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More ( <i>Report on Schedule C</i> )	F F	Partnership O Income	
	IF APPLICABLE, LIST DATE:	IF AF	PPLICABLE, LIST DAT	E:
	<u>22 02 _ 20 _ 22</u>		22	<u>//22_</u>
	ACQUIRED DISPOSED	'	ACQUIRED	DISPOSED

Comments: \_\_\_\_

	CHEDULE A-1 CALIFORNIA FORM 700
Stocks, Boi	nds, and Other Interests
	o Interest is Less Than 10%) Shlomo Melmed
	tments must be itemized. brokerage or financial statements.
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
zoom	warby
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
facetime	pharma
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000       \$10,001 - \$100,000         \$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
NATURE OF INVESTMENT Stock Other disposed (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More ( <i>Report on Sc</i>	□ Partnership ○ Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
2202 / 15 / 22	02 / 15 / 22 / / 22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
tech	
FAIR MARKET VALUE \$2,000 - \$10,000 \$2,000 - \$100,000 \$300 \$10,001 - \$100,000	
↓ \$2,000 - \$10,000       ★ \$10,001 - \$100,000         ↓ \$100,001 - \$1,000,000       ↓ Over \$1,000,000	\$2,000 - \$10,000 \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	(Describe)
Income Received of \$500 or More (Report on Sc	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	<u>// 22 // 22 _</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Tesla	Microsoft
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Tech	Tech
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000       \$10,001 - \$100,000         \$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
X Stock Other	X Stock Other
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Sc</i>	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 22 / / 22	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: \_\_\_\_

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cedars Sinai medical Ctr	Ionis
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
8700 beverly Blvd Los Angeles 90048	carlsbad
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
hospital	pharma dvlpt
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
EVP	consultant
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
	\$500 - \$1,000 <b>x</b> \$1,001 - \$10,000
S10,001 - \$100,000 VER \$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 (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.)
Loan repayment	Loan repayment
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)
Other	
(Describe)	(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 No	ne
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	Personal residence
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:		

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Recordati	Novo Nordisk
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Mass	Denmark
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
pharma	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
consultant	consultant
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 × \$1,001 - \$10,000	<b>\$500 - \$1,000 \$1,001 - \$10,000</b>
S10,001 - \$100,000 OVER \$100,000	x \$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
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Describe)	(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR L	OAN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000	-		City
<pre>\$1,001 - \$10,000 \$10,001 - \$100,000</pre>	Guarantor		
OVER \$100,000	Other	(	Describe)
Comments:			

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Endocrine Society	Springer
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Wash DC	uk
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional society	Publisher
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
speaker	editor/writer
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
<b>\$500 - \$1,000 \$1,001 - \$10,000</b>	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$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
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other	(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	] None
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOA	N Personal residence
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:		

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Shlomo Melmed

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Elsevier	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Penn	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Publisher	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
editor/writer	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000\$1,001 - \$10,000	□ \$500 - \$1,000 □ \$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 (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
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
X Other	Other

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 N	one
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000	_	City
S10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		