

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

 Date Received  
 Official Use Only

MAR 12 2013

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name

 California Institute for Regenerative Medicine  
 Division, Board, Department, District, if applicable

 Board Member  
 Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____                                      |
| <input type="checkbox"/> City of _____      | <input type="checkbox"/> Other _____  |

**3. Type of Statement (Check at least one box)**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, <sup>2013</sup> <del>2012</del> , through December 31, <sup>2012</sup> <del>2011</del> .<br>-or-<br>The period covered is ____/____/____, through December 31, 2012. | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one)<br><input type="radio"/> The period covered is January 1, 2012, through the date of leaving office.<br><input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____   |  |
| <input type="checkbox"/> <b>Candidate:</b> Election year _____ and office sought, if different than Part 1: _____  |  |

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input checked="" type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input checked="" type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                                     |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached            | <input checked="" type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached        |
| -or-  |   |
| <input type="checkbox"/> <b>None - No reportable interests on any schedule</b>            |   |

**5. Verification**

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
210 King Street, San Francisco, CA 94107		8700 Beverly Blvd #2015	Los Angeles	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
(415) 396-0119 310 423 4691		melmed@csmc.edu 90048		

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 3/4/13  
 (month, day, year)

 Signature [Signature]  
 (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.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Shlomo M. Almed</u>

▶ NAME OF BUSINESS ENTITY <u>AIG</u>
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Insurance</u>
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY <u>Sandisk</u>
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Sandisk</u>
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY <u>Neurocrine</u>
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Biotech</u>
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY <u>Pfizer</u>
GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Pharma.</u>
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED

▶ NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000
NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED

Comments: \_\_\_\_\_

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Shlomo Melmed</u>

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name <u>Pats Restaurant</u>	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input checked="" type="checkbox"/> <u>Ltd Partner</u> Other	
YOUR BUSINESS POSITION <u>S partner</u>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <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

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold    Yrs. remaining <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <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

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE</b> (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/12    ____/____/12 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold    Yrs. remaining <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

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**

NAME OF SOURCE OF INCOME

Cedars Sinai Medical Center

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Academic Medical Center

YOUR BUSINESS POSITION

Senior VP + Dean

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

University Southern California

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary      ☒ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ 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

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <i>Shlomo Melmed</i>

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

<p>▶ NAME OF SOURCE (Not an Acronym) <i>ISIS</i></p> <p>ADDRESS (Business Address Acceptable) <i>Carlsbad CA</i></p> <p>CITY AND STATE <i>Biotech Pharmed</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <i>2012</i> / / AMT: \$ <i>12000</i> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description <i>Consultant- Scientific</i></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <i>Pfizer UK</i></p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE <i>Pharmed</i></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): <i>2013</i> / / AMT: \$ <i>3,000 -</i> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income</p> <p><input checked="" type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description <i>Lecture</i></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <i>Novartis</i></p> <p>ADDRESS (Business Address Acceptable) <i>New Jersey</i></p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <i>Pharma</i></p> <p>DATE(S): <i>2012</i> / / AMT: \$ <i>5000</i> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description <i>Panel consultant- Scientific</i></p>	<p>▶ NAME OF SOURCE (Not an Acronym)</p> <p>ADDRESS (Business Address Acceptable)</p> <p>CITY AND STATE</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3)</p> <p>DATE(S): / / AMT: \$ (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input type="checkbox"/> Other - Provide Description</p>

Comments: \_\_\_\_\_