

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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 APR 1 - 2014
 BY G.
 (MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) FINE (FIRST) LEON (MIDDLE) _____

1. Office, Agency, or Court

Agency Name (Do not use acronyms) California Institute for Regenerative Medicine

Division, Board, Department, District, if applicable Independent citizens oversight committee - Board Your Position 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, 2013, through December 31, 2013.
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2013, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- 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)
8700 Beverly Blvd. Davis 5093 Los Angeles CA 90048

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(310) 423-6457 LEON.FINE@CHSH.ORG

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 2/12/14
 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)