

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) G Fine Leon 1. Office, Agency, or Court Agency Name (Do not use acronyms) California Institute of Regenerative Medicine Division, Board, Department, District, if applicable Your Position **Alternate Board Member** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) × State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County _____ County of City of 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2023, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2023. -or-The period covered is January 1, 2023, through the date The period covered is _____/____, through of leaving office. December 31, 2023. The period covered is _____, through Assuming Office: Date assumed _______ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: ___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments – schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) 8700 Beverly Boulevard, Los Angeles, CA, United States, 8700 Beverly Boulevard, Los Angeles, CA, United States Los Angeles CA 90048 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (310)423-6457 leon.fine@cshs.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. Leon G Fine 01/02/2024 10:35 AM Date Signed Signature (File the originally signed paper statement with your filing official.) (month, day, year)