

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/26/2021 12:25 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Winokur Diane K

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: \_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2020.  The period covered is January 1, 2020, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_. -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: 4

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)  
765 Market St Apt 31D San Francisco CA 94103-2039  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 415 ) 974-1687 dianewinokur@comcast.net

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 03/26/2021 12:25 PM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Diane Winokur

▶ NAME OF BUSINESS ENTITY  
ABBVIE, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
MPL, Ltd.

GENERAL DESCRIPTION OF THIS BUSINESS  
Real estate-apt. building rental

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Foothill Investment Company

GENERAL DESCRIPTION OF THIS BUSINESS  
Real estate-apt. building rental

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Nevro Corp.

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
llumina, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Healthcare

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/20      \_\_\_\_\_/\_\_\_\_\_/20  
 ACQUIRED      DISPOSED

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Diane Winokur

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Foothill Investment Company</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>125 Willow St., Menlo Park, CA 94025</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Apartment building rental</u></p> <p>YOUR BUSINESS POSITION <u>Limited Partner</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000              <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income  <small>(For self-employed use Schedule A-2.)</small>  <input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  _____  <small>(Describe)</small>  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME <u>Gerardo Rodriguez</u></p> <p>ADDRESS <i>(Business Address Acceptable)</i> <u>4940 Pacific Ave., Long Beach, CA 90805</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>None</u></p> <p>YOUR BUSINESS POSITION <u>Personal lender</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only  <input checked="" type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income  <small>(For self-employed use Schedule A-2.)</small>  <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)  <input type="checkbox"/> Sale of _____  <small>(Real property, car, boat, etc.)</small>  <input checked="" type="checkbox"/> Loan repayment  <input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more  _____  <small>(Describe)</small>  <input type="checkbox"/> Other _____  <small>(Describe)</small></p>

**▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS <i>(Business Address Acceptable)</i> _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None                      _____</p> <p>SECURITY FOR LOAN  <input type="checkbox"/> None                      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____  <small style="margin-left: 150px;">Street address</small></p> <p style="margin-left: 150px;">_____ <small>City</small></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____  <small style="margin-left: 150px;">(Describe)</small></p>
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**Comments:** \_\_\_\_\_

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

**▶ 1. INCOME RECEIVED**      ▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
Lucy Marin

ADDRESS (Business Address Acceptable)  
4940 Pacific Ave., Long Beach, CA 90805

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
None

YOUR BUSINESS POSITION  
Personal lender

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)

NAME OF SOURCE OF INCOME  
MPL, Ltd.

ADDRESS (Business Address Acceptable)  
4080 Campbell Ave., Menlo Park, CA 94025

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Apartment building rental

YOUR BUSINESS POSITION  
Limited 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

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