

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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OCUMENT Filed Date: 07/22/2021 03:50 PM SAN: FPPC

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Steward	Oswald				
I. Office, Agend	cy, or Court				
	o not use acronyms)				
,	titute of Regenerative Medicine				
	epartment, District, if applicable		Your Position		
, ,					
16.5%			ICOC Board Member		
► If filing for mult	tiple positions, list below or on an attachmen	i. (Do not use	e acronyms)		
Agency:			Position:		
2. Jurisdiction	of Office (Check at least one box)				
State			 Judge, Retired Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) 	oner	
Multi-County			County of		
			Other		
3. Type of Stat	ement (Check at least one box)				
	e period covered is January 1, 2020, through cember 31, 2020 .		Leaving Office: Date Left//(Check one circle.)		
	e period covered is/	, through	The period covered is January 1, 2020, through the daleaving officeor-	ate of	
Assuming O	ffice: Date assumed/		The period covered is/, the date of leaving office.	rough	
Candidate:	Date of Election and	office sought	; if different than Part 1:		
4. Schedule Su	ımmary (must complete) ► Tot	al number	of pages including this cover page: 3		
Schedules a	• • • • • • • • • • • • • • • • • • • •		or pages meraamy and service pager.		
× Schedule	A-1 - Investments - schedule attached		Schedule C - Income, Loans, & Business Positions - schedule at	tached	
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 attact	hed	
-or- ☐ None ·	 No reportable interests on any sche 	edule			
5. Verification					
MAILING ADDRESS	STREET	CITY	STATE ZIP CODE		
855 Katella S	Address Recommended - Public Document)	Lagun	na Beach CA 92651-3703		
DAYTIME TELEPHON		Laguii	EMAIL ADDRESS		
(949)824-8908			osteward@uci.edu		
<u> </u>		. I have revie	ewed this statement and to the best of my knowledge the information of	contained	
	attached schedules is true and complete. I				
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
Date Signed	07/22/2021 03:50 PM	e	Signature Electronic Submission		
	(month, day, year)	3	(File the originally signed paper statement with your filing official.)		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized. Do not attach brokerage or financial statements. CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name **Oswald Steward**

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Axonis Inc	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Biotech	
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,000 - \$10,000	\$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
X Stock ☐ Other	Stock Other
(Describe)	(Describe) Partnership () Income Received of \$0 - \$499
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report of	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 20 , , , 20	/ / 20 / / 20
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► 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	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report of	on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
OFFICE ALL DESCRIPTION OF THE RESERVED	
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 (Describe)	Stock Other (Describe)
Partnership () Income Received of \$0 - \$499	Partnership () Income Received of \$0 - \$499
Income Received of \$500 or More (Report of	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
VOMOILED DISLOSED	ACQUIRED DISPOSED
_	
Comments:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name

Oswald Steward

➤ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 855 Katella St (home office)	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS				
CITY Laguna Beach	CITY				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED X Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000				
NATURE OF INTEREST X Ownership/Deed of Trust	NATURE OF INTEREST Ownership/Deed of Trust Easement Leasehold Yrs. remaining Other IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None				
* You are not required to report loans from a commercial lending institution 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*	NAME OF LENDER*				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER				
INTEREST RATE TERM (Months/Years) % None	INTEREST RATE TERM (Months/Years) %				
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 Guarantor, if applicable	HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000				

Comments: _