

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received _____
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Friedman Michael Allen

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 Independent Citizens Oversight Committee (California Institute for Regenerative Medicine)
 Division, Board, Department, District, if applicable Your Position
 Board Board 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, 2015, through December 31, 2015. Leaving Office: Date Left ____/____/_____
 -or- (Check one)
 The period covered is ____/____/_____, through The period covered is January 1, 2015, through the date of leaving office.
 Assuming Office: Date assumed ____/____/_____. -or-
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 The period covered is ____/____/_____, through the date of leaving office.

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)
 1500 East Duarte Road Duarte CA 91010
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (626) 665-5300 mfriedman@coh.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 2/25/16
(month, day, year)

Signature Michael A. Friedman
(File the originally signed statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name FRIEDMAN
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▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
SMITH AND NEPHEW

ADDRESS (Business Address Acceptable)
LONDON, UK

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL DEVICE COMPANY

YOUR BUSINESS POSITION
BOARD MEMBER

GROSS INCOME RECEIVED
 \$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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
INTUITIVE SURGICAL

ADDRESS (Business Address Acceptable)
SUNNY VALE, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL DEVICE

YOUR BUSINESS POSITION
BOARD MEMBER

GROSS INCOME RECEIVED
 \$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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____

 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name FRIEDMAN
--

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
CELGENE CORP

ADDRESS (Business Address Acceptable)
SUMMIT, NEW JERSEY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BIOTECHNOLOGY

YOUR BUSINESS POSITION
BOARD MEMBER

GROSS INCOME RECEIVED
 \$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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
MANKIND CORP

ADDRESS (Business Address Acceptable)
DANBURY, CONNECTICUT

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BIOTHECHNOLOGY COMPANY

YOUR BUSINESS POSITION
BOARD MEMBER

GROSS INCOME RECEIVED
 \$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.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name _____

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
CELGENE CORP
 ADDRESS (Business Address Acceptable)
SUMMIT, NJ
 CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income (REIMBURSE)
 Made a Speech/Participated in a Panel
 Other - Provide Description BOARD TRAVEL

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
SMITH + NEPHEW
 ADDRESS (Business Address Acceptable)
LONDON UK
 CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income (REIMB)
 Made a Speech/Participated in a Panel
 Other - Provide Description BOARD TRAVEL

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
MANNING CORP
 ADDRESS (Business Address Acceptable)
DANBURY, CONN
 CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income (REIMB)
 Made a Speech/Participated in a Panel
 Other - Provide Description BOARD TRAVEL

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
INTUITIVE SURGICAL
 ADDRESS (Business Address Acceptable)
SUNNYVALE CA
 CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description BOARD TRAVEL

▶ If Gift, Provide Travel Destination _____

Comments: _____