Please type or print in ink.

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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**COVER PAGE** 

Filed Date: 03/22/2017 07:13 AM SAN: FPPC

NAME OF FILER (LAS	ST)	(FIRST)			(MIDDLE)
Padilla		Adriana			
1. Office, Ager	ncy, or Court				
Agency Name (	(Do not use acronyms)				
California In	stitute of Regenerative Medicine				
Division, Board,	Department, District, if applicable		Your	Position	
			ICO	OC Board Member	
► If filing for mu	ultiple positions, list below or on an attachme	nt. <i>(Do not u</i>	ise acronyms)		
Agency:			Pos	sition:	
2. Jurisdiction	of Office (Check at least one box)				
<b>▼</b> State			☐ Judge or Court Commissioner (Statewide Jurisdiction)		
Multi-County			Co	unty of	
City of			. □ Ot	her	
<ol><li>Type of Sta</li></ol>	tement (Check at least one box)				
De	ne period covered is January 1, 2016, throug ecember 31, 2016.	h		eaving Office: Date Left Check one)	
	ne period covered is//ecember 31, 2016.	, through	-01	leaving office.	uary 1, 2016, through the date of
☐ Assuming (	Office: Date assumed//		C		, through
Candidate:	Election year and c	office sought,	if different tha	n Part 1:	
4. Schedule S	Summary (must complete) ► 76	otal numbe	r of pages	including this cover	page:3
Schedules	attached				
Schedul	e A-1 - Investments – schedule attached		<b>✗</b> Schedule	C - Income, Loans, & Busin	ess Positions – schedule attached
🗶 Schedul	e A-2 - Investments - schedule attached		_	D - Income - Gifts - schedu	
□ Schedul	e B - Real Property - schedule attached		Schedule	E - Income - Gifts - Travel	Payments - schedule attached
-or-					
☐ None - N	No reportable interests on any sched	ıle			
5. Verification					
MAILING ADDRESS (Business or Agency	STREET  Address Recommended - Public Document)	CITY		STATE	ZIP CODE
210 King St	•	San Fra	ancisco	CA	94107-1702
DAYTIME TELEPHO			E-MAIL ADDR		
( 415 ) 396				@fresno.ucsf.edu	
	easonable diligence in preparing this statement by attached schedules is true and complete.				knowledge the information contained
I certify under	penalty of perjury under the laws of the S	tate of Califo	rnia that the	foregoing is true and corre	ect.
Date Signed	03/22/2017 07:13 AM		Signature	Electroni	c Submission
3.5	(month, day, year)				tement with your filing official.)

## **SCHEDULE A-2**

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
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 \$40,000 / 16 / 16	\$0 - \$1,999 \$2,000 - \$10,000 / 16 / 16
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$100,000 FIGURE 5101 SEE	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT  Partnership Sole Proprietorship	NATURE OF INVESTMENT Partnership Sole Proprietorship
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	VOLID BLIGHTESS BOOTTION
TOOK BOSINESS T CONTON	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	S10,001 - \$100,000
□ \$500 - \$1,000 □ OVER \$100,000	S500 - \$1,000 OVER \$100,000
<b>X</b> \$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 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	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
Notice of Indities listed below	None of Literature noted solow
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcer Number of Street Address of Real Property	Assessor's Parcel Number of Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000// <u>16</u> // <u>16</u>	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership	☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
□ Logophold □ Other	Leasehold Other
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached

Comments:\_

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
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	\$1,001 - \$10,000			
\$10,001 - \$100,000 <b>X</b> OVER \$100,000	\$10,001 - \$100,000 OVER \$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	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			
(Describe)  ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING P	(Describe)			
retail installment or credit card transaction, made in the	l lending institutions, or any indebtedness created as part of a he lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows:			
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)			
ADDRESS (Business Address Acceptable)	%			
	SECURITY FOR LOAN			
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence			
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address			
\$500 - \$1,000				
\$1,001 - \$10,000	City			
	Guarantor			
\$10,001 - \$100,000				
OVER \$100,000	Other			
	(Describe)			
Comments:	(Describe)			

Subject: Notification - Your Submitted Form 700

Date: Wednesday, March 22, 2017 at 7:13:25 AM Pacific Daylight Time

From: Form700@fppc.ca.gov

To: Adriana Padilla

**CC:** Maria Bonneville, Amy Cheung

Dear Adriana Padilla,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/22/2017 07:13 AM.

Electronic Confirmation #: 3670

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Annual Filing Year: 2016 Number of pages: 3

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: <a href="https://form700.fppc.ca.gov/">https://form700.fppc.ca.gov/</a>