

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Filed Date: 02/12/2017 02:24 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Melmed Shlomo

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Institute of Regenerative Medicine

Division, Board, Department, District, if applicable

Your Position

ICOC Board Member

► 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, 2016, through December 31, 2016.

-or-

The period covered is ____/____/____, through December 31, 2016.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2016, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 11

Schedules attached

☒ **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)

8700 Beverly Blvd # 2015

West Hollywood

CA

90048-1804

DAYTIME TELEPHONE NUMBER

(310) 423-4691

E-MAIL ADDRESS

melmed@cshs.org

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 02/12/2017 02:24 PM
(month, day, year)

Signature Electronic Submission
(File the originally signed statement with your filing official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

► NAME OF BUSINESS ENTITY
neurocrine

GENERAL DESCRIPTION OF THIS BUSINESS

biotech

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:
 ____/____/16 ____/____/16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
gilead

GENERAL DESCRIPTION OF THIS BUSINESS

pharma

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:
 ____/____/16 ____/____/16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
apple

GENERAL DESCRIPTION OF THIS BUSINESS

tech

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:
 ____/____/16 ____/____/16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
pats restaurant

GENERAL DESCRIPTION OF THIS BUSINESS

restaurant

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☒ Other **S corp** _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/16 ____/____/16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
boeing

GENERAL DESCRIPTION OF THIS BUSINESS

industrial

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:
 ____/____/16 ____/____/16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
blackstone

GENERAL DESCRIPTION OF THIS BUSINESS

finance

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:
 ____/____/16 ____/____/16
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

▶ NAME OF BUSINESS ENTITY

Patarson energy

GENERAL DESCRIPTION OF THIS BUSINESS

energy

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

ares capital

GENERAL DESCRIPTION OF THIS BUSINESS

finance

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

morgan stanley

GENERAL DESCRIPTION OF THIS BUSINESS

finance

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

alphabet

GENERAL DESCRIPTION OF THIS BUSINESS

tech

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

att

GENERAL DESCRIPTION OF THIS BUSINESS

telecom

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

visa

GENERAL DESCRIPTION OF THIS BUSINESS

finance

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

Comments:

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

► NAME OF BUSINESS ENTITY
colfax corp

GENERAL DESCRIPTION OF THIS BUSINESS
energy

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
oaktree

GENERAL DESCRIPTION OF THIS BUSINESS
finance

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 16 / / 16
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Shlomo Melmed

▶ NAME OF BUSINESS ENTITY

philips66

GENERAL DESCRIPTION OF THIS BUSINESS

energy

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

citigroup

GENERAL DESCRIPTION OF THIS BUSINESS

finance

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

occidental oil

GENERAL DESCRIPTION OF THIS BUSINESS

energy

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☒ \$10,001 - \$100,000☐ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

amazon

GENERAL DESCRIPTION OF THIS BUSINESS

tech

FAIR MARKET VALUE

☐ \$2,000 - \$10,000☐ \$10,001 - \$100,000☒ \$100,001 - \$1,000,000☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

▶ NAME OF BUSINESS ENTITY

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

NATURE OF INVESTMENT

☐ Stock☐ Other

(Describe)

☐ Partnership☐ Income Received of \$0 - \$499☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/16
ACQUIRED____/____/16
DISPOSED

Comments:

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Shlomo Melmed

▶ NAME OF BUSINESS ENTITY

facebook

GENERAL DESCRIPTION OF THIS BUSINESS

tech

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

pico

GENERAL DESCRIPTION OF THIS BUSINESS

waterworks

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

kitov pharma

GENERAL DESCRIPTION OF THIS BUSINESS

pharma

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000 ☐ 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*)

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GE

GENERAL DESCRIPTION OF THIS BUSINESS

industrial

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ 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)

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

seagate

GENERAL DESCRIPTION OF THIS BUSINESS

tech

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000 ☐ 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)*

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16

ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

spirit air

GENERAL DESCRIPTION OF THIS BUSINESS

airline

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ 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*)

IF APPLICABLE, LIST DATE:

____/____/16 ____/____/16
ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: center;">Shlomo Melmed</div>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>chiasma</u>	NAME OF SOURCE OF INCOME <u>ipsen</u>
ADDRESS (Business Address Acceptable) <u>masachusetts</u>	ADDRESS (Business Address Acceptable) <u>consultant</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>biotech</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>pharma</u>
YOUR BUSINESS POSITION <u>consultant</u>	YOUR BUSINESS POSITION <u>consultnt</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>consultant</u> (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>consultant</u> (Describe)

▶ 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* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	--

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: center;">Shlomo Melmed</div>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>ionis</u>	NAME OF SOURCE OF INCOME <u>ceadrs-sinai medical center</u>
ADDRESS (Business Address Acceptable) <u>carlsbad</u>	ADDRESS (Business Address Acceptable) <u>8700 beverly blvd los angeles 90048</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>biotech</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u></u>
YOUR BUSINESS POSITION <u>consultant</u>	YOUR BUSINESS POSITION <u>executive VP and Dean</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>consultant</u> (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

▶ 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* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
---	--

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Shlomo Melmed

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>USC</u>	NAME OF SOURCE OF INCOME <u>strongbridge</u>
ADDRESS (Business Address Acceptable) <u>Los Angeles 90089</u>	ADDRESS (Business Address Acceptable) <u>trevose PA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>university</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>pharma</u>
YOUR BUSINESS POSITION <u>spouse</u>	YOUR BUSINESS POSITION <u>consultant</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other <u>consultant</u> (Describe)

▶ 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)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	
<input type="checkbox"/> \$500 - \$1,000	_____	Street address
<input type="checkbox"/> \$1,001 - \$10,000	_____	City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
	_____	(Describe)

Comments: _____

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name _____	
Shlomo Melmed	

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (<i>Business Address Acceptable</i>)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
_____	<input type="checkbox"/> Real Property _____	
		<i>Street address</i>
HIGHEST BALANCE DURING REPORTING PERIOD		
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		<i>(Describe)</i>

FPPC Form 700 (2016/2017) Sch. C
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Subject: Notification - Your Submitted Form 700

Date: Sunday, February 12, 2017 at 2:25:10 PM Pacific Standard Time

From: Form700@fppc.ca.gov

To: Shlomo Melmed

CC: Maria Bonneville, Amy Cheung

Dear Shlomo Melmed,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 02/12/2017 02:24 PM.

Electronic Confirmation #: 3865

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Annual

Filing Year: 2016

Number of pages: 11

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/>