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CALIFORNIA	FORM			

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT Please type or print in ink.	COVE	R PAGE	ed Date: 02/20/2017 02:18 PM SAN: FPPC		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Federoff	Howard		J		
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
California Institute of Regenerative Med	icine				
Division, Board, Department, District, if applicable		Your Position			
		ICOC Board Member			
► If filing for multiple positions, list below or on an a	ttachment. (Do not use acron	yms)			
Agency:		Position:			
2. Jurisdiction of Office (Check at least one	box)				
X State	· [Judge or Court Commissione	er (Statewide Jurisdiction)		
Multi-County		• · · · · · · · ·			
City of		_			
3. Type of Statement (Check at least one box)				
Annual: The period covered is January 1, 2016 December 31, 2016.	, through	Leaving Office: Date Left . (Check one)	<u> </u>		
-or- The period covered is <u>02</u> / <u>09</u> /_ December 31, 2016.	2016 , through	 The period covered is Ja leaving office. -or- 	anuary 1, 2016, through the date of		
Assuming Office: Date assumed/	1	••	/, through		
Candidate: Election year	and office sought, if differen	it than Part 1:			
4. Schedule Summary (must complete) Schedules attached	► Total number of pa	ges including this cove	r page:3		
Schedule A-1 - Investments - schedule attac	hed X Sche	dule C - Income, Loans, & Bus	siness Positions – schedule attached		
Schedule A-2 - Investments – schedule attac	hed Sche	dule D - Income - Gifts - sche	edule attached		
Schedule B - Real Property – schedule attac	hed Sche	dule E - Income – Gifts – Trav	el Payments - schedule attached		
-or-	schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE		
265 Irvine Hall, 1001 Health Sciences R		CA	92697-0001		
		ADDRESS			
(949) 824-5926 I have used all reasonable diligence in preparing this	statement. I have reviewed this		ny knowledge the information contained		
herein and in any attached schedules is true and con I certify under penalty of perjury under the laws of		•	rrect.		
Date Signed02/20/2017 02:18 PM	Signatur	eElectro	nic Submission		
(month, day, year)	<u></u>	•	statement with your filing official.)		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

(Ownership Interest is Less Than 10%)

Howard Federoff

Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
MedGenesis Therapeutix, Inc		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Biopharmaceutical company		
FAIR MARKET VALUE	FAIR MARKET VALUE	
X \$2,000 - \$10,000 S \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
/ / 16 / / 16	/ / 16 / / 16	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	
 NAME OF BUSINESS ENTITY Ovid Therapeutics 	► NAME OF BUSINESS ENTITY	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Biopharmaceutical company		
	FAIR MARKET VALUE	
★ \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 □ Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	
	S100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT options	NATURE OF INVESTMENT Stock Other	
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
/ / 16 / / 16	/ / 16 / / 16	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
KinaseDS, LLC		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Biopharmaceutical company		
FAIR MARKET VALUE	FAIR MARKET VALUE	
X \$2,000 - \$10,000 S \$10,001 - \$100,000	\$2,000 - \$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 Co-founder ownership		
Stock Other (Describe)	Stock Other (Describe)	
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
, , 16 , , , 16	/ / 16 / / 16	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Howard Federoff

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Van Andel Research Institute	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
333 Bostwick Ave., NE, Grand Rapids, MI 49503	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Scientifc Advisory Board	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Scientific Advisory/time commitment: 2days/year	
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$10,001 - \$10,000 OVER \$100,000	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.)	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
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)
Cther Scientific consulting	Other
(Describe)	(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a 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 regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% [None
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOA	AN
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
\$500 - \$1,000	_	City
□ \$1,001 - \$10,000 □ \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		
		FPPC Form 700 (2016/2017) Sch. C

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov Subject: Notification - Your Submitted Form 700

Date: Monday, February 20, 2017 at 2:18:31 PM Pacific Standard Time

From: Form700@fppc.ca.gov

- To: Howard J Federoff
- CC: Maria Bonneville, Amy Cheung

Dear Howard Federoff,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 02/20/2017 02:18 PM.

Electronic Confirmation #: 4272

Agency:California Institute of Regenerative MedicinePosition:ICOC Board MemberFiling Type:AnnualFiling Year:2016Number of pages:3

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>