

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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NAME OF FILER (LAST)	(FIRST)			(MIDDLE)		
Melmed	Shlomo)				
1. Office, Agency	y, or Court					
Agency Name (Do	o not use acronyms)					
California Inst	itute of Regenerative Medicine					
	partment, District, if applicable		Your Position	n		
			ICOC Bo	oard Member		
► If filing for multi	ple positions, list below or on an attachmen	t. (Do not use	-			
Agency:			Position:			
2. Jurisdiction of	of Office (Check at least one box)					
	or or one sexy		□ Index Det	ford hider Dec Ton	ludes as Oscat Oscariosis	
				tired Judge, Pro Tem Jurisdiction)	Judge, or Court Commission	er
Multi-County			County of			
City of			Other			
3. Type of State	ement (Check at least one box)					
	period covered is January 1, 2021, through ember 31, 2021 .		Leaving		one circle.)	
-or-	period covered is/	through		•	uary 1, 2021 , through the date	e of
	ember 31, 2021 .	, trirougn	leavin -or-	g office.		
Assuming Of	fice: Date assumed/			eriod covered is ate of leaving office.		ugh
Candidate: D	Date of Election and	office sought, if	f different than Par	rt 1:		
4. Schedule Sui	mmary (must complete) ► Tot	tal number o	of pages includ	ding this cover p	page: 5	
Schedules a						
× Schedule A	A-1 - Investments – schedule attached	X	Schedule C - Inco	ome, Loans, & Busin	ess Positions – schedule atta	ched
	A-2 - Investments – schedule attached			ome – Gifts – schedu		
Schedule I	3 - Real Property – schedule attached		Schedule E - Inco	ome – Gifts – Travel	Payments – schedule attache	ed
	No reportable interests on any sche	edule				
5. Verification						
MAILING ADDRESS (Business or Agency Ad	STREET Idress Recommended - Public Document)	CITY		STATE	ZIP CODE	
8700 Beverly		West Ho	ollywood	CA	90048-1804	
DAYTIME TELEPHONE	NUMBER	F	EMAIL ADDRESS			
(310) 423-4	1691	r	melmed@csh	s.org		
	sonable diligence in preparing this statement attached schedules is true and complete. I				knowledge the information co	ntained
I certify under pe	nalty of perjury under the laws of the Sta	ate of California	a that the foregoi	ng is true and corre	ect.	
Data Sianad	03/04/2022 02:49 PM	6 !	naturo	Shlom	o Melmed	
Date Signed	(month, day, year)	Sig	nature		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

► NAM	E OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
alpl	habet		apple
	ERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
tecl	h		tech
	MARKET VALUE		FAIR MARKET VALUE
	2,000 - \$10,000		\$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
NATU X	JRE OF INVESTMENT Stock Other (Describe)		NATURE OF INVESTMENT Stock Other (Describe)
P	Partnership		Partnership
IF AF	PPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	<u></u>		
/	ACQUIRED DISPOSED		ACQUIRED DISPOSED
► NAM	E OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
am	nazon		blackstone
GEN	NERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
tec	ch		finance
FAIR	MARKET VALUE		FAIR MARKET VALUE
	2,000 - \$10,000		\$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
NATU	JRE OF INVESTMENT		NATURE OF INVESTMENT
×S	Stock Other(Describe)		X Stock Other(Describe)
P	Partnership		Partnership
IF AF	PPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
	, , 21 , , 21		, , 21 , , 21
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
► NAM	E OF BUSINESS ENTITY	 	NAME OF BUSINESS ENTITY
AM	D		boeing
	ERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION OF THIS BUSINESS
eled	ctronic		industrial
FAIR	MARKET VALUE		FAIR MARKET VALUE
	2,000 - \$10,000		\$2,000 - \$10,000 \$10,001 - \$100,000
\$	100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000
	JRE OF INVESTMENT		NATURE OF INVESTMENT
× S	Stock Other (Describe)		X Stock Other (Describe)
P	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)		Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF AF	PPLICABLE, LIST DATE:	1	IF APPLICABLE, LIST DATE:
	, , 21 , , 21		, , 21 , , 21
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
	'	1	

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 FAIR POLITICAL PRACTICES COMMISSION Name

Shlomo Melmed

•	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	GE	JP morgan	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	industr	finance	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000 X \$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	
	NATURE OF INVESTMENT Stock Other disposed	NATURE OF INVESTMENT Stock Other	
	(Describe)	(Describe)	
	Partnership Oncome Received of \$0 - \$499 Income 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 S	ichedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
<u> </u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	heica	pats restaurant	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	industrial	restaurant	
	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	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT S corp	
	X Stock Other	Stock Cities	
	(Describe) Partnership (Income Received of \$0 - \$499	☐ (Describe) ☐ Partnership ☐ Income Received of \$0 - \$499	
	Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on S	chedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
	lova	visa	
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
	pharma	finance	
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$2,000 - \$10,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT	
	Stock Other (Describe)	Stock Other (Describe)	—
	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership	chedule C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
		• •	

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 FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
zoom	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
facetime	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 X \$10,001 - \$100,000	\$2,000 - \$10,000
\$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	I
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule)	(Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 21 , , 21	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	— ————
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Sched	ule C)
(F. ADD) (AD) (F. 1107 DATE	15 450 1040 5 107 5 475
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
CENERAL DESCRIPTION OF THIS BUSINESS	GENERAL BESCHILL HON OF THIS BUSINESS
	_
FAIR MARKET VALUE	FAIR MARKET VALUE
<u>\$2,000 - \$10,000</u> \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	U Stock U Other (Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Sched	□ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Shlomo Melmed

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Cedars Sinai medical Ctr	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
8700 beverly Blvd Los Angeles 90048	ASSITES (Submisse Fluid See Floodplass)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
hospital	Booke Some North I, in Mari, or Gooke
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
EVP	TOUR BUSINESS TOUTHON
<u></u>	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
\$500 - \$1,000\$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary	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, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
Other(Describe)	Other(Describe)
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING IT You are not required to report loans from a commercial a retail installment or credit card transaction, made in the	PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING For You are not required to report loans from a commercial a retail installment or credit card transaction, made in the to members of the public without regard to your official regular course of business must be disclosed as follows:	PERIOD I lending institution, or any indebtedness created as part of he lender's regular course of business on terms available status. Personal loans and loans received not in a lender
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status.
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years) None
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER*	Other
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING of You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Other (Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years) None
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING IT You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. Personal loans and loans received not in a lender status. INTEREST RATE TERM (Months/Years) Whone SECURITY FOR LOAN None Personal residence
Other (Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Other
2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial a retail installment or credit card transaction, made in to members of the public without regard to your official regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address
Other	Other
Other	Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address
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Other	Describe) PERIOD I lending institution, or any indebtedness created as part of the lender's regular course of business on terms available status. Personal loans and loans received not in a lender status. INTEREST RATE Whone SECURITY FOR LOAN None Personal residence Real Property Street address City