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## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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## **COVER PAGE**

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Filed Date: 03/19/2019 05:05 PM SAN: FPPC

IAME OF FILER (LAST)		(FIRST)	(MIDDLE)
Quint	1	Robert	Α
. Office, Agend	cy, or Court		
Agency Name (D	o not use acronyms)		
California Ins	titute of Regenerative Medicine		
	epartment, District, if applicable		Your Position
			ICOC Board Member
► If filing for mult	iple positions, list below or on an attachm	ent. (Do not use	e acronyms)
Agency:			Position:
2. Jurisdiction	of Office (Check at least one box)		
			Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _			County of
City of			Other
B. Type of State	ement (Check at least one box)		
	period covered is January 1, 2018, through	ıgh	Leaving Office: Date Left//
The	period covered is/	, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>
☐ Assuming Of	ffice: Date assumed//		The period covered is/, through the date of leaving office.
Candidate:	Date of Election a	nd office sought,	if different than Part 1:
l. Schedule Su	mmary (must complete) > 7	Total number	of pages including this cover page:3
Schedules a			
☐ Schedule	A-1 - Investments – schedule attached	×	Schedule C - Income, Loans, & Business Positions – schedule attached
	A-2 - Investments – schedule attached	<u></u>	Schedule D - Income - Gifts - schedule attached
Schedule	B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- 🗌 None -	<ul> <li>No reportable interests on any so</li> </ul>	chedule	
. Verification			
MAILING ADDRESS (Business or Agency A	STREET ddress Recommended - Public Document)	CITY	STATE ZIP CODE
173 N Morris	on Ave Ste C	San Jose	CA 95126-2712
( 408 ) 275-			rquintmd@gmail.com
<u> </u>		ent. I have revie	wed this statement and to the best of my knowledge the information contained
	attached schedules is true and complete.		
I certify under pe	enalty of perjury under the laws of the	State of Californ	ia that the foregoing is true and correct.
Date Signed	03/19/2019 05:05 PM	e:	gnatureElectronic Submission
Date Olylica	(month. day, year)	31	(File the originally signed paper statement with your filing official.)

## **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Robert Quint

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
French Oaks Condominiums	Red Oaks Condominiums
CITY	CITY
Las Vegas, NV	Houston, TX
■ \$100,001 - \$100,000 ACQUIRED DISPOSED  Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust ☐ Easement	▼ Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
<b>▼</b> \$10,001 - \$100,000	▼ \$10,001 - \$100,000 □ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greate interest, list the name of each tenant that is a single source income of \$10,000 or more.	interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
You are not required to report loans from a comm	nercial lending institution made in the lender's regular course of ublic without regard to your official status. Personal loans and
You are not required to report loans from a community business on terms available to members of the ploans received not in a lender's regular course of	nercial lending institution made in the lender's regular course of ublic without regard to your official status. Personal loans and business must be disclosed as follows:
You are not required to report loans from a community business on terms available to members of the ploans received not in a lender's regular course of	nercial lending institution made in the lender's regular course of ublic without regard to your official status. Personal loans and business must be disclosed as follows:
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## SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700  FAIR POLITICAL PRACTICES COMMISSION
Name
Robert Quint

NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED
	NAME OF SOURCE OF INCOME
Robert A. Quint MD Medical Corp	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
173 N Morrison Ave #C, San Jose 95126	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Physicians Office	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Physician/President	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
	\$1,000 - \$1,000 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
■ \$10,001 - \$100,000	S10,001 - \$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)
(Describe)  Medical Services	(Describe)
	(Describe)
Other Medical Services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	Other(Describe)
Medical Services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in the service of	Other (Describe)  RIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender's
Medical Services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official start regular course of business must be disclosed as follows:	Other (Describe)  RIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender's vs:
Medical Services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER*	Other (Describe)  RIOD  Il lending institution, or any indebtedness created as part of the lender's regular course of business on terms available tatus. Personal loans and loans received not in a lender's vs:  INTEREST RATE  TERM (Months/Years)
Medical Services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official st regular course of business must be disclosed as follow NAME OF LENDER*	Other
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Medical Services  (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  * You are not required to report loans from a commercia a retail installment or credit card transaction, made in to members of the public without regard to your official storegular course of business must be disclosed as follow 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	Other
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