

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/03/2021 02:17 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Torres Art

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: SEE ATTACHED LIST Position:

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

State  Judge, Retired Judge, Pro Tem 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, 2020, through December 31, 2020.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2020, through the date of leaving office.  
-or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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)  
1999 Harrison Street, Suite 1650 Oakland CA 94612  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 340-9108 atvdg24@gmail.com

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 03/03/2021 02:17 PM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

|   |
|---|
| <b>CALIFORNIA FORM</b> <b>700</b><br><small>FAIR POLITICAL PRACTICES COMMISSION</small> |
| Name<br><u>Art Torres</u>   |

EXPANDED STATEMENT LIST

| Agency Name             | Division, Board, Department, District | Position or Title | Jurisdiction     | Type of Statement | Period Covered      |
|-------------------------|---------------------------------------|-------------------|------------------|-------------------|---------------------|
| Health Benefit Exchange |                                       | Board Member      | State California | Annual            | 01/01/20 - 12/31/20 |

# 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  
Art Torres

**1. BUSINESS ENTITY OR TRUST**

Art Torres  
Name

3081 Foothill Blvd, Calistoga, CA 94515  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
Independent Contractor Consultant

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|   |            |            |  |
|---|------------|------------|--|
| <input type="checkbox"/> \$0 - \$1,999                      |            |            |  |
| <input type="checkbox"/> \$2,000 - \$10,000                 | _ / _ / 20 | _ / _ / 20 |  |
| <input type="checkbox"/> \$10,001 - \$100,000               | ACQUIRED   | DISPOSED   |  |
| <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 |            |            |  |
| <input type="checkbox"/> Over \$1,000,000                   |            |            |  |

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION    Consultant

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

|   |  |
|---|--|
| <input type="checkbox"/> \$0 - \$499        | <input checked="" type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000                  |
| <input type="checkbox"/> \$1,001 - \$10,000 |  |

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None    or     Names listed below

Klein Financial Corporation

**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

---

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|  |            |            |  |
|--|------------|------------|--|
| <input type="checkbox"/> \$2,000 - \$10,000      |            |            |  |
| <input type="checkbox"/> \$10,001 - \$100,000    | _ / _ / 20 | _ / _ / 20 |  |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED   | DISPOSED   |  |
| <input type="checkbox"/> Over \$1,000,000        |            |            |  |

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|  |            |            |  |
|--|------------|------------|--|
| <input type="checkbox"/> \$0 - \$1,999           |            |            |  |
| <input type="checkbox"/> \$2,000 - \$10,000      | _ / _ / 20 | _ / _ / 20 |  |
| <input type="checkbox"/> \$10,001 - \$100,000    | ACQUIRED   | DISPOSED   |  |
| <input type="checkbox"/> \$100,001 - \$1,000,000 |            |            |  |
| <input type="checkbox"/> Over \$1,000,000        |            |            |  |

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

|   |   |
|---|---|
| <input type="checkbox"/> \$0 - \$499        | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000    | <input type="checkbox"/> OVER \$100,000       |
| <input type="checkbox"/> \$1,001 - \$10,000 |   |

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF 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

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

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

|  |            |            |  |
|--|------------|------------|--|
| <input type="checkbox"/> \$2,000 - \$10,000      |            |            |  |
| <input type="checkbox"/> \$10,001 - \$100,000    | _ / _ / 20 | _ / _ / 20 |  |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED   | DISPOSED   |  |
| <input type="checkbox"/> Over \$1,000,000        |            |            |  |

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_  
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Art Torres

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
One Legacy Foundation

ADDRESS (Business Address Acceptable)  
221 South Figueroa, Suite 500, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Organ Transplant Foundation

YOUR BUSINESS POSITION  
Vice Chair of Board

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)

Other Stipend as Vice Chair of Board  
(Describe)

NAME OF SOURCE OF INCOME  
Westridge KFC Staff Ownership Group LLC

ADDRESS (Business Address Acceptable)  
550 S. California Ave, Suite 330 Palo Alto, CA 94306

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate

YOUR BUSINESS POSITION  
Partner

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)

Other \_\_\_\_\_  
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, 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\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000

\$1,001 - \$10,000

\$10,001 - \$100,000

OVER \$100,000

INTEREST RATE                      TERM (Months/Years)

\_\_\_\_\_ %     None                      \_\_\_\_\_

SECURITY FOR LOAN

None                       Personal residence

Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_