

AMENDMENT

COVER PAGE

Filed Date: 01/02/2024 03:17 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) Fisher (FIRST) Fred (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Institute of Regenerative Medicine
Division, Board, Department, District, if applicable
Your Position
ICOC Board 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, Retired Judge, Pro Tem 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, 2023, through December 31, 2023.
-or-
The period covered is ____/____/____, through December 31, 2023.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one circle.)
 The period covered is January 1, 2023, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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)
P.O. Box 980790 West Sacramento CA 95798-0790
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 340-9114

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 01/02/2024 03:17 PM Signature Fred Fisher
(month, day, year) (File the originally signed paper statement with your filing official.)

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
The ALS Association Golden West Chapter
ADDRESS (Business Address Acceptable)
PO Box 7082 Woodland Hills, CA 91365-7082
BUSINESS ACTIVITY, IF ANY, OF SOURCE
ALS Services
YOUR BUSINESS POSITION
President & CEO
GROSS INCOME RECEIVED
\$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
Partnership
Sale of
Loan repayment
Commission or Rental Income
Other

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
Partnership
Sale of
Loan repayment
Commission or Rental Income
Other

Comments:

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN
None
Personal residence
Real Property
Guarantor
Other

Filer's Verification

Print Name Fred Fisher Office, Agency or Court California Institute of Regenerative Medicine

Statement Type 2023/2024 Annual Annual Assuming Leaving Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/02/2024 03:17 PM Filer's Signature Fred Fisher