CALIFORNIA FORM 700

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

A PUBLIC	DOCUMENT	COV	'ER PAGE	Filed Date: 01/10/2017 03:31 PM			
Please type or print in ink.				SAN: FPPC			
NAME OF FILER (LAS	iπ)	(FIRST)		(MIDDLE)			
Deas		Deborah		Victoria			
1. Office, Agen	ıcy, or Court						
Agency Name (Do not use acronyms)						
Independent	t Citizens Oversight Committee						
Division, Board,	Department, District, if applicable	Your Position					
	Board Member						
► If filing for mu	ultiple positions, list below or on an attachm	ent. (Do not use ad	ronyms)				
Agency:			Position:				
2. Jurisdiction	of Office (Check at least one box)						
🗶 State			Judge or Court Commis	sioner (Statewide Jurisdiction)			
Multi-County			County of				
City of			Other				
3. Type of Sta	tement (Check at least one box)						
De		gh	Leaving Office: Date (Check one)	Left//			
		6, through	 The period covered leaving office. 	is January 1, 2016, through the date of			
Assuming (Office: Date assumed//			l is//, through office.			
Candidate:	Election year and	office sought, if diffe	erent than Part 1:				
	• • • •	Fotal number of	pages including this c	cover page:2			
🗶 Schedule	e A-1 - Investments - schedule attached	Se	chedule C - Income, Loans, &	& Business Positions – schedule attached			
Schedule	e A-2 - Investments – schedule attached		chedule D - Income – Gifts –	schedule attached			
Schedule		_					
-Or-	e B - Real Property – schedule attached	S		schedule attached			
 Schedule -Or- None - N 	e B - Real Property – schedule attached	S		schedule attached			
	e B - Real Property – schedule attached No reportable interests on any sched	ule	chedule E - Income – Gifts –	schedule attached <i>Travel Payments</i> – schedule attached			
Schedule -Or- None - N 5. Verification MAILING ADDRESS	gency, or Court me (Do not use acronyms) dent Citizens Oversight Committee ard, Department, District, if applicable or multiple positions, list below or on an attachment. (Do no tion of Office (Check at least one box) nunty Statement (Check at least one box) the period covered is January 1, 2016, through December 31, 2016. The period covered is _09 / 20 / _2016, through December 31, 2016. ing Office: Date assumed and office sough etate: Election year and office sough let: Election year and office sough edule A-1 - Investments – schedule attached edule A-2 - Investments – schedule attached edule B - Real Property –	dule CITY	chedule E - Income – Gifts –	schedule attached Travel Payments – schedule attached ATE ZIP CODE			
Schedule -Or- None - N 5. Verification MAILING ADDRESS (Business or Agency 1999 Harriso	e B - Real Property – schedule attached No reportable interests on any sched STREET Address Recommended - Public Document) on St	s dule спу Oakland	chedule E - Income – Gifts – ST.	schedule attached <i>Travel Payments</i> – schedule attached			
Schedule -Or- None - N 5. Verification MAILING ADDRESS (Business or Agency 1999 Harrisc DAYTIME TELEPHOL	e B - Real Property – schedule attached No reportable interests on any sched STREET Address Recommended - Public Document) on St INE NUMBER	s dule спу Oakland	chedule E - Income – Gifts –	schedule attached Travel Payments – schedule attached ATE ZIP CODE			
Schedule -OT- None - N 5. Verification MAILING ADDRESS (Business or Agency 1999 Harriso DAYTIME TELEPHON (510) 340 I have used all re	e B - Real Property – schedule attached No reportable interests on any sched STREET Address Recommended - Public Document) on St NE NUMBER 0-9114	CITY CITY Oakland E-M ent. I have reviewed	chedule E - Income – Gifts – ST. MAIL ADDRESS	schedule attached <i>Travel Payments</i> – schedule attached ATE ZIP CODE CA 94612-3520			
Schedule -Or- None - N 5. Verification MAILING ADDRESS (Business or Agency 1999 Harrisc DAYTIME TELEPHON (510) 340 I have used all re herein and in an	e B - Real Property – schedule attached No reportable interests on any sched STREET Address Recommended - Public Document) on St NE NUMBER 0-9114 easonable diligence in preparing this stateme	CITY CITY Oakland E-M ent. I have reviewed I acknowledge this	chedule E - Income – Gifts – ST. C MAIL ADDRESS I this statement and to the bes is a public document.	schedule attached <i>Travel Payments</i> – schedule attached ATE ZIP CODE CA 94612-3520 st of my knowledge the information contained			
Schedule -Or- None - N 5. Verification MAILING ADDRESS (Business or Agency 1999 Harrisc DAYTIME TELEPHON (510) 340 I have used all re herein and in an	e B - Real Property – schedule attached No reportable interests on any sched STREET (Address Recommended - Public Document) on St DNE NUMBER 0-9114 easonable diligence in preparing this statementy attached schedules is true and complete.	CITY CITY Oakland E-M ent. I have reviewed I acknowledge this State of California to	chedule E - Income – Gifts – ST. C MAIL ADDRESS I this statement and to the bes is a public document. that the foregoing is true an	schedule attached <i>Travel Payments</i> – schedule attached ATE ZIP CODE CA 94612-3520 st of my knowledge the information contained			

