

#### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Stamos	Michae	el			
1. Office, Agei	ncy, or Court				
Agency Name	(Do not use acronyms)				
California Ir	nstitute of Regenerative Medicine				
	Department, District, if applicable		Your Position		
			ICOC Boa	ard Member	
► If filing for m	nultiple positions, list below or on an attachmer	nt. (Do not use			
Agency:			Position:		
2. Jurisdictio	n of Office (Check at least one box)				
			Judge, Retir (Statewide J	-	Judge, or Court Commissioner
Multi-County	·		County of		
			a,,		
		-			
3. Type of St	atement (Check at least one box)		_		
	The period covered is January 1, 2023, through December 31, 2023.	1	Leaving O		ne circle.)
	The period covered is/	, through		eriod covered is Januing office.	uary 1, 2023, through the date
Assuming	Office: Date assumed//			riod covered is e of leaving office.	/, through
Candidate:	: Date of Election and	I office sought,	if different than Part	1:	
4. Schedule S	Summary (required) ► To	tal number	of pages includ	ing this cover p	page: 5
Schedules	attached				
□ Schodu	le A-1 - Investments – schedule attached	V	Schedule C - Incor	me. Loans. & Busine	ess Positions – schedule attached
	le A-2 - Investments – schedule attached		Schedule D - Incor		
	le B - Real Property – schedule attached		J		Payments – schedule attached
ocnedu	te B - Near Property Schedule attached	L	]		
-or- □ None	e - No reportable interests on any sch	edule			
5. Verification		oddio			
MAILING ADDRESS		CITY		STATE	ZIP CODE
,	ry Address Recommended - Public Document)	144		0.4	0.700 0.700
P.O. Box 98  DAYTIME TELEPHO		West S	Sacramento	CA	95798-0790
			EMAIL ADDRESS		
( 510 ) 34			10: (1	1	
	reasonable diligence in preparing this statemen ny attached schedules is true and complete.				knowledge the information contained
I certify under	penalty of perjury under the laws of the St	ate of Californ	ia that the foregoin	g is true and corre	ect.
Date Signed	03/24/2024 04:36 PM	e:	gnature	Michae	el Stamos
Date Olyneu _	(month day year)	SI.			statement with your filing official )

### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Michael Stamos

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Michael J Stamos, MD Inc	
Name	Name
48 Ranchview Road Rolling Hills Estates, CA 90274	Address (Business Address Acceptable)
Address (Business Address Acceptable) Check one	Check one
☐ Trust, go to 2   ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
<b>×</b> \$0 - \$1,999	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000 \$2,000 - \$10,000
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship C Corporation Other	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 × \$10,001 - \$100,000	\$0 - \$499 \$10,001 - \$100,000
S500 - \$1,000 OVER \$100,000 S1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
None or Names listed below	Notice of Natiles listed below
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	□ INVESTMENT □ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Assessor's Farcer Number of Officer Address of Near Froperty	Assessor sit after Number of Offeet Address of Near Froperty
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED  Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Ve remaining Other
Yrs. remaining  Check box if additional schedules reporting investments or real property	Yrs. remaining  Check box if additional schedules reporting investments or real property
are attached	are attached
	1

Comments: \_

### SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Michael Stamos

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Kaiser Foundation	Hutton & Hutton Law
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
75 N Fair Oaks Ave Pasadena, CA 91103	PO Box 638 Wichita, KS 67201
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare	Legal firm
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Expert witness/medicolegal	Expert witness/medicolegal
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 (For self-employed use Schedule A-2.)	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$10,001 - \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.)	(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
Other Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	Other Payment for medicolegal services (Describe) (Describe)
a retail installment or credit card transaction, made in the	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's:  INTEREST RATE  Wone  None
(	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	
\$1,001 - \$10,000	City
	Guarantor
\$10,001 - \$100,000	
OVER \$100,000	Other(Describe)
	(Second)
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Michael Stamos

Chafer McMahon  Business Address Acceptable)  Abuco Road Irvine, CA 92620  ACTIVITY, IF ANY, OF SOURCE  M  NESS POSITION  Sitness/medicolegal  OME RECEIVED No Income - Business Position Only  1,000 \$\frac{1}{3}\$\$ \$1,001 - \$10,000  ATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  In (Less than 10% ownership. For 10% or greater use A-2.)  (Real property, car, boat, etc.)  ayment  sion or Rental Income, list each source of \$10,000 or more  (Describe)
Business Address Acceptable)  ADDRESS POSITION  Itness/medicolegal  OME RECEIVED No Income - Business Position Only  1,000 X \$1,001 - \$10,000  ATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  Input (Less than 10% ownership. For 10% or greater use A-2.)  (Real property, car, boat, etc.)  ayment  ion or Rental Income, list each source of \$10,000 or more
ACTIVITY, IF ANY, OF SOURCE  M NESS POSITION  itness/medicolegal  OME RECEIVED No Income - Business Position Only 1,000 \$\times\\$1,001 - \\$10,000  \$\times\\$100,000  OVER \\$100,000  ATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  itp (Less than 10% ownership. For 10% or greater use A-2.)  (Real property, car, boat, etc.)  ayment  ition or Rental Income, list each source of \$10,000 or more
MESS POSITION  itness/medicolegal  OME RECEIVED No Income - Business Position Only 1,000 \$\times\$ \$1,001 - \$10,000  \$\times\$ \$100,000 OVER \$100,000  ATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  ip (Less than 10% ownership. For 10% or greater use A-2.)  (Real property, car, boat, etc.)  ayment  ion or Rental Income, list each source of \$10,000 or more
NESS POSITION  itness/medicolegal  OME RECEIVED  No Income - Business Position Onl  1,000  \$1,001 - \$10,000  - \$100,000  OVER \$100,000  ATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  inp (Less than 10% ownership. For 10% or greater use A-2.)  (Real property, car, boat, etc.)  ayment  ion or  Rental Income, list each source of \$10,000 or more
itness/medicolegal  OME RECEIVED No Income - Business Position Onl 1,000 \$\times\$ \$1,001 - \$10,000  - \$100,000 OVER \$100,000  ATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  ip (Less than 10% ownership. For 10% or greater use A-2.)  (Real property, car, boat, etc.)  ayment  ion or Rental Income, list each source of \$10,000 or more
OME RECEIVED No Income - Business Position Onl  1,000 \$\frac{1}{3}\$
OME RECEIVED No Income - Business Position Onl  1,000 \$\times\$ \$1,001 - \$10,000  \$\times\$ \$100,000 OVER \$100,000  ATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  sip (Less than 10% ownership. For 10% or greater use A-2.)  (Real property, car, boat, etc.)  ayment  ion or Rental Income, list each source of \$10,000 or more
(Real property, car, boat, etc.)  ayment  ion or Rental Income, list each source of \$10,000 or more
(Real property, car, boat, etc.)  ayment  ion or Rental Income, list each source of \$10,000 or more
(Real property, car, boat, etc.)  ayment  ion or Rental Income, list each source of \$10,000 or more
ion or Rental Income, list each source of \$10,000 or more
(0000)
ayment for medicolegal services  (Describe)
ution, or any indebtedness created as part of gular course of business on terms available nal loans and loans received not in a lender'  RATE TERM (Months/Years)
FOR LOAN
Personal residence
perty Street address
Suret address
Street address  City
City

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Michael Stamos

NAME OF COURCE OF INCOME	NAME OF SOURCE OF INCOME
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Benson Law Offices	ADDDECC (Business Address Assertable)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
450 Old Vine St Lexington KY 40507	DUOINEGO ACTIVITY IF ANY OF COURSE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal firm	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Expert witness/medicolegal	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl
<b>■</b> \$500 - \$1,000 <b>■</b> \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
\$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
(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
	Commission of Promote Market and Source of \$10,000 of more
(Describe)	(Describe)
(Describe)  Nother Payment for medicolegal services	(Describe)
Other Payment for medicolegal services  (Describe)  (Describe)	(Describe)  Other(Describe)
Other Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  * You are not required to report loans from a commercial retail installment or credit card transaction, made in	(Describe)  Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender'
Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  You are not required to report loans from a commercia 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 follo	Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender' ws:  INTEREST RATE  TERM (Months/Years)
Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  You are not required to report loans from a commercia 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 followame of Lender*	Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender' ws:
Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  You are not required to report loans from a commercia 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 followame of Lender*	Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ws:
Other Payment for medicolegal services  (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 followable OF LENDER*  ADDRESS (Business Address Acceptable)	Other
Other Payment for medicolegal services  (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 followable OF LENDER*  ADDRESS (Business Address Acceptable)	Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ws:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN
Other Payment for medicolegal services  (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 followable OF LENDER*  ADDRESS (Business Address Acceptable)	Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ws:  INTEREST RATE  TERM (Months/Years)  None  SECURITY FOR LOAN
Other Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  You are not required to report loans from a commercia 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 followable of LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	(Describe)  Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ws:  INTEREST RATE TERM (Months/Years)  SECURITY FOR LOAN  None Personal residence  Real Property
Other Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  You are not required to report loans from a commercia 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 followable of LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	(Describe)  Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ws:  INTEREST RATE TERM (Months/Years)  SECURITY FOR LOAN  None Personal residence  Real Property
(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 follooname of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	Other
(Describe)  Payment for medicolegal services (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 followable of Lender*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	Other
Other Payment for medicolegal services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING  The You are not required to report loans from a commercial 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 followable of LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	(Describe)  Other (Describe)  al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender' ws:  INTEREST RATE TERM (Months/Years)  None None  SECURITY FOR LOAN None Personal residence  Real Property  Street address  City