#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received Official Use Only

**COVER PAGE** 

Filed Date: 02/13/2017 02:37 PM SAN: FPPC

| Please type or print in ink.  |                           |  | SAN.TFFC                                       |
|---|---------------------------|--|--|
| NAME OF FILER (LAST)  | (FIRST)                   | •  | (MIDDLE)                                       |
| orres Art   |                           |  |  |
| 1. Office, Agency, or Court   |                           |  |  |
| Agency Name (Do not use acronyms)   |                           |  |  |
| Health Benefit Exchange   |                           |  |  |
| Division, Board, Department, District, if applicable  |                           | Your Position  |  |
|   |                           | Board Member   |  |
| ► If filing for multiple positions, list below or on an attac   | hment. (Do not use a      |  |  |
| Agency: SEE ATTACHED LIST   |                           | Position:  |  |
| 2. Jurisdiction of Office (Check at least one box   | ·)                        |  |  |
| <b>▼</b> State  |                           | ☐ Judge or Court Commis  | ssioner (Statewide Jurisdiction)               |
| ☐ Multi-County  |                           | -  |  |
| <u> </u>  |                           | •  |  |
| City of   |                           |  |  |
| 3. Type of Statement (Check at least one box)   |                           |  |  |
| Annual: The period covered is January 1, 2016, the December 31, 2016.   | rough                     | Leaving Office: Date (Check one)                                     | Left/  |
| The period covered is/  | , through                 | <ul> <li>The period covered leaving office.</li> <li>-or-</li> </ul> | d is January 1, 2016, through the date of      |
| Assuming Office: Date assumed/  |                           |  | d is/, through office.                         |
| Candidate: Election year a  | and office sought, if dif | ferent than Part 1:  |  |
| A Schodule Summany (must complete)  | To fed according to       | former to deal offers details  | 5  |
| <ol> <li>Schedule Summary (must complete) Schedules attached</li> </ol>   | ► lotal number o          | f pages including this o   | cover page:                                    |
| Schedule A-1 - Investments – schedule attached  | X S                       | Schedule C - Income, Loans,  | & Business Positions – schedule attached       |
| Schedule A-2 - Investments – schedule attached  | _                         | Schedule D - Income – Gifts –  |  |
| Schedule B - Real Property – schedule attached  |                           | Schedule E - Income – Gifts –  | - Travel Payments - schedule attached          |
| -or-  |                           |  |  |
| ☐ None - No reportable interests on any sch   | nedule                    |  |  |
| 5. Verification   |                           |  |  |
| MAILING ADDRESS STREET  | CITY                      | SI   | TATE ZIP CODE                                  |
| (Business or Agency Address Recommended - Public Document)  | Sacramen                  | to C   | CA 95815                                       |
| 1601 Exposition Blvd.  DAYTIME TELEPHONE NUMBER   |                           | -MAIL ADDRESS  | 5.1. 00010                                     |
| ( 916 ) 228-8699  |                           | torres@cirm.ca.gov   |  |
| I have used all reasonable diligence in preparing this state<br>herein and in any attached schedules is true and comple | ement. I have reviewe     | d this statement and to the bes                                      | st of my knowledge the information contained   |
| I certify under penalty of perjury under the laws of the  |                           |  | nd correct.                                    |
| Date Signed 02/13/2017 02:37 PM   | Sign                      | natureEle  | ectronic Submission                            |
| (month day year)  | _ Jigi                    |  | v signed statement with your filing official ) |

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT



#### **EXPANDED STATEMENT LIST**

| Agency Name                                   | Division, Board,<br>Department, District | Position or Title | Jurisdiction        | Type of Statement | Period Covered      |
|---|--|-------------------|---------------------|-------------------|---------------------|
| California Institute of Regenerative Medicine |  | ICOC Board Member | State<br>California | Annual            | 01/01/16 - 12/31/16 |

