Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

Filed Date: 01/29/2017 10:49 AM SAN: FPPC

NAME OF FILER (LAST) (MIDDLE) Fini M. Elizabeth 1. Office, Agency, or Court Agency Name (Do not use acronyms) Independent Citizens Oversight Committee Division, Board, Department, District, if applicable Your Position Alternate Member ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: _ 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) X State Multi-County _____ County of _____ City of ___ Other __ 3. Type of Statement (Check at least one box) **X** Annual: The period covered is January 1, 2016, through Leaving Office: Date Left _____/___ December 31, 2016. (Check one) -or-O The period covered is January 1, 2016, through the date of The period covered is ______, through leaving office. December 31, 2016. Assuming Office: Date assumed ____/__ ○ The period covered is ______, through the date of leaving office. and office sought, if different than Part 1: ___ Candidate: Election year ___ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: -Schedules attached Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - 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) CA 90089-9023 Los Angeles 1975 Zonal Ave, Kam 504 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (323) 442-7874 efini@med.usc.edu 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. 01/29/2017 10:49 AM Date Signed _ Electronic Submission Signature _ (File the originally signed statement with your filing official.) (month, day, year)

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
M. Elizabeth Fini

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Proteris Biotech, Inc.	
Name	Name
1550 Pegfair Estates Drive, Pasadena, CA 91103	
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotech Company	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Corporation Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Chief Scientific Officer	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 X OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 \$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.) X 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	➤ 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	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
M. Elizabeth Fini	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
University of Southern California	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2250 Alcazar Street, Los Angeles, CA 90089	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Keck School of Medicine of USC	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Professor and Director, USC Institute for Genetic Medicine	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qquad \$1,001 - \$10,000
☐ \$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
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)
Other	Other
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F	(Describe)
retail installment or credit card transaction, made in t	
NAME OF LENDER^	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	<u> </u>
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other
	(Describe)
Comments:	(Describe)

Subject: FW: Notification - Your Submitted Form 700

Date: Monday, January 30, 2017 at 12:12:46 PM Pacific Standard Time

From: Maria Bonneville
To: 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: Sunday, January 29, 2017 at 10:49 AM **To:** "M. Elizabeth Fini" <efini@med.usc.edu>

Cc: Maria Bonneville < MBonneville@cirm.ca.gov>, Amy Cheung < ACheung@cirm.ca.gov>

Subject: Notification - Your Submitted Form 700

Dear M. Elizabeth,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 01/29/2017 10:49 AM.

Electronic Confirmation #: 2955

Agency: Independent Citizens Oversight Committee

Position: Alternate Member

Filing Type: Annual Filing Year: 2016 Number 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: https://form700.fppc.ca.gov/