

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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Please type or print in ink.					
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Watson	Karol				
1. Office, Agency, or Court					
Agency Name (Do not use acronyms)				_	
California Institute of Regene	rative Medicine				
Division, Board, Department, District, if applicable		Your Posit	ion	_	
		1000 5	De and Manakan		
16.69			Board Member		
► If filing for multiple positions, list bel	ow or on an attachment. (Do	not use acronyms)			
Agency:		Position:			
2. Jurisdiction of Office (Check	at least one box)				
X State		☐ Judae. F	Retired Judge, Pro Tem Jud	ge, or Court Commissioner	
		(Statewide Jurisdiction)			
Multi-County		County o	County of		
□ o::					
3. Type of Statement (Check at I	east one box)				
Annual: The period covered is January 1, 2021, through December 31, 2021.		Leaving	Leaving Office: Date Left/(Check one circle.)		
-or- The period covered is December 31, 2021 .	03 <u>, 23 , 2021</u> , thro	ough	period covered is January ring office.	1, 2021 , through the date of	
Assuming Office: Date assumed/		○ The	The period covered is/, through the date of leaving office.		
Candidate: Date of Election	and office :	sought, if different than F	Part 1:		
4 Cabadula Cummany (must a	amplete) T ()		P 41.		
 Schedule Summary (must of Schedules attached 	;omplete) ► lotal nul	mber of pages incl	uding this cover page	e: <u>1</u>	
Schedule A-1 - Investments –	schedule attached	Schedule C - Ir	ncome, Loans, & Business I	Positions – schedule attached	
Schedule A-2 - Investments – schedule attached		Schedule D - Ir	Schedule D - Income - Gifts - schedule attached		
	Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached				
-or- 🗵 None - No reportable in	terests on any schedule				
5. Verification					
MAILING ADDRESS STREET		ITY	STATE	ZIP CODE	
(Business or Agency Address Recommended - Pt	*	Not done	CA	0.404.0.0500	
1999 Harrison St DAYTIME TELEPHONE NUMBER		Dakland EMAIL ADDRESS	CA !	94612-3520	
(510) 340-9114		Em at Abbiteou			
I have used all reasonable diligence in		ve reviewed this statemen	t and to the best of my know	wledge the information contained	
herein and in any attached schedules i				moage the information contained	
I certify under penalty of perjury und	der the laws of the State of C	California that the foreg	oing is true and correct.		
Date Signed 01/10/2022 ()5:31 PM	Signature	Electronic Su	ubmission	
(month, day, ye	ear)	-	(File the originally signed paper staten	nent with your filing official.)	