

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
LAPORTE KATHLEEN DARKEN

2018 MAR 26 AM 9:20

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
Division, Board, Department, District, if applicable Your Position

► 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, 2017, through December 31, 2017.
- or- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left **7 / 28 / 2017**
(Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or- 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 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)
1999 HARRISON STREET SUITE 1650 OAKLAND, CA 94612

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 340-9111 Klaporte77@gmail.com

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 **1/22/18** Signature *Kathleen Laporte*
(month, day, year) (File the originally signed statement with your filing official.)

Subject: Your Form 700 filed successfully
Date: Tuesday, March 27, 2018 at 4:15:35 PM Pacific Daylight Time
From: Form700@fppc.ca.gov
To: Kathleen D LaPorte
CC: Maria Bonneville, Amy Cheung

Dear Kathleen LaPorte,

Congratulations! Your Statement of Economic Interests, Form 700 has been successfully filed with our office on 03/23/2018 12:00 AM. If an amendment is needed, you will receive an email or letter.

Agency: California Institute of Regenerative Medicine
Position: ICOC Board Member
Filing Type: Leaving
Filing Year: 2017
Number of pages: 1

Sincerely,

Rene Robertson
(916)324-3722
Form700@fppc.ca.gov