

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Stamos, Michael J			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

University of California

Division, Board, Department, District, if applicable

University of California Irvine

Your Position

Dean, School of Medicine

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box) 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)** **Annual:** The period covered is January 1, 2020 through
December 31, 2020

-or-

The period covered is ____/____/____, through
December 31, 2020 **Assuming Office:** Date assumed 02 / 11 / 2021
See attached **Leaving Office:** Date Left ____/____/____
(Check one circle) The period covered is January 1, 2020 through the date of
leaving office. 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: 5****Schedules attached** **Schedule A-1 - Investments** – schedule attached **Schedule A-2 - Investments** – schedule attached **Schedule B - Real Property** – schedule attached **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
<i>(Business or Agency Address Recommended - Public Document)</i>				
University of California, Irvine		Irvine Hall	Irvine	CA 92697
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(949) 824-3501	mstamos@uci.edu			

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 02/21/2021
(month, day, year)Signature Michael J Stamos
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name

Michael J Stamos

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
University of California	University of California Irvine	Dean, School of Medicine	Annual 1/1/2020 - 12/31/2020
California Institute for regenerative medicine		ICOC Board Member	Assuming Office 2/11/2021

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Stamos, Michael J

▶ 1. BUSINESS ENTITY OR TRUST

Michael J Stamos MD, Inc
Name
48 Ranchview Road
Rolling Hills Estates, CA 90274
Address (Business Address Acceptable)
Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
Medico-legal and consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 20 20
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship C corporation
 Other