Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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COVER PAGE

Filed Date: 03/30/2018 04:19 PM SAN: FPPC

NAME OF FILER (LAS	ST) (I	FIRST)			(MIDDLE)	
Padilla	,	Adriana				
1. Office, Agen	ncy, or Court					
Agency Name ((Do not use acronyms)					
California Institute of Regenerative Medicine						
Division, Board,	Department, District, if applicable		Your Po	osition		
			ICOC	Board Member		
▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
Agency:			_ Positio	n:		
2. Jurisdiction	n of Office (Check at least one box)					
✗ State			☐ Judge	e or Court Commissioner (Sta	tewide Jurisdiction)	
☐ Multi-County			Count	ty of		
☐ City of			Other			
3. Type of Sta	tement (Check at least one box)					
De	ne period covered is January 1, 2017, through ecember 31, 2017.			ring Office: Date Left ck one)	J	
	ne period covered is/	, through		the period covered is January eaving office.	, 1, 2017, through the date of	
Assuming (Office: Date assumed//		O T	the period covered is/ ne date of leaving office.	, through	
☐ Candidate:	Date of Election and	office sought,	if different than	n Part 1:		
4. Schedule S	ummary (must complete) ► To	tal number	of pages in	cluding this cover pag	ge:3	
Schedules	attached					
☐ Schedul	☐ Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached					
🗶 Schedul	e A-2 - Investments - schedule attached	Schedule D - Income - Gifts - schedule attached				
☐ Schedul	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached				ments - schedule attached	
-or-						
□ None - N	lo reportable interests on any schedu	le				
5. Verification						
MAILING ADDRESS (Business or Agency	STREET Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
210 King St	,	San Fr	ancisco	CA	94107-1702	
DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS			
	(415) 396-9815 APadilla@fresno.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	03/30/2018 04:19 PM	Si	ignature	Electronic S	Submission	
	(month, day, year)	•		(File the originally signed stateme	ent 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	☐ 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: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship 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	\$0 - \$499
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: □ 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
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or 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 \$10,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 ACQUIRED DISPOSED
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST 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
Comments:	FPPC Form 700 (2017/2018) Sch. A-2

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	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$11,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED				
	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 (Describe)	Other(Describe)				
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD				
* 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)					
	%				
ADDRESS (Business Address Acceptable)	_				
	SECURITY FOR LOAN None Personal residence				
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence				
	Real Property				
HIGHEST BALANCE DURING REPORTING PERIOD	Street address				
\$500 - \$1,000	City				
\$1,001 - \$10,000	_				
\$10,001 - \$100,000	Guarantor				
OVER \$100,000					
	Other (Describe)				
_					
Comments:					

Amy Cheung

Subject: Notification - Your Submitted Form 700

Date: Friday, March 30, 2018 at 4:20:43 PM Pacific Daylight Time

From: Form700@fppc.ca.gov

To: BM - Padilla

CC: Maria Bonneville, Amy Cheung

Dear Adriana Padilla,

Congratulations! Your Statement of Economic Interests, Form 700 has been successfully filed with our office on 03/30/2018 04:19 PM. If an amendment is needed, you will receive an email or letter.

Electronic Confirmation #: 20450

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Annual Filing Year: 2017 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: https://form700.fppc.ca.gov/