

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

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 for Regenerative Medicine
Division, Board, Department, District, if applicable
Governing Board
Your Position
Statutory Vice Chair

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

Agency: San Francisco Public Utilities Commission
Position: Commissioner

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

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

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

- Check applicable schedules or "None."
Total number of pages including this cover page:
Schedule A-1 - Investments - schedule attached None
Schedule A-2 - Investments - schedule attached None
Schedule B - Real Property - schedule attached
Schedule C - Income, Loans, & Business Positions - schedule attached None
Schedule D - Income - Gifts - schedule attached None
Schedule E - Income - Gifts - Travel Payments - schedule attached None
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
210 King Street San Francisco CA 94107
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
( 415 ) 396-9279

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 03/17/2014
(month, day, year)

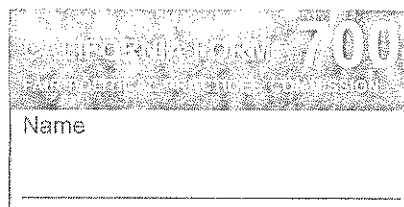
Signature [Handwritten Signature]
(File the originally signed statement with your filing official.)



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)



**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
The Marchese Company

ADDRESS (Business Address Acceptable)  
1388 Sutter Street, San Francisco, CA

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

YOUR BUSINESS POSITION  
Consultant

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_

Other Consultant fees  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
American Honda Motor Company

ADDRESS (Business Address Acceptable)  
1919 Torrance Blvd., Torrance, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
car manufacturer

YOUR BUSINESS POSITION  
Consultant

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_

Other Consultant fees  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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: \_\_\_\_\_



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

FPPC FORM 700

Name  
 Art Torres

**INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 OneLegacy Foundation

ADDRESS (Business Address Acceptable)  
 221 South Figueroa Street, Suite 500

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Organ Transplant foundation

YOUR BUSINESS POSITION  
 Board member

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other Stipend as Board member  
(Describe)

**INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 K CP Cal

ADDRESS (Business Address Acceptable)  
 550 South California Ave., Palo Alto, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Real estate housing

YOUR BUSINESS POSITION  
 Consultant

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other Consultant fees  
(Describe)

**LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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 \_\_\_\_\_%     None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None     Personal residence  
 Real Property \_\_\_\_\_  
Street address  
 \_\_\_\_\_  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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