

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Stamos Michael 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, 2024, through Leaving Office: Date Left ____/_ (Check one circle below.) December 31, 2024. -or-The period covered is January 1, 2024, through the date of The period covered is _____/____, through leaving office. December 31, 2024. -or-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. Michael Stamos 03/25/2025 04:55 PM Date Signed Signature (File the originally signed paper statement with your filing official.) (month, day, year)

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
LaFollette Johnson	Loma Linda Univ Risk Management
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2677 North Main Street Santa Ana, CA	PO Box 1770 Loma Linda CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal firm	Health Care delivery entity
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Expert witness/medicolegal	Expert witness/medicolegal
GROSS INCOME RECEIVED	GROSS INCOME 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
(Describe)	(Describe)
N Other Payment for medicolegal services	Nother 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 s: INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	∪ .,y
\$10,001 - \$100,000	
	Guarantor
OVER \$100,000	Guarantor Other (Describe)
OVER \$100,000 Comments:	Other

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Michael Stamos

NAME OF SOURCE OF INCOME	NAME OF COURCE OF INCOME
Hutton O.Hutton Loui	NAME OF SOURCE OF INCOME
Hutton & Hutton Law	Kaiser Foundation
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 638 Wichita, KS 67201 BUSINESS ACTIVITY, IF ANY, OF SOURCE	75 N Fair Oaks Ave Pasadena, CA 91103 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal firm	Healthcare
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Expert witness/medicolegal	Expert witness/medicolegal
<u> </u>	<u>_</u>
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$\begin{array}{c} \text{\$\text{\$X\$}} \ \$1,001 - \$10,000 \$\ext{\$\text{\$X\$}} \ \$1,001 - \$10,000	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$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 L	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
(Describe)	(Describe)
N Other Payment for medicolegal services	Payment for medicolegal services
(Describe)	(Describe)
a retail installment or credit card transaction, made in the to members of the public without regard to your official	lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available
regular course of business must be disclosed as follows	status. Personal loans and loans received not in a lender's s:
regular course of business must be disclosed as follows: NAME OF LENDER*	
-	s:
NAME OF LENDER*	S: INTEREST RATE TERM (Months/Years)
NAME OF LENDER*	S: INTEREST RATE TERM (Months/Years) % None
NAME OF LENDER* ADDRESS (Business Address Acceptable)	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	S: INTEREST RATE TERM (Months/Years) ———————————————————————————————————

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Michael Stamos

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
	INAME OF SOUNCE OF INCOME
Wagstaff & Cartmell ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
,	ADDINESS (business Address Acceptable)
4740 Grand Ave Suite 300 Kansas City, MO 64112 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal firm YOUR BUSINESS POSITION	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
■ \$500 - \$1,000 ■ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$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 Dental Income list and account of 640,000 and account	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 Terrial income, iss each source of \$10,000 of more
(Describe)	Commission or Rental Income, list each source of \$10,000 or more (Describe)
(Describe) Other Payment for medicolegal services	(Describe)
(Describe)	(Describe) Other(Describe)
Other Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN You are not required to report loans from a commerce a retail installment or credit card transaction, made in	(Describe) G PERIOD ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender'
Other Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officit regular course of business must be disclosed as followable of LENDER*	Other (Describe) G PERIOD ial 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'ows:
Other Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officit regular course of business must be disclosed as followable. NAME OF LENDER*	Other
(Describe) Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officing regular course of business must be disclosed as followed by the public without the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business acceptable)	(Describe) G PERIOD ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ows: INTEREST RATE TERM (Months/Years) Mone SECURITY FOR LOAN
(Describe) Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officit regular course of business must be disclosed as followed by the public without regard to your officit regular course of business must be disclosed as followed by the public without regard to your officit regular course of business must be disclosed as followed by the public without regard to your officit regular course of business must be disclosed as followed by the public without regard to your officit regular course of business must be disclosed as followed by the public without regard to your officit regular course of business acceptable)	Other
(Describe) Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officing regular course of business must be disclosed as followed by the public without the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business acceptable)	(Describe) G PERIOD ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ows: INTEREST RATE TERM (Months/Years) Whone 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 commerce a retail installment or credit card transaction, made in to members of the public without regard to your officing regular course of business must be disclosed as follows:	(Describe) Other (Describe) G PERIOD ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender's ows: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officing regular course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business acceptable) ADDRESS (Business Address Acceptable)	(Describe) G PERIOD ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender ows: INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property
Other Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING The You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business address acceptable)	(Describe) G PERIOD ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender ows: INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence Real Property Street address City
Other Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business must be disclosed as followed by the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and the public without regard to your officing regular course of business and t	(Describe) G PERIOD ial lending institution, or any indebtedness created as part of a the lender's regular course of business on terms available al status. Personal loans and loans received not in a lender ows: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
Other Payment for medicolegal services (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTIN You are not required to report loans from a commerce a retail installment or credit card transaction, made in to members of the public without regard to your officing regular course of business must be disclosed as followable of LENDER* DDRESS (Business Address Acceptable) USINESS ACTIVITY, IF ANY, OF LENDER IIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	(Describe) Other