(month, day, year)

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Filed Date: 03/27/2022 03:47 PM SAN: FPPC

Ple	ease type or print in ink.			,	SAN. FFFC		
NA	ME OF FILER (LAST) (FIF	ST)		(MIDDLE)			
P	adilla Ad	driana					
1.	Office, Agency, or Court						
	Agency Name (Do not use acronyms)						
	California Institute of Regenerative Medici	ne					
	Division, Board, Department, District, if applicable		our Position				
			ICOC Board Mem	hor			
	► If filing for multiple positions, list below or on an atta						
	Agency:		Position:				
2. Jurisdiction of Office (Check at least one box)							
	× State		Judge, Retired Judge, (Statewide Jurisdiction)	•	or Court Commissioner		
	Multi-County		,				
	City of		Other				
3.	. Type of Statement (Check at least one box)						
	Annual: The period covered is January 1, 2021, December 31, 2021.	through	Leaving Office: Date	e Left///////			
	-or- The period covered is// December 31, 2021 .	, through	○ The period covere leaving office.	d is January 1, 2	2021, through the date of		
	Assuming Office: Date assumed/		**		/, through		
	Candidate: Date of Election	_ and office sought, if differe	ent than Part 1:				
4.	Schedule Summary (must complete)	► Total number of pag	es including this	cover page:	3		
	Schedules attached		Ū	, 0			
	Schedule A-1 - Investments - schedule attache	ed 🔀 Sched	ule C - Income, Loans,	& Business Pos	itions – schedule attached		
	Schedule A-2 - Investments – schedule attached						
	Schedule B - Real Property - schedule attache	ed Sched	ule E - Income – Gifts	– Travel Paymen	ts - schedule attached		
-(or- None - No reportable interests on an	y schedule					
5.	Verification						
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	S	STATE	ZIP CODE		
	210 King St	San Francisc		CA 94	107-1702		
		EMAIL A		l			
	(415) 396-9815 adriana.padilla2@ucsf.edu						
	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 03/27/2022 03:47 PM	Signature	1	Adriana Pad	lilla		

(File the originally signed paper statement with your filing official.)

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

CALIFORNIA FORM 700

Name

Adriana Padilla

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Louie F Padilla and Rosa Padilla Revocable Living Trust	
Name	Name
Mary Lou Acampora Trustee, 2527 Sterling Ave, Sanger, CA 93657 Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED
S100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other Other
Cther Other	- Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
X \$0 - \$499 ↓ \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
Name of Business Entity, if Investment, <u>or</u>	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity <u>or</u>
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,000
\$10,001 - \$100,000 <u>21</u> <u>21</u>	\$10,001 - \$100,000 <u>21</u> <u>21</u>
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000 <td< td=""><td>S100,001 - \$1,000,000 ACQUIRED DISPOSED</td></td<>	S100,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Adriana Padilla

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Community Medical Partners	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4005 N Fresno St, Fresno, CA 93726	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Physician	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
□ \$500 - \$1,000 □ \$1,001 - \$10,000	\$500 - \$1,000 \$500 - \$1,000
□ \$10,001 - \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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 (Real property, car, boat, etc.)	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, <i>list each source of \$10,000 or more</i>	Commission or Rental Income, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
Other	Other
(Describe)	(Describe)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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)	% 🗌 Noi	ne
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	ersonal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000 \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		