CALIFORNIA FORM 700

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT	COVER PAGE		Filed Da	Filed Date: 03/06/2018 08:45 AM	
Please type or print in ink.				SAN: FPPC	
NAME OF FILER (LAST)	(FIRST)			(MIDDLE)	
Malkas	Linda				
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
California Institute of Regenerative N	ledicine				
Division, Board, Department, District, if applicable	e	Your Position			
	ICOC Board Member				
► If filing for multiple positions, list below or on	an attachment. (Do not use	e acronyms)			
Agency:		_ Position:			
2. Jurisdiction of Office (Check at least of	one box)				
X State	·	Judge or Court (	Commissioner (Stat	ewide Jurisdiction)	
Multi-County		_			
☐ City of					
3. Type of Statement (Check at least one	box)				
Annual: The period covered is January 1, 2 December 31, 2017.	2017, through	Leaving Office (Check one)	: Date Left	II	
-or- The period covered is/_29 December 31, 2017.	9 <u>2017</u> , through	leaving offic		1, 2017, through the date of	
Assuming Office: Date assumed/_	Or O The period covered is/, through the date of leaving office.				
Candidate: Date of Election	and office sought,	if different than Part 1:			
_	-			0	
4. Schedule Summary (must complet Schedules attached	te) ► Total number	of pages including	this cover pag	e: <u>2</u>	
Schedule A-1 - Investments – schedule	attached	Schedule C - Income, L	oans, & Business	Positions – schedule attached	
Schedule A-2 - Investments – schedule	attached	] Schedule D - Income –	Gifts - schedule a	ttached	
Schedule B - Real Property – schedule a	attached	Schedule E - Income -	Gifts – Travel Payı	ments - schedule attached	
-or-					
□ <b>None</b> - No reportable interests on a	any schedule				
5. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY ent)		STATE	ZIP CODE	
1500 Duarte Rd	Duarte		CA	91010-3000	
		E-MAIL ADDRESS			
( 626 ) 218-8423	41-1		4h h ( )	deduc the left of the first	
I have used all reasonable diligence in preparing herein and in any attached schedules is true and	d complete. I acknowledge	this is a public document.	-	wieage the information contained	
I certify under penalty of perjury under the la	ws of the State of Californ	ia that the foregoing is	true and correct.		
03/06/2018 08:45 AM	1	Electronic Submission			
Date Signed	Si	gnature	e originally signed statement		
				FPPC Form 700 (2017/2018)	

FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
City of Hope, Beckman Research Institute	City of Hope, Beckman Research Institute			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1500 E. Duarte Road, Duarte, CA 91010	1500 E. Duarte Road, Duarte, CA 91010			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Dean, Translational Science, City of Hope National Medical Center	Associate Professor			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Research Scientist and Administration	Research Scientist and Core Director			
GROSS INCOME RECEIVED       No Income - Business Position Only         \$500 - \$1,000       \$1,001 - \$10,000         \$10,001 - \$100,000       X OVER \$100,000	GROSS INCOME RECEIVED       □ No Income - Business Position Only         □ \$500 - \$1,000       □ \$1,001 - \$10,000         □ \$10,001 - \$100,000       Image: Comparison of the state			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
<ul> <li>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</li> </ul>	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
Loan repayment     Commission or     Rental Income, list each source of \$10,000 or more	Loan repayment     Commission or     Rental Income, <i>list each source of \$10,000 or more</i>			
(Describe)	(Describe)			
Other (Describe)	Other			

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* 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		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC			
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address	
<ul> <li>\$500 - \$1,000</li> <li>\$1,001 - \$10,000</li> <li>\$10,001 - \$100,000</li> </ul>	Guarantor		City	
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

CALIFORNIA FORM

Name

Linda Malkas

FAIR POLITICAL PRACTICES COMMISSION

Subject: Notification - Your Submitted Form 700

Date: Tuesday, March 6, 2018 at 8:45:22 AM Pacific Standard Time

From: Form700@fppc.ca.gov

To: BM - Malkas

CC: Maria Bonneville, Amy Cheung

Dear Linda Malkas,

Congratulations! Your Statement of Economic Interests, Form 700 has been successfully filed with our office on 03/06/2018 08:45 AM. However, upon review of your statement an amendment **may be** requested. If so, you will receive an email or letter if an amendment is needed.

Electronic Confirmation #: 16684

Agency:California Institute of Regenerative MedicinePosition:ICOC Board MemberFiling Type:AnnualFiling Year:2017Number of pages: 2

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/