

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Date Initial Filing Received

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Goldstein Lawrence 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: ___ 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 MAILING ADDRESS STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) P.O. Box 980790 West Sacramento CA 95798-0790 DAYTIME TELEPHONE NUMBER EMAIL 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. 03/16/2024 10:18 AM Lawrence Goldstein Date Signed Signature (File the originally signed paper statement with your filing official.) (month, day, year)

SCHEDULE A-1 Investments

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

Investments must be itemized. Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Lawrence Goldstein

MTHORE OF INVESTMENT Solution Market Value Market	► NA	AME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS Drug development for bipolar disease FAIR MARKET VALUE \$2,000 - \$10,0000 \$10,001 - \$100,0000 \$10,001 - \$100,0000	4	M Therapeutics	
FAIR MARKET VALUE	_		GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	D	rug development for bipolar disease	
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S100.001 - \$1,000.000 Over \$1,000.000 NATURE OF INVESTMENT			<u> </u>
Stock Other 480 stock Option shares (Describe) Partnership Income Received of \$50 • \$499 Partnership Income Received of \$50.0 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:		· —	
Stock Other 480 stock Option shares (Describe) Partnership Income Received of \$50 • \$499 Partnership Income Received of \$50.0 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	NI/	ATLIDE OF INVESTMENT	NATURE OF INVESTMENT
Partnership		Stock Other 480 stock option shares	
IF APPLICABLE, LIST DATE:		(Describe)	(Describe)
ACQUIRED			
ACQUIRED DISPOSED NAME OF BUSINESS ENTITY 4M Therapeutics GENERAL DESCRIPTION OF THIS BUSINESS Drug development for bipolar disease FAIR MARKET VALUE □ \$2,000 - \$10,000 □ S \$10,001 - \$100,000 □ S \$10,001 - \$10,000 □ S \$10,000	IF	APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED NAME OF BUSINESS ENTITY 4M Therapeutics GENERAL DESCRIPTION OF THIS BUSINESS Drug development for bipolar disease FAIR MARKET VALUE □ \$2,000 - \$10,000 □ S \$10,001 - \$100,000 □ S \$10,001 - \$10,000 □ S \$10,000		1 123 1 123	
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## AM Therapeutics GENERAL DESCRIPTION OF THIS BUSINESS Drug development for bipolar disease	► N/	AME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
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Drug development for bipolar disease	_		GENERAL DESCRIPTION OF THIS BUSINESS
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NAME OF BUSINESS ENTITY CYTOKINETICS INC (CKI) GENERAL DESCRIPTION OF THIS BUSINESS DEVELOPMENT OF DRUGS MODULATING MUSCLE STRUCTURE AND FUNCTION FAIR MARKET VALUE \$2,000 - \$10,000		, , 23 , , , 23	
CYTOKINETICS INC (CKI) GENERAL DESCRIPTION OF THIS BUSINESS DEVELOPMENT OF DRUGS MODULATING MUSCLE STRUCTURE AND FUNCTION FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 NATURE OF INVESTMENT \$3 tock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE: J 23		ACQUIRED DISPOSED	ACQUIRED DISPOSED
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SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				
Lawrence Goldstein				

NAME OF SOURCE OF INCOME	➤ 1. INCOME RECEIVED NAME OF SOURCE OF INCOME
4M Therapeutics ADDRESS (Business Address Acceptable)	CYTOKINETICS INC (CYTK) ADDRESS (Business Address Acceptable)
5 Seminole road, Skillman New Jersey, 08558	SOUTH SAN FRANCISCO, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
drug development for bipolar disease	DEVELOPMENT OF DRUGS MODULATING MUSCLE STRUCTURE AND FUNCTION
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
consultant/SAB member/BOD member	SCIENTIFIC ADVISORY BOARD MEMBER
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	GROSS INCOME RECEIVED No Income - Business Position Onl \$500 - \$1,000
(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	(For self-employed 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.)	(Real property, car, boat, etc.)
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
(D	
(Describe) Grant of 480 shares of stock options for consulting/SAB membership/Board of Directors (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING	(Describe) Other(Describe) PERIOD
Other Grant of 480 shares of stock options for consulting/SAB membership/Board of Directors (Describe)	PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's
Other Grant of 480 shares of stock options for consulting/SAB membership/Board of Directors (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other (Describe) PERIOD I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years)
Other	Other
Other State	Describe) PERIOD I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN
Other State	Other
Other Grant of 480 shares of stock options for consulting/SAB membership/Board of Directors (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address
Other State	Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender's. INTEREST RATE SECURITY FOR LOAN None Personal residence Real Property Street address City