CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
Official Use Only

MAR 1 ☐ 2013

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
	Feit	Marcelina	Linda

1. Office, Agency, or Court

Agency Name

California Institute for Regenerative Medicine

Division, Board, Department, District, if applicable

Independent Citizens Oversight committee

Your Position

Patient Advocate

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office *(Check at least one box)*

- ☑ State
- ☐ Multi-County _____
- ☐ City of _____
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☐ County of _____
- ☐ Other _____

3. Type of Statement *(Check at least one box)*

- ☑ **Annual:** The period covered is January 1, 2012, through December 31, 2012.
  -or-
  The period covered is ___/___/___, through December 31, 2012.

- ☐ **Assuming Office:** Date assumed ___/___/___

- ☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

- ☐ **Leaving Office:** Date Left ___/___/___
  (Check one)
  - ○ The period covered is January 1, 2012, through the date of leaving office.
  - ○ The period covered is ___/___/___, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► *Total number of pages including this cover page:* 1

- ☐ **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 *(Business or Agency Address Recommended - Public Document)*	CITY	STATE	ZIP CODE
	Livermore	CA	94550

DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)
(925) 416-3466	mfeit@valleycare.com

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 03/18/2013
(month, day, year)

Signature *Marcelina Feit*
(File the originally signed statement with your filing official.)

FPPC Form 700 (2012/2013)
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