#### 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   | ► 1. BUSINESS ENTITY OR TRUST   |
|---|---|
| Art Torres  |   |
| Name  | Name  |
| 3081 Foothill Blvd, Calistoga, CA 94515   |   |
| Address (Business Address Acceptable)   | Address (Business Address Acceptable)   |
| Check one   | 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:   \$0 - \$1,999   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED   DISPOSED   Over \$1,000,000 | FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   |
| NATURE OF INVESTMENT Partnership Sole Proprietorship Other  | NATURE OF INVESTMENT Partnership Sole Proprietorship Other  |
| YOUR BUSINESS POSITION Consultant   | 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 <u>TO</u> THE ENTITY/TRUST)      |
| □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 ☑ \$1,001 - \$100,000 □ \$1,001 - \$100,000  | \$0 - \$499 \$10,001 - \$100,000<br>\$500 - \$1,000 OVER \$100,000<br>\$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.)                                     | ➤ 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  | ☐ None or ☐ Names listed below  |
| KCP CAL   |   |
| Klein Ventures, LLC American Honda, Montegomery Watson  |   |
|   |   |
| ► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST Check one box:  | ➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:            |
| ☐ INVESTMENT ☐ REAL PROPERTY  | ☐ INVESTMENT ☐ REAL PROPERTY  |
| Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of 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   | Description of Business Activity <u>or</u> 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<br>\$10,001 - \$100,000<br>\$10,001 - \$100,000  | \$2,000 - \$10,000<br>\$10,001 - \$100,000<br>\$10,001 - \$100,000  |
| \$10,001 - \$100,000  | \$100,001 - \$1000,000 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 FAIR POLITICAL PRACTICES COMMISSION Art Torres

| ASSES  | SSOR'S PARCEL NUMBER OR STREET ADDRESS  | ► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS   |
|--|---|--|
| Parc   | cel #017250001000   | Parcel #0360196  |
| CITY   |   | CITY   |
| Calis  | stoga, CA 94515   | San Francisco, CA 94117  |
| \$2,<br>\$10<br><b>X</b> \$10                          | MARKET VALUE   IF APPLICABLE, LIST DATE:  | FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000,000  ACQUIRED    ACQUIRED   DISPOSED  |
|  | RE OF INTEREST  | NATURE OF INTEREST   |
| _  | vnership/Deed of Trust Easement   | Ownership/Deed of Trust Easement   |
| _  | easehold Other  | Leasehold Dther  |
| ור פרא   | Č   |  |
| _  | NTAL PROPERTY, GROSS INCOME RECEIVED  | IF RENTAL PROPERTY, GROSS INCOME RECEIVED  |
|  | - \$499   | \$1,001 - \$10,000 S1,000 |
|  | CES OF RENTAL INCOME: If you own a 10% or greater st, list the name of each tenant that is a single source of e of \$10,000 or more.  | SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source o income of \$10,000 or more.   |
|  | one   | □ None Mr. Andy Kalamaras  |
| You busin loan:  | are not required to report loans from commercial  | Inding institutions made in the lender's regular course of without regard to your official status. Personal loans and  |
| You busin loan:  | are not required to report loans from commercial ness on terms available to members of the public s received not in a lender's regular course of busing of LENDER*  | Inding institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:   |
| You busin loan:  | are not required to report loans from commercial<br>ness on terms available to members of the public<br>s received not in a lender's regular course of busi   | Inding institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:   |
| You busin loan:  | are not required to report loans from commercial ness on terms available to members of the public s received not in a lender's regular course of busing of LENDER*  | Inding institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:   |
| You busin loan: ADDRI                                  | are not required to report loans from commercial<br>ness on terms available to members of the public<br>s received not in a lender's regular course of busi<br>OF LENDER*   | Inding institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)  |
| You busin loan: ADDRI                                  | are not required to report loans from commercial ness on terms available to members of the public s received not in a lender's regular course of busing OF LENDER*  ESS (Business Address Acceptable)  ESS ACTIVITY, IF ANY, OF LENDER                                | Inding institutions made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:    NAME OF LENDER*   ADDRESS (Business Address Acceptable)  |
| You busin loan:  NAME  ADDRI  BUSIN                    | are not required to report loans from commercial ness on terms available to members of the public s received not in a lender's regular course of busing OF LENDER*  ESS (Business Address Acceptable)  ESS ACTIVITY, IF ANY, OF LENDER  EST RATE  TERM (Months/Years) | Interest Rate    None   Mr. Andy Kalamaras   |
| You busin loan:  NAME  ADDRI  BUSIN  HIGHE             | are not required to report loans from commercial ness on terms available to members of the public s received not in a lender's regular course of busing OF LENDER*  ESS (Business Address Acceptable)  ESS ACTIVITY, IF ANY, OF LENDER  EST RATE TERM (Months/Years)  | Interest Rate  In None  Mr. Andy Kalamaras  In None  Mr. Andy Kalamaras  In Interest Rate  Mr. Andy Kalamaras  In None  Mr. Andy Kalamaras  In Interest Rate  Mr. Andy Kalamaras  In None  Mr. Andy Kalamaras  Interest Rate  Mr. Andy Kalamaras  Interest Rate  Inte   |
| You busin loan:  NAME ADDRI BUSIN INTER                | are not required to report loans from commercial ness on terms available to members of the public s received not in a lender's regular course of busing OF LENDER*  ESS (Business Address Acceptable)  ESS ACTIVITY, IF ANY, OF LENDER  EST RATE TERM (Months/Years)  | Interest rate  Interest rate  Interest rate  Interest rate  Interest rate  Interest balance during reporting period  Interest balance during reporting period  |
| You busin loan:  NAME  ADDRI  BUSIN  HIGHE  \$50  \$10 | are not required to report loans from commercial ness on terms available to members of the public s received not in a lender's regular course of busing of LENDER*  ESS (Business Address Acceptable)  ESS ACTIVITY, IF ANY, OF LENDER  EST RATE TERM (Months/Years)  | Interest rate    None   Mr. Andy Kalamaras   |

