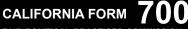
LIFORN	IA FORM	7	U	
POLITICAL	PRACTICES	сомм	ISSI	0

## STATEMENT OF ECONOMIC INTERESTS

A PUBLIC DOCUMENT		COVER PAC	GE Filed D	Filed Date: 04/01/2019 10:32 AM	
Please type or print	in ink.			SAN: FPPC	
NAME OF FILER (LAST)		(FIRST)		(MIDDLE)	
Lubin		Bertram		Н	
1. Office, Agenc	y, or Court				
Agency Name (D	o not use acronyms)				
California Inst	titute of Regenerative Medicine				
Division, Board, De	epartment, District, if applicable	Your Pos	sition		
		Altern	ate Board Member		
► If filing for mult	iple positions, list below or on an attachr	ment. (Do not use acronyms)			
Agency:		Position	1:		
2. Jurisdiction	of Office (Check at least one box)				
X State		Judge	or Court Commissioner (St	tatewide Jurisdiction)	
Multi-County _		County	/ of		
City of		Other			
3. Type of State	ement (Check at least one box)				
Annual: The Dec	period covered is January 1, 2017, thro ember 31, 2017.	ugh 🔀 Leavi (Chec	ng Office: Date Left	2 , 31 , 2018	
	period covered is///ember 31, 2017.		ne period covered is Janua aving office.	ry 1, 2017, through the date of	
Assuming Of	fice: Date assumed//	🛞 Th	ne period covered is e date of leaving office.	01_/2018, through	
Candidate:	Date of Election a	and office sought, if different than	Part 1:		
		Total number of pages inc	cluding this cover pa	ge: <u>3</u>	
Schedules a	nttached				
	A-1 - Investments – schedule attached	× Schedule C -	Income, Loans, & Busines	s Positions – schedule attached	
	A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached			
	<b>B</b> - <i>Real Property</i> – schedule attached	Schedule E -	Income – Gitts – Travel Pa	ayments – schedule attached	
-or-	reportable interests on any sche	dule			
5. Verification					
MAILING ADDRESS (Business or Agency Ad	STREET ddress Recommended - Public Document)	CITY	STATE	ZIP CODE	
1999 Harrisor		Oakland	CA	94612-3520	
DAYTIME TELEPHONE		E-MAIL ADDRESS	1 h		
( 510 ) 340- I have used all rea	9114 sonable diligence in preparing this staten	blubin@ma nent. I have reviewed this stateme		nowledge the information contained	
herein and in any	attached schedules is true and complete nalty of perjury under the laws of the	e. I acknowledge this is a public of	document.		
i certity under pe					
Date Signed	04/01/2019 10:32 AM	Signature		Submission	
	(month, day, year)		(File the originally signed staten	nent with your filing official.)	

## SCHEDULE A-1 Investments



FAIR POLITICAL PRACTICES COMMISSION

Stocks	, Bor	ıds,	and	Oth	ner	Intere	ests
(Owi	nership	Intere	est is	Less	Tha	n 10%)	

Do not attach brokerage or financial statements.

Bertram Lubin

Name

NAME OF BUSINESS ENTITY AT&T	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Dallas, TX	
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 \$0ver \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT          X       Stock       Other       (Describe)         Partnership       Income Received of \$0 - \$499       Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT          Stock       Other       (Describe)         Partnership       Income Received of \$0 - \$499       (Describe)         Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
<ul> <li>NAME OF BUSINESS ENTITY</li> <li>COMCAST</li> </ul>	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Philadelphia, PA	
FAIR MARKET VALUE         X \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000	FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT     X   Stock   Other	NATURE OF INVESTMENT
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ <u>/ 18</u> 18 ACQUIRED DISPOSED	<u>/18</u> <u>/18</u> ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	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	FAIR MARKET VALUE         \$2,000 - \$10,000       \$10,001 - \$100,000         \$100,001 - \$1,000,000       Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More ( <i>Report on Schedule C</i> )
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
// <u>18</u> / <u>/18</u> ACQUIRED DISPOSED	/_ <u>/_18</u> // <u>18</u> ACQUIRED DISPOSED

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Bertram Lubin

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
UCSF Benioff Children's Hospital Oakland	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
747 52nd Street Oakland, CA 94609-1809	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Employer	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Executive Advisor/Assoc. Dean of Children's Health	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	□ \$10,001 - \$100,000 □ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, <i>list each source of \$10,000 or more</i>	Commission or Rental Income, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)

\* 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)		
ADDRESS (Business Address Acceptable)	%	None None			
	SECURITY FOR LOAN				
BUSINESS ACTIVITY, IF ANY, OF LENDER	None None	Personal res	sidence		
	Real Property				
HIGHEST BALANCE DURING REPORTING PERIOD	_		Street address		
<b>\$500 - \$1,000</b>	-		City		
<b>\$1,001 - \$10,000</b>					
<b>\$10,001 - \$100,000</b>					
OVER \$100,000	Other				
		(	(Describe)		
Comments:					

FPPC Form 700 (2017/2018) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov