

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

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Filed Date: 03/05/2020 10:49 AM SAN: FPPC

NAME OF FILER (LAS	T)	(FIRST)	(MIDDLE)	
Melmed		Shlomo		
1. Office, Agen	cy, or Court			
Agency Name (Do not use acronyms)			
California Ins	stitute of Regenerative Medicine			
Division, Board, I	Department, District, if applicable		Your Position	
			ICOC Board Member	
► If filing for mu	ultiple positions, list below or on an attachm	ent. (Do not use	e acronyms)	
Agency:			Position:	
2. Jurisdiction	of Office (Check at least one box)			
	,		☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
☐ Multi-County			County of	
City of			Other	
3. Type of Sta	tement (Check at least one box)			
Annual: Th	ne period covered is January 1, 2019, throusecember 31, 2019.	ıgh	Leaving Office: Date Left/	
	ne period covered is//_ecember 31, 2019.	, through	 The period covered is January 1, 2019, through the date of leaving office. -or- 	f
☐ Assuming (Office: Date assumed/		The period covered is/, through the date of leaving office.	l
Candidate:	Date of Election a	and office sought,	, if different than Part 1:	
4. Schedule S		Total number	of pages including this cover page:5	
× Schedule	e A-1 - Investments – schedule attached		Schedule C - Income, Loans, & Business Positions - schedule attache	:d
☐ Schedule	e A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedule attached	
Schedule	e B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached	
-or- □ None	- No reportable interests on any se	chedule		
5. Verification				
MAILING ADDRESS (Business or Agency	STREET Address Recommended - Public Document)	CITY	STATE ZIP CODE	
	y Blvd # 2015	West Holly	/wood CA 90048-1804	
(310) 423	3-4691		melmed@cshs.org	
	easonable diligence in preparing this statem y attached schedules is true and complete		ewed this statement and to the best of my knowledge the information contain	ned
I certify under p	penalty of perjury under the laws of the	State of Californ	nia that the foregoing is true and correct.	
Date Signed	03/05/2020 10:49 AM	e	signature Electronic Submission	
Date Signed	(month day year)	3	(File the originally signed paper statement with your filing official.)	—

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
Shlomo Melmed

•	align	apple	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS	BUSINESS
	dental	tech	
	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$10,001 - \$100,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other Partnership Income Received Income Received	(Describe)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
<u> </u>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
	alphabet GENERAL DESCRIPTION OF THIS BUSINESS	ares capital GENERAL DESCRIPTION OF THIS	B BUSINESS
	tech	finance	
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000	\$10,001 - \$100,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other Partnership Income Received Income Received	(Describe)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
<u></u>	NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
	amazon GENERAL DESCRIPTION OF THIS BUSINESS	blackstone GENERAL DESCRIPTION OF THIS	B BUSINESS
	AI-	finance	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	□ \$2,000 - \$10,000 □ □ \$100,001 - \$1,000,000	\$10,001 - \$100,000 Over \$1,000,000
	NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT Stock Other	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received Income Received	,
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
			/_19_ DSED
C	omments:		

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.

► NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTITY	
boeing		gilead	
GENERAL DESCRIPTION OF	THIS BUSINESS	GENERAL DESCRIPTION OF T	THIS BUSINESS
industrial		pharma	
FAIR MARKET VALUE		FAIR MARKET VALUE	
\$2,000 - \$10,000	\$10,001 - \$100,000	\$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	
X Stock Other		X Stock Other	
Partnership O Income Rece	(Describe) eived of \$0 - \$499 eived of \$500 or More (Report on Schedule C)	Partnership O Income Receion Income Incom	(Describe) ived of \$0 - \$499 ived of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
, , 19	, , 19	, , 19	/ 19
	ISPOSED	1	SPOSED
► NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTITY	
citigroup		heica	
GENERAL DESCRIPTION OF	THIS BUSINESS	GENERAL DESCRIPTION OF T	THIS BUSINESS
	THIO DOGINESS		THO DOUNEOU
finance		industrial	
FAIR MARKET VALUE		FAIR MARKET VALUE	
\$2,000 - \$10,000	\$10,001 - \$100,000	S2,000 - \$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	
X Stock Other		Stock Other	
Citics	(Describe)	Stock Suici	(Describe)
☐ Partnership	eived of \$0 - \$499 eived of \$500 or More (Report on Schedule C)	Partnership	ived of \$0 - \$499 ived of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
/ <u></u>	<u>//_19</u>		
ACQUIRED D	ISPOSED	ACQUIRED DI	SPOSED
► NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTITY	
GE		JP morgan	
GENERAL DESCRIPTION OF	THIS BUSINESS	GENERAL DESCRIPTION OF T	THIS BUSINESS
	THIS BUSINESS		THO BOOMEOU
industr		finance	
FAIR MARKET VALUE		FAIR MARKET VALUE	
<pre>\$2,000 - \$10,000</pre>	× \$10,001 - \$100,000	S2,000 - \$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 di	inneed .	NATURE OF INVESTMENT	
Stock Other		X Stock Other	
☐ Dartnership ○ Income Book	(Describe)	Doutnovskin Olnosmo Bossi	(Describe)
Partnership Income Rece	eived of \$50 or More (Report on Schedule C)	Partnership Income Rece	ived of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:	
, , 19	, , 19	, , 19	, 19
	//_1 9 ISPOSED		SPOSED
AOGOINED D	101 0020	I ACQUIRED DI	OI OOLD
Comments:			

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
Shlomo Melmed

► NAME OF BUSINESS E	:NTITY	► NAME OF BUSINESS ENTITY	
kitov pharma		pats restaurant	
GENERAL DESCRIPTION	ON OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
pharma		restaurant	
FAIR MARKET VALUE		FAIR MARKET VALUE	
\$2,000 - \$10,000	× \$10,001 - \$100,000	☐ \$2,000 - \$10,000 X \$10,001 - \$100,000	
\$100,001 - \$1,000,000	0	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTME		NATURE OF INVESTMENT S corp	
X Stock ☐ Othe	(Describe)	Stock Other (Describe)	
	ne Received of \$0 - \$499 ne Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	C)
IF APPLICABLE, LIST D	DATE:	IF APPLICABLE, LIST DATE:	
, , 19	, , 19	/ / 19 / 19	
ACQUIRED	DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS E	NTITY	► NAME OF BUSINESS ENTITY	_
neurocrine		philips66	
GENERAL DESCRIPTION	ON OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
biotech		energy	
FAIR MARKET VALUE		FAIR MARKET VALUE	
\$2,000 - \$10,000	× \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000	
\$100,001 - \$1,000,000	0 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTME	ENT disposed	NATURE OF INVESTMENT disposed	
Stock X Othe		Stock Stock	
☐ Partnership	(Describe) ne Received of \$0 - \$499	(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499	
	ne Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule	C)
IF APPLICABLE, LIST D	ATE:	IF APPLICABLE, LIST DATE:	
, , 19	06 / 30 / 19		
ACQUIRED	DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS E	NTITY	► NAME OF BUSINESS ENTITY	_
Paterson energy		visa	
GENERAL DESCRIPTION	ON OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
energy	_	finance	
FAIR MARKET VALUE		FAIR MARKET VALUE	
\$2,000 - \$10,000	× \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000	
\$100,001 - \$1,000,000	0 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTME	ENT disposed	NATURE OF INVESTMENT	
Stock X Othe	<i></i>	X Stock Other	
☐ Partnership	(Describe) ne Received of \$0 - \$499	(Describe) ☐ Partnership () Income Received of \$0 - \$499	
	ne Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule	C)
IF APPLICABLE, LIST D	OATE:	IF APPLICABLE, LIST DATE:	
, , 19	06 / 30 / 19	/ / 19 / 19	
ACQUIRED	DISPOSED	ACQUIRED DISPOSED	
NOGOTIVED	2.01 0025	NOQUINED DIOFOGED	
0			
Comments:			_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Shlomo Melmed

-	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS		ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
	8866 Alcott #101		
	CITY		CITY
	los angeles		
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000		FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INTEREST
	Ownership/Deed of Trust Easement		Ownership/Deed of Trust Easement
	Ownership/Deed of Hust Easement		Ownership/Deed of Trust
	Leasehold		Leasehold
	IF RENTAL PROPERTY, GROSS INCOME RECEIVED		IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000		\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
	■ \$10,001 - \$100,000 □ OVER \$100,000		S10,001 - \$100,000 OVER \$100,000
	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None		SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
	N.Reifman		
*	You are not required to report loans from a commercial business on terms available to members of the public volumes received not in a lender's regular course of business.	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and s must be disclosed as follows:
*	You are not required to report loans from a commercial business on terms available to members of the public v	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and
*	You are not required to report loans from a commercial business on terms available to members of the public volumes received not in a lender's regular course of business.	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and s must be disclosed as follows:
*	You are not required to report loans from a commercial business on terms available to members of the public volumes received not in a lender's regular course of busin NAME OF LENDER*	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and a must be disclosed as follows: NAME OF LENDER*
*	You are not required to report loans from a commercial business on terms available to members of the public volumes received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable)	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and a must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
*	You are not required to report loans from a commercial business on terms available to members of the public volumes received not in a lender's regular course of busin NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and smust be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
*	You are not required to report loans from a commercial business on terms available to members of the public volumes received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and a must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
*	You are not required to report loans from a commercial business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and a must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
*	You are not required to report loans from a commercial business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and a must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) —
*	You are not required to report loans from a commercial business on terms available to members of the public values of loans received not in a lender's regular course of busing NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	vith	nding institution made in the lender's regular course of out regard to your official status. Personal loans and a must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————