CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) Malkas   (FIRST) Linda   (MIDDLE)

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)*

- [x] State
- [ ] Multi-County _____
- [ ] City of _____
- [ ] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- [ ] County of _____
- [ ] Other _____

3. Type of Statement *(Check at least one box)*

- [x] **Annual:** The period covered is January 1, 2019, through December 31, 2019.
  -or-
  The period covered is _____/_____/_____, through December 31, 2019.
- [ ] **Assuming Office:** Date assumed _____/_____/_____
- [ ] **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

- [ ] **Leaving Office:** Date Left _____/_____/_____
  (Check one circle.)
  - ○ The period covered is January 1, 2019, through the date of leaving office.
  -or-
  - ○ The period covered is _____/_____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ▶ *Total number of pages including this cover page:* _____2_____

Schedules attached

- [ ] **Schedule A-1 -** *Investments* – schedule attached
- [ ] **Schedule A-2 -** *Investments* – schedule attached
- [ ] **Schedule B -** *Real Property* – schedule attached
- [x] **Schedule C -** *Income, Loans, & Business Positions* – schedule attached
- [ ] **Schedule D -** *Income – Gifts* – 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)

1500 Duarte Rd   Duarte   CA   91010-3000

DAYTIME TELEPHONE NUMBER: (626) 218-8423   EMAIL ADDRESS:

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 02/21/2020 08:58 AM
(month, day, year)

Signature Electronic Submission
(File the originally signed paper statement with your filing official.)

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

Name

Linda Malkas

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

City of Hope, Beckman Research Institute

ADDRESS *(Business Address Acceptable)*

1500 E. Duarte Road, Duarte, CA 91010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dean, Translational Science, City of Hope National Medical Center

YOUR BUSINESS POSITION

Research Scientist and Administration

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)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

City of Hope, Beckman Research Institute

ADDRESS *(Business Address Acceptable)*

1500 E. Duarte Road, Duarte, CA 91010

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Associate Professor

YOUR BUSINESS POSITION

Research Scientist

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*

_____

ADDRESS *(Business Address Acceptable)*

_____

BUSINESS ACTIVITY, IF ANY, OF LENDER

_____

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE   TERM (Months/Years)

_____% ☐ None   _____

SECURITY FOR LOAN
☐ None   ☐ Personal residence

☐ Real Property _____
Street address

_____
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____