

COVER PAGE

Filed Date: 03/14/2017 09:40 AM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hawgood Samuel

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Institute of Regenerative Medicine
Division, Board, Department, District, if applicable Your Position
ICOC 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, 2016, through December 31, 2016.
-or-
The period covered is ____/____/____, through December 31, 2016.
- 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, 2016, 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: 1

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)
1999 Harrison St Oakland CA 94612-3520
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 340-9114 HawgoodS@medsch.ucsf.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.

Date Signed 03/14/2017 09:40 AM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

Subject: Notification - Your Submitted Form 700

Date: Tuesday, March 14, 2017 at 9:40:56 AM Pacific Daylight Time

From: Form700@fppc.ca.gov

To: Samuel Hawgood

CC: Maria Bonneville, Amy Cheung

Dear Samuel Hawgood,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/14/2017 09:40 AM.

Electronic Confirmation #: 6055

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Annual

Filing Year: 2016

Number of pages: 1

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/>