

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Filed Date: 03/06/2017 11:37 AM
 SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Blumenthal George

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 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, 2016, through December 31, 2016.
- Leaving Office:** Date Left ____/____/_____
(Check one)
 - The period covered is January 1, 2016, through the date of leaving office.
- Assuming Office:** Date assumed 02 / 23 / 2017
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 6

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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)
 1156 High St, 1156 High Street 200 Kerr Hall Santa Cruz CA 95064-1077
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (831) 239-8308

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 03/06/2017 11:37 AM Signature Electronic Submission
(month, day, year) (File the originally signed 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 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: center; margin-top: 10px;">George Blumenthal</div>

▶ 1. BUSINESS ENTITY OR TRUST

Blumenthal Family Revocable Trust

Name _____
Monte Sereno, California

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		
NATURE OF INVESTMENT		
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other		
YOUR BUSINESS POSITION _____		

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS		
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		
NATURE OF INVESTMENT		
<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> _____ Other		
YOUR BUSINESS POSITION _____		

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input checked="" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
George Blumenthal

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Parcel 0627A/089

CITY
San Francisco, CA

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/_____ ACQUIRED _____/_____/_____ DISPOSED
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
B. Parmley

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/_____ ACQUIRED _____/_____/_____ DISPOSED
 \$10,001 - \$100,000 _____/_____/_____
 \$100,001 - \$1,000,000 _____/_____/_____
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE TERM (Months/Years)
_____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C

Positions

23!4567!3(4568 011

FAIR POLITICAL PRACTICES COMMISSION

6 (4 %

George Blumenthal

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
WW Norton & Company Inc.
ABBCDEE (Business Address Acceptable)

500 Fifth Ave., NY, NY 10100-0017
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Publisher
YOUR BUSINESS POSITION

Co-Author

GROSS INCOME RECEIVED 67 1)874%'9' ; ; +) % - - ' 27 - #7) ' ") 13
 <=>>'9' <?>>> <?>>'9' <?>>>>
 <?>>'9' <?>>>> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 E ((& 3 ' Spouse's or registered domestic partner's income'
!G7&' - % 1,9% 4 M173% . ' ; - % ' E8\$% . ; % ' A9R35

2 (& #) % & - \$ - M ' ! H % - - ' \$ () ' ? > J ' 7 P) % & - \$ - M S ' G7&' ? > J ' 7&' N&#(# % & # ; - % ' ' E8\$% . ; % ' A9R35

E (% ' 7 ; ' _____
(Real property, car, boat, etc.)

H7 () ' % M (34 %) # _____

T744+-7) ' 7& Rental Income, list each source of \$10,000 or more

(Describe)

" # \$ % & ' Royalties
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Aspen Publishing
ABBCDEE (Business Address Acceptable)

New York
BUSINESS ACTIVITY, IF ANY, OF SOURCE

Publishers
YOUR BUSINESS POSITION

D. Kelly Weisberg - Author Royalties

GROSS INCOME RECEIVED 67 1)874%'9' ; ; +) % - - ' 27 - #7) ' ") 13
 <=>>'9' <?>>> <?>>'9' <?>>>>
 <?>>'9' <?>>>> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 E ((& 3 ' Spouse's or registered domestic partner's income'
!G7&' - % 1,9% 4 M173% . ' ; - % ' E8\$% . ; % ' A9R35

2 (& #) % & - \$ - M ' ! H % - - ' \$ () ' ? > J ' 7 P) % & - \$ - M S ' G7&' ? > J ' 7&' N&#(# % & # ; - % ' ' E8\$% . ; % ' A9R35

E (% ' 7 ; ' _____
(Real property, car, boat, etc.)

H7 () ' % M (34 %) # _____

T744+-7) ' 7& Rental Income, list each source of \$10,000 or more

(Describe)

" # \$ % & ' Author Royalties
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

K7 ; (& % ') 7 # ' & % L ; + & % . # 7 ' & % M7 () - ' , & 7 4 ' 8744% & 8 + (1 ' 1 %) . +) N +) - # # ; # 7) - 0 ' 7 & ' () 3 +) . % O # % .) % - - ' 8 & % (# % . ' (- ' M (& # ' 7 ; ' (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 & % N ; 1 (& ' 87 ; & - % ' 7 ; ' 0 ; - +) % - - ' 4 ; - # ' 0 % ' . + - 8 1 7 - % . ' (- , 7 1 1 7 P - Q

6AFD' " G HD6BDCI
ABBCDEE (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 <=>>'9' <?>>>
 <?>>'9' <?>>>>
 <?>>'9' <?>>>>>
 OVER \$100,000

INTEREST RATE
 _____ J' 67)' _____

TERM (Months/Years)

SECURITY FOR LOAN
 67)' 2% & - 7) (1' & % - + . %) 8%

C (1' 2&7M' _____
Street address

City

* ; (& () # 7& _____

" # \$ % & ' _____
(Describe)

Comments: (_____

! " " # \$! % & ' \$ () \$ * + , - . +) , (/ \$ 0 1 2 3 #
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SCHEDULE C

Positions

23!4567!3(4568 011

FAIR POLITICAL PRACTICES COMMISSION

6 (4 %

George Blumenthal

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 University of Florida Publishing
 ABCDEE (Business Address Acceptable)
 Florida
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Publisher
 YOUR BUSINESS POSITION
 D. Kelly Weisberg - Author Royalties

