STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

COVER PAGE

Filed Date: 03/03/2017 10:06 AM SAN: FPPC

Please type or print in ink.		SAN. I FFC
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Prieto	Francisco	J
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
California Institute of Regenerative I	Medicine	
Division, Board, Department, District, if applicab		our Position
		COC Board Member
► If filing for multiple positions, list below or on		
Agency:	F	Position:
2. Jurisdiction of Office (Check at least	one box)	
▼ State		Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
•		•
City of	L	Other
3. Type of Statement (Check at least one	box)	
X Annual: The period covered is January 1, December 31, 2016.	2016, through	Leaving Office: Date Left/(Check one)
The period covered is/ December 31, 2016.	•	The period covered is January 1, 2016, through the date of leaving office. -or-
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Election year	and office sought, if different t	han Part 1:
A Cabadula Cummanu (must camala	4-)	3
Schedule Summary (must complete Schedules attached	te) ► lotal number of page	es including this cover page:
Schedule A-1 - Investments – schedule	attached X Schedu	ile C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule		le D - Income - Gifts - schedule attached
Schedule B - Real Property – schedule	attached Schedu	Ile 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 Docum		
1999 Harrison St Ste 1650	Oakland	CA 94612-3520
DAYTIME TELEPHONE NUMBER	E-MAIL AD	
(510) 340-9111	!·	@sutterhealth.org
herein and in any attached schedules is true an	d complete. I acknowledge this is a p	
I certify under penalty of perjury under the la	aws of the State of California that the	ne foregoing is true and correct.
Date Signed03/03/2017 10:06 A	M Signature .	Electronic Submission
(month day year)		(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
Francisco Prieto

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
computers	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 16 , , 16	, , 16 , , 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUILDINGS FAITITY	NAME OF BUILDINGS ENTITY
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) ☐ Partnership
O modifie Received of \$500 of Worle (Report of Scriedlie C)	Theorie Received of \$300 of Wide (Report on Scriedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 16 , , 16	, , 16 , , 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 16 , , 16	, , 16 , , 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
ACQUIRED BIOI OOLD	, logolited biol odeb
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Francisco Prieto

NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sutter Medical Group	Sutter Medical Group
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2800 L Street, Sacramento, CA 95816	2800 L Street, Sacramento, CA 95816
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Group	Medical Group
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Physician	Physician
GROSS INCOME RECEIVED No Income - Business Position Only \$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 (For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) Sale of (Real property, car, boat, etc.) Loan repayment Commission or Rental Income, list each source of \$10,000 or more (Describe)	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000
retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of a ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real PropertyStreet address
\$500 - \$1,000	City
\$1,001 - \$10,000 	Guarantor
S10,001 - \$100,000	_
OVER \$100,000	Other(Describe)
Comments:	

Subject: Notification - Your Submitted Form 700

Date: Friday, March 3, 2017 at 10:07:18 AM Pacific Standard Time

From: Form700@fppc.ca.gov

To: Francisco J Prieto

CC: Maria Bonneville, Amy Cheung

Dear Francisco Prieto,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/03/2017 10:06 AM.

Electronic Confirmation #: 4718

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: https://form700.fppc.ca.gov/