

COVER PAGE

Filed Date: 01/22/2018 01:28 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Rowlett Alfred R

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Institute of Regenerative Medicine
Division, Board, Department, District, if applicable Your Position
ICOC Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is ____/____/____, through December 31, 2017.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2017, through the date of leaving office.
 - or- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached **Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule A-2 - Investments** – schedule attached **Schedule D - Income – Gifts** – schedule attached
- Schedule B - Real Property** – schedule attached **Schedule 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 Document)
3440 Viking Dr Ste 114 Sacramento CA 95827-2844
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(916) 346-8395 alrowlett@tcp.org

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 01/22/2018 01:28 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

Subject: Notification - Your Submitted Form 700

Date: Monday, January 22, 2018 at 1:28:40 PM Pacific Standard Time

From: Form700@fppc.ca.gov

To: BM - Rowlett

CC: Maria Bonneville, Amy Cheung

Dear Alfred Rowlett,

Congratulations! Your Statement of Economic Interests, Form 700 has been successfully filed with our office on 01/22/2018 01:28 PM. However, upon review of your statement an amendment **may be** requested. If so, you will receive an email or letter if an amendment is needed.

Electronic Confirmation #: 11930

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Annual

Filing Year: 2017

Number of pages: 1

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/>