GROSS INCOME RECEIVED 67 1)874%'9' ; ; +) % - - '27-#7)' ") 13
 <=>'9' <?>>> <?>>'9' <?>>>>
 <?>>'9' <?>>>> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 E ((1 & 3 ' Spouse's or registered domestic partner's income'
 !G7&' - % 1,9% 4 M173% . ' ; - % ' E8\$% . ; % ' A9R35
 2 (&#) % & - \$ - M ' ! H % - - ' \$ () ' ? > J ' 7 P) % & - \$ - M S ' G7& ' ? > J ' 7& ' N&# (# % &# ; - % ' ' E8\$% . ; % ' A9R35
 E (% ' 7 ; ' _____
 (Real property, car, boat, etc.)
 H7 () ' % M (34 %) # _____
 T74 4 + - - 7) ' 7& Rental Income, list each source of \$10,000 or more

 (Describe)
 " # \$ % & ' Royalties

 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Temple University Press
 ABCDEE (Business Address Acceptable)
 Pennsylvania
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Publisher
 YOUR BUSINESS POSITION
 D. Kelly Weisberg - Author Royalties

GROSS INCOME RECEIVED 67 1)874%'9' ; ; +) % - - '27-#7)' ") 13
 <=>'9' <?>>> <?>>'9' <?>>>>
 <?>>'9' <?>>>> OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 E ((1 & 3 ' Spouse's or registered domestic partner's income'
 !G7&' - % 1,9% 4 M173% . ' ; - % ' E8\$% . ; % ' A9R35
 2 (&#) % & - \$ - M ' ! H % - - ' \$ () ' ? > J ' 7 P) % & - \$ - M S ' G7& ' ? > J ' 7& ' N&# (# % &# ; - % ' ' E8\$% . ; % ' A9R35
 E (% ' 7 ; ' _____
 (Real property, car, boat, etc.)
 H7 () ' % M (34 %) # _____
 T74 4 + - - 7) ' 7& Rental Income, list each source of \$10,000 or more

 (Describe)
 " # \$ % & ' Royalties

 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

I ' K7 ; ' (&#) ' 7 # ' &# L ; + &# . ' # 7 ' &# M7 &# ' 17 () - ' , & 7 4 ' 87 4 4 % & 8 + (1 ' 1 %) . +) N +) - # # ; # 7) - 0 ' 7 & ' () 3 +) . % O # % .) % - - ' 8 &# (# % . ' (- ' M (&# ' 7 ; ' (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 &# N ; 1 (& ' 87 ; & - % ' 7 , ' 0 ; - +) % - - ' 4 ; - # ' 0 % ' . + - 8 1 7 - % . ' (- , 7 1 1 7 P - Q

6AFD' " G HD6BDCI

 ABCDEE (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF LENDER

 HIGHEST BALANCE DURING REPORTING PERIOD
 <=>'9' <?>>>
 <?>>'9' <?>>>>
 <?>>'9' <?>>>>
 OVER \$100,000

INTEREST RATE
 _____ J ' 67) % ' _____
 SECURITY FOR LOAN
 67) % ' 2 % & - 7) (1 ' &# - - . %) 8 %
 C % (1 ' 2 & 7 M % & # 3 ' _____

 Street address

 City
 * ; (& () # 7 & ' _____
 " # \$ % & ' _____
 (Describe)

Comments: (_____)

! " " # \$! % & ' \$ () \$ * + , - . / , (/ \$ 0 1 2 3 #
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 ! " " # \$ A % ; B ! & 8 8 \$ C 8 ; ? ; 7 D 8 4 E - - . + (F B G ((+ \$ H H H H > ? ? 1 3 1 : 3 @ % 6

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>George Blumenthal</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Kumar Malavalli

ADDRESS *(Business Address Acceptable)*
San Francisco Bay Area

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Lunch Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 05 / 16</u>	<u>\$ 75</u>	<u>Lunch</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
Yuri Milner

ADDRESS *(Business Address Acceptable)*
Los Altos Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Personal Dinner Invitation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 03 / 16</u>	<u>\$ 100</u>	<u>Dinner</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

5; ')< -#": =

!"#\$%&'()*+,-./01.)&2)113/431/)5*)6&,78,)92&: %&+%!)7; #

9"@# , 23 ! "#\$%&'()*+,-./0123(4" , / (566
 B&2#3 7"' 3&8)(7&,%: (: 9<6=5(&>{==?@5?=5(A 7 (B&%0\$%(->&' 3&,3(C0/2
 C+>; 3 4" , /566DEFF%G%&GH" I
 !>3 J2" ,H2(KL+ /2' >: &L
 <<3 7&,0&(K"' ' 2I0L29(A/8(M: 2+' H

Dear George Blumenthal,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/06/2017 11:37 AM.

Electronic Confirmation #: 5170

Agency: California Institute of Regenerative Medicine
 Position: ICOC Board Member
 Filing Type: Assuming
 Filing Year: 2017
 Number of pages: 6

If you need to view, print or amend your filed form, a copy of your filing has been saved in your profile under 'Previous Filings' in the eDisclosure System.

Hope you enjoyed your online filing experience.

System Logon Link: <https://form700.fppc.ca.gov/>