

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 02/10/2021 09:34 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Kim Joseph

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, 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 02 / 05 / 2021  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)  
1999 Harrison St Oakland CA 94612-3520  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 340-9114

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 02/10/2021 09:34 PM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name  
**Joseph Kim**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
**4413001030**

CITY  
**Los Angeles**

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None  
**SEE ATTACHED**

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
 Over \$1,000,000

NATURE OF INTEREST  
 Ownership/Deed of Trust       Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining       \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499       \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
 None

\* You are not required to report loans from a commercial lending institution 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 \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

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

INTEREST RATE      TERM (Months/Years)  
 \_\_\_\_\_%       None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000  
 Guarantor, if applicable

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

**SCHEDULE B**

Attachment

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
Joseph Kim

**ASSESSOR PARCEL NUMBER OR STREET ADDRESS : 4413001030**

**LIST OF SOURCES OF RENTAL INCOME OF \$10,000 OR MORE**  
Marc S. Mischel

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Joseph Kim

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Central California Faculty Medical Group, Inc

ADDRESS (Business Address Acceptable)  
 2625 E. Divisadero St.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Medical Group

YOUR BUSINESS POSITION  
 Academic Faculty Provider

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:

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

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