



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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)

ICOC (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
- 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, 2015, through December 31, 2015.
- or-
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left 1/1/17  
(Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_\_, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

Schedules attached

- 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)  
1500 EAST DUARTE ROAD DUARTE CA 91010

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(626) 665-5300 m.friedman@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 1/6/17 Signature Michael A. Friedman  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

Name  
FRIEDMAN, M A

▶ NAME OF BUSINESS ENTITY  
CELGENE CORP

GENERAL DESCRIPTION OF THIS BUSINESS  
BIOTECHNOLOGY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
INTUITIVE SURGICAL CORP

GENERAL DESCRIPTION OF THIS BUSINESS  
MEDICAL DEVICE

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
MANKIND CORP

GENERAL DESCRIPTION OF THIS BUSINESS  
BIOTECHNOLOGY

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
SMITH + NEPHEW LIC

GENERAL DESCRIPTION OF THIS BUSINESS  
MEDICAL DEVICE

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/15      \_\_\_\_\_/\_\_\_\_\_/15  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
FRIEDMAN, MA

▶ 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, CONN

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)

▶ 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, MA

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>SMITH + NEPHEW LIC</u>	NAME OF SOURCE OF INCOME <u>INTUITIVE SURGICAL CORP</u>
ADDRESS (Business Address Acceptable) <u>LONDON, UK</u>	ADDRESS (Business Address Acceptable) <u>SUNNYVALE, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>MEDICAL DEVICE</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>MEDICAL DEVICE</u>
YOUR BUSINESS POSITION <u>BOARD MEMBER</u>	YOUR BUSINESS POSITION <u>BOARD MEMBER</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe)  <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe)  <input type="checkbox"/> 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD		City
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_

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

Name  
FRIEDMAN, MA

- 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, 1  
CITY AND STATE  
NEW JERSEY  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
(If gift)  
▶ MUST CHECK ONE:  Gift -or-  Income REIMBURSEMENT  
 Made a Speech/Participated in a Panel  
 Other - Provide Description TRAVEL FOR BOARD MEETINGS  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
SMITH + NEPHEW LLC  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
LONDON, UK  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
(If gift)  
▶ MUST CHECK ONE:  Gift -or-  Income REIMBURSEMENT  
 Made a Speech/Participated in a Panel  
 Other - Provide Description TRAVEL FOR BOARD MEETINGS  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
MANNING CORP  
ADDRESS (Business Address Acceptable)  
1  
CITY AND STATE  
DANBURY, CONN  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
(If gift)  
▶ MUST CHECK ONE:  Gift -or-  Income REIMBURSEMENT  
 Made a Speech/Participated in a Panel  
 Other - Provide Description TRAVEL FOR BOARD MEETINGS  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
INTUITIVE SURGICAL  
ADDRESS (Business Address Acceptable)  
CITY AND STATE  
SUNNYVALE, CA  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
(If gift)  
▶ MUST CHECK ONE:  Gift -or-  Income REIMBURSEMENT  
 Made a Speech/Participated in a Panel  
 Other - Provide Description TRAVEL FOR BOARD MEETINGS  
▶ If Gift, Provide Travel Destination \_\_\_\_\_

Comments: \_\_\_\_\_