### **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   | NAME OF SOURCE OF INCOME  |
| One Legacy Foundation  |   |
| ADDRESS (Business Address Acceptable)  | ADDRESS (Business Address Acceptable)   |
| 221 South Figueroa, Suite 500, Los Angeles, CA   |   |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE   | BUSINESS ACTIVITY, IF ANY, OF SOURCE  |
| Organ Translpant Foundation  |   |
| YOUR BUSINESS POSITION   | YOUR BUSINESS POSITION  |
| Vice Chair of Board  | <u> </u>  |
| GROSS INCOME RECEIVED No Income - Business Position Only   | GROSS INCOME RECEIVED No Income - Business Position Only                                      |
| \$500 - \$1,000 \$1,001 - \$10,000   | \$1,000\$1,001 - \$10,000   |
| <b>✗</b> \$10,001 - \$100,000  | ☐ \$10,001 - \$100,000 ☐ OVER \$100,000   |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED  | CONSIDERATION FOR WHICH INCOME WAS RECEIVED   |
| Salary 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                             |
| (Describe)   | (Describe)  |
| Stipend as Vice Chair of Board   | Other   |
| (Describe)   | (Describe)  |
| ▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER  | RIOD  |
| retail installment or credit card transaction, made in the members of the public without regard to your official st regular course of business must be disclosed as follow |   |
| NAME OF LENDER*  | INTEREST RATE TERM (Months/Years)   |
|  | %   |
| ADDRESS (Business Address Acceptable)  | CECURITY FOR LOAN   |
| DUONICO ACTIVITY IF ANY OF LENDER  | SECURITY FOR LOAN  None  Personal residence   |
| BUSINESS ACTIVITY, IF ANY, OF LENDER   | Totalia Totalia Totalia   |
|  | Real PropertyStreet address   |
| HIGHEST BALANCE DURING REPORTING PERIOD  | Sheet address   |
| \$500 - \$1,000  | City  |
| \$1,001 - \$10,000   | Guarantor   |
| \$10,001 - \$100,000   | U Gratation   |
| OVER \$100,000   | Other   |
|  | (Describe)  |
| <b>3 .</b> .   |   |
| Comments:  |   |

Subject: Notification - Your Submitted Form 700

Date: Monday, February 13, 2017 at 2:37:49 PM Pacific Standard Time

From: Form700@fppc.ca.gov

**To:** Art Torres

CC: Kami Keszler, Maria Bonneville, Amy Cheung

Dear Art Torres,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 02/13/2017 02:37 PM.

Electronic Confirmation #: 3898

Agency: Health Benefit Exchange

Position: Board Member

Filing Type: Annual Filing Year: 2016 Number of pages: 5

**Expanded Statement list:** 

California Institute of Regenerative Medicine / ICOC Board Member (01/01/16 - 12/31/16)

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/