(month, day, year)

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Filing Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 04/01/2024 02:11 AM SAN: FPPC

Ple	ease type or print in ink.		0,11,1110		
NA	ME OF FILER (LAST) (FII	RST)	(MIDDLE)		
P	adilla A	driana			
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	California Institute of Regenerative Medic	ine			
	Division, Board, Department, District, if applicable	Your Posit	ion		
		1000			
	. If films for multiple southing that he have an end of	·	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 be	ox)			
	× State		Retired Judge, Pro Tem Judge, or Court Commissioner		
			le Jurisdiction)		
	Multi-County	County of	of		
	City of	Other			
3.	Type of Statement (Check at least one box)				
•	Annual: The period covered is January 1, 2023,	through Leavin	g Office: Date Left//		
	December 31, 2023.		(Check one circle.)		
	-or- The period covered is//	through O The	period covered is January 1, 2023, through the date		
	December 31, 2023.	, anough	eaving office.		
	Assuming Office: Date assumed		period covered is//, through date of leaving office.		
	Candidate: Date of Election	and office sought, if different than F	Part 1:		
4. Schedule Summary (required) ► Total number of pages including this cover page: 2					
Schedules attached					
	Schedule A-1 - Investments – schedule attach	od Schedule C - //	ncome, Loans, & Business Positions – schedule attached		
Schedule A-1 - Investments – schedule attached					
	Schedule B - Real Property – schedule attach		ncome – Gifts – Travel Payments – schedule attached		
-(	or- 🗆 None - No reportable interests on ar	iy schedule			
5.	Verification				
	MAILING ADDRESS STREET	CITY	STATE ZIP CODE		
	(Business or Agency Address Recommended - Public Document)	San Francisco	CA 94107-1702		
	210 King St DAYTIME TELEPHONE NUMBER		CA 94107-1702		
	( 415 ) 396-9815	adriana.padi	lla2@ucsf.edu		
	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 04/01/2024 02:11 AM	Signature	Adriana Padilla		

(File the originally signed paper statement with your filing official.)

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Adriana Padilla

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Community Health Partners		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
4005 N Fresno St, Fresno, CA 93726		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Medical		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Physician		
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	
S10,001 - \$100,000 X 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.)	
Real property, car, boat, etc.)	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, <i>list each source of \$10,000 or more</i>	
(Describe)	(Describe)	
Other (Describe)	Other (Describe)	

► 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% [] N	None
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:		