

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER (LAST) (FIRST) BY: (MIDDLE)
 Levin Jacob Ezra

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 University of California, Irvine **CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE**
 Division, Board, Department, District, if applicable Your Position
~~Office of Research~~ **Assistant Vice Chancellor ICOC ALTERNATE**

► 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, 2013, through December 31, 2013. **Leaving Office:** Date Left ____/____/_____
 (Check one)
- or- The period covered is ____/____/_____, through December 31, 2013. The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/_____. The period covered is ____/____/_____, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: 3

- 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)
 160G Aldrich Hall Irvine CA 92697

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (949) 824-3752 jlevin@uci.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 3/20/14 Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)