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

Name

Deborah Deas

►	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY				
	Citigroup Inc.	Pfizer Inc.				
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS				
	Banking, financial services	Pharmaceutical				
	FAIR MARKET VALUE		RKET VALUE			
	X \$2,000 - \$10,000 S \$10,001 - \$100,000	· _	00 - \$10,000	\$10,001 - \$100,000		
	S100,001 - \$1,000,000 Over \$1,000,000	\$100	,001 - \$1,000,000	Over \$1,000,000		
	NATURE OF INVESTMENT X Stock □ Other		OF INVESTMENT			
	(Describe)	X Stock		(Describe)		
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partr		Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule</i>	ə C)	
	IF APPLICABLE, LIST DATE:	IF APPLI	ICABLE, LIST DATE	:		
	<u>/ 16</u> <u>/ 16</u>	/_	<u> </u>	<u>//16_</u>		
	ACQUIRED DISPOSED	ACC	QUIRED	DISPOSED		
►	NAME OF BUSINESS ENTITY	► NAME O	F BUSINESS ENTIT	ſY		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERA	AL DESCRIPTION O	F THIS BUSINESS		
	FAIR MARKET VALUE	FAIR MA				
	\$2,000 - \$10,000 \$10,001 - \$100,000		00 - \$10,000	\$10,001 - \$100,000		
	\$100,001 - \$1,000,000 Over \$1,000,000		,001 - \$1,000,000	Over \$1,000,000		
	NATURE OF INVESTMENT Stock Other		OF INVESTMENT			
	(Describe)			(Describe)		
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partr		Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule</i>	e C)	
	IF APPLICABLE, LIST DATE:	IF APPLI	ICABLE, LIST DATE	:		
	/ / 16 / / 16	1	_/ 16	/ / 16		
	ACQUIRED DISPOSED	ACC	QUIRED	DISPOSED		
▶	NAME OF BUSINESS ENTITY	► NAME O	F BUSINESS ENTIT	ΓΥ		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERA	AL DESCRIPTION O	F THIS BUSINESS		
	FAIR MARKET VALUE					
	\$2,000 - \$10,000 \$10,001 - \$100,000		00 - \$10,000	\$10,001 - \$100,000		
	\$100,001 - \$1,000,000 Over \$1,000,000		,001 - \$1,000,000	Over \$1,000,000		
	NATURE OF INVESTMENT	NATURE	OF INVESTMENT			
	Stock Other	Stock				
	(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	Dorte	arabin 🔿 Inaama [(Describe) Received of \$0 - \$499		
	Partnership O income Received of \$6 - \$499 O income Received of \$500 or More (Report on Schedule C)			Received of \$500 or More (Report on Schedule	e C)	
	IF APPLICABLE, LIST DATE:	IF APPLI	ICABLE, LIST DATE	:		
	<u>/ 16/ 16 </u>	/	<u> </u>	<u>//16</u>		
	ACQUIRED DISPOSED	ACC	QUIRED	DISPOSED		

Comments: _

Subject: FW: Notification - Your Submitted Form 700

Date: Wednesday, January 11, 2017 at 2:27:44 PM Pacific Standard Time

From: Maria Bonneville

To: James Harrison, Scott Tocher, Amy Cheung

From: <Form700@fppc.ca.gov> on behalf of "Form700@fppc.ca.gov" <Form700@fppc.ca.gov>
Reply-To: "Form700@fppc.ca.gov" <Form700@fppc.ca.gov>
Date: Tuesday, January 10, 2017 at 3:31 PM
To: Deborah Victoria Deas <deborah.deas@medsch.ucr.edu>
Cc: Maria Bonneville <MBonneville@cirm.ca.gov>
Subject: Notification - Your Submitted Form 700

Dear Deborah,

Congratulations! Your Conflict of Interest Form 700 has been successfully filed with our office on 01/10/2017 03:31 PM.

Electronic Confirmation #: 2052

Agency:Independent Citizens Oversight CommitteePosition:Board MemberFiling Type:AnnualFiling Year:2016Number of pages: 2

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: <u>https://form700.fppc.ca.gov/</u>