

**COVER PAGE**

*A PUBLIC DOCUMENT*

Filed Date: 01/09/2019 04:01 PM  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Fine Leon G**

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
**California Institute of Regenerative Medicine**  
Division, Board, Department, District, if applicable Your Position  
**Alternate 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 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, 2018, through December 31, 2018.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, 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: 2**

**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)  
**8700 Beverly Boulevard, Los Angeles, CA, United States, 8700 Beverly Boulevard, I Los Angeles CA 90048**

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
**( 310 ) 423-6457 leon.fine@cshs.org**

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 01/09/2019 04:01 PM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Leon Fine

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Cedars-Sinai Medical Center

ADDRESS (Business Address Acceptable)  
8700 Beverly Blvd. Davis 5093, Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Department Chair

YOUR BUSINESS POSITION  
Chair, Biomedical Sciences and Vice-Dean for Research and Graduate Research Education

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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:

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