CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date mittal rilling received Official Use Only

February 25, 2016

Please type or print in ink.

NAI	NAME OF FILER (LAST) (FIRST)	(MIDDLE)
	TORRES ART	
1.	1. Office, Agency, or Court	3
	Agency Name (Do not use acronyms)	
	CALIFORNIA ENSTINTE FOR R Division, Board, Department, District, if applicable Vice	EGENERATIVE MEDICINE
	Division, Board, Department, District, if applicable	Your Position
	YICE	CHAIR, GOVERNING BOARD
	▶ If filing for multiple positions, list below or on an attachment. (Do not use acron	•
	Agency: Covered California	Position: BOARD MEMBER
	Agency.	FOSILIOII.
2.	2. Jurisdiction of Office (Check at least one box)	
	☑ State	Judge or Court Commissioner (Statewide Jurisdiction)
	Multi-County	County of
	☐ City of	Other
_		
3.	3. Type of Statement (Check at least one box)	_
	Annual: The period covered is January 1, 2015, through December 31, 2015.	Leaving Office: Date Left/(Check one)
	The period covered is, through	○ The period covered is January 1, 2015, through the date of
	December 31, 2015.	leaving officeor-
	Assuming Office: Date assumed	The period covered is, through the date of leaving office.
	Candidate: Election year and office sought, if differen	t than Part 1:
4.		ges including this cover page:
	Schedules attached	
	☐ Schedule A-1 - Investments – schedule attached ☑ Sched	dule C - Income, Loans, & Business Positions - schedule attached
		dule D - Income - Gifts - schedule attached
	[14] [254(24) 14] (2) [24 [24] [24] [24] [24] [24] [24] [24]	dule E - Income - Gifts - Travel Payments - schedule attached
(-Or- ☐ None - No reportable interests on any schedule	
5.	5. Verification	
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
	1999 HARRISON ST. #1650 OAK	CLAND (A 946/2
	DAYTIME TELEPHONE NUMBER E-MAIL	ADDRESS
		orres@ cipm. cA.Gov
	I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is	
	I certify under penalty of perjury under the laws of the State of California that	the foregoing is true and correct.
	Date Signed 02/25/2016 Signatur	e let Jan
	(month, day, year)	(File the originally signed statement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700	
Name	

5	
► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
HAT TORRES	Name
ART TORRES Name 3081 FOOTHILL BLYD., CALISOCA, CA Address (Business Address Acceptable) Check one	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	
	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
INDEPENDENT CONTRACTOR CONSULTANT	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000//
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION CONSULTANT	VOLD BUGUETOS BOSITION
Took Bosiness Toomon	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	□ \$0 - \$499 □ \$10,001 - \$100,000
S500 - \$1,000 VER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Mames listed below	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
	Notice of Mariles listed below
KCP CAL KLEIN VENTURES, LLC	
REEN VERTICES, CEE	
AMERICAN HONDA, MONTOINEY WATSON	
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

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

CALIFORNIA FORM 700				
FAIR POLITICAL PRACTICES COMMISSION				
Name				
				_

▶ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ONE LEGACY FOUNDATION	
ONE LEGALY FOUDDATION ADDRESS (Business Address Acceptable) 22/ South Figueroa, Suite 500, LA CA	ADDRESS (Business Address Acceptable)
221 SOUDY FIGUEROA, SWILL SON, LA CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
ORGAN TRANSPLANT FOUNDATION	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
VICE CHAIR OF BOARD	<u> </u>
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
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
(Deceribe)	
Vother STIPEND AS VICE CHAIR OF	(Describe)
(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
retail installment or credit card transaction, made in the	ending institutions, or any indebtedness created as part of a e lender's regular course of business on terms available to catus. Personal loans and loans received not in a lender's vs:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
	V - 117 - 179
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

- · Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
SCHLOSS ELMAN	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
EZMAUZ, KRUN, GERMANY	
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S) 9 17 20159 20 2015 AMT: \$ 2955.00	DATE(S):/ AMT: \$
MUST CHECK ONE: Gift -or- Income HOTEL	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
▶ If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$	DATE(S):/
► MUST CHECK ONE: ☐ Gift -or- ☐ Income	► MUST CHECK ONE: ☐ Gift -or- ☐ Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
-	
Comments:	······································