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## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

## **COVER PAGE**

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Filed Date: 08/23/2020 02:36	PΝ			
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NAME OF FILER (LAST) (FIRST) (MIDDLE) Kovach **James** 1. Office, Agency, or Court Agency Name (Do not use acronyms) California Institute of Regenerative Medicine Division, Board, Department, District, if applicable Your Position **Alternate Board 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) X State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_ County of \_\_\_ City of \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_ Annual: The period covered is January 1, 2019, through December 31, 2019. (Check one circle.) -or-The period covered is \_\_\_\_\_\_, through O The period covered is January 1, 2019, through the date of leaving office. December 31, 2019. ★ Assuming Office: Date assumed 07 14 1 ○ The period covered is \_\_\_\_\_\_\_, through the date of leaving office. Candidate: Date of Election \_\_\_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or-** None - No reportable interests on any schedule 5. Verification CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) Sacramento CA 95817 2270 Stockton Blvd, 2270 Stockton Blvd DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (415)408-8888 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. 08/23/2020 02:36 PM **Electronic Submission** Date Signed . Signature \_ (File the originally signed paper statement with your filing official.) (month, day, year)

## **SCHEDULE A-1 Investments**

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
James Kovach

•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	Athersys Inc.		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	Biotech company		
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	▼ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other(Describe)	Stock Other(Describe)	
	☐ Partnership ☐ Income Received of \$0 - \$499	☐ Partnership ◯ Income Received of \$0 - \$499 ⊂	
	○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedu	ule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
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	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  Stock Other	
	(Describe)	(Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedu	ule C)
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	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
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	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
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	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
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	NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  Stock Other	
	(Describe)	(Describe)	
	Partnership   Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499	
	○ Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedu	uie C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
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