

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 03/30/2025 10:33 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Melmed Shlomo

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, 2024, through December 31, 2024. **Leaving Office:** Date Left ____/____/_____
(Check one circle below.)
- Assuming Office:** Date assumed ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2024. The period covered is January 1, 2024, through the date of leaving office
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____ **-or-** The period covered is ____/____/_____, through the date of leaving office

4. Schedule Summary (required)

► Total number of pages including this cover page: 10

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)
8700 Beverly Blvd # 2015 West Hollywood CA 90048-1804

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(310) 423-4691

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 03/30/2025 10:33 PM
(month, day, year)

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

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.

Name

Shlomo Melmed

▶ NAME OF BUSINESS ENTITY
alphabet

GENERAL DESCRIPTION OF THIS BUSINESS
tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
apple

GENERAL DESCRIPTION OF THIS BUSINESS
tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
amazon

GENERAL DESCRIPTION OF THIS BUSINESS
tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
blackstone

GENERAL DESCRIPTION OF THIS BUSINESS
finance

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AMD

GENERAL DESCRIPTION OF THIS BUSINESS
electronic

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/24 ____/____/24
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
JP morgan

GENERAL DESCRIPTION OF THIS BUSINESS
finance

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/24 ____/____/24
ACQUIRED DISPOSED

Comments: _____

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.

Name

Shlomo Melmed

▶ NAME OF BUSINESS ENTITY
Microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
Tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 _____/_____/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Tesla

GENERAL DESCRIPTION OF THIS BUSINESS
Tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other sold _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 10/10/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
pats restaurant

GENERAL DESCRIPTION OF THIS BUSINESS
catering- inactive

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other S corp _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 _____/_____/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
visa

GENERAL DESCRIPTION OF THIS BUSINESS
finance

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other SOLD _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/24 09/09/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Tenaya

GENERAL DESCRIPTION OF THIS BUSINESS
pharma

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other sold _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01/02/24 09/09/24
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
visa

GENERAL DESCRIPTION OF THIS BUSINESS
tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01/02/24 _____/_____/24
 ACQUIRED DISPOSED

Comments: _____

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.

Name

Shlomo Melmed

NAME OF BUSINESS ENTITY
microsoft

GENERAL DESCRIPTION OF THIS BUSINESS
tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01 / 03 / 24 _____ / _____ / 24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
ares

GENERAL DESCRIPTION OF THIS BUSINESS
finance

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
01 / 10 / 24 _____ / _____ / 24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
DocuSign

GENERAL DESCRIPTION OF THIS BUSINESS
Tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
06 / 01 / 24 _____ / _____ / 24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Oracle

GENERAL DESCRIPTION OF THIS BUSINESS
tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
09 / 02 / 24 _____ / _____ / 24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Crinetics

GENERAL DESCRIPTION OF THIS BUSINESS
Biopharma

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
12 / 01 / 24 _____ / _____ / 24
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Anet

GENERAL DESCRIPTION OF THIS BUSINESS
tech

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
09 / 05 / 24 _____ / _____ / 24
ACQUIRED DISPOSED

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
Shlomo Melmed

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
NovoNordisk
 ADDRESS (Business Address Acceptable)
Denmark
 CITY AND STATE
Denmark
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharma
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 5000
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Crinetics
 ADDRESS (Business Address Acceptable)
san diego
 CITY AND STATE
CA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Biopharma
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 4500
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Preclinical education
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Pats Inc
 ADDRESS (Business Address Acceptable)
Pico Blvd Los Angeles
 CITY AND STATE
CA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Catering-now inactive. No revenue
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 0
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)

 ADDRESS (Business Address Acceptable)

 CITY AND STATE

 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ___/___/___ - ___/___/___ AMT: \$ _____
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
 ▶ If Gift, Provide Travel Destination _____

Comments: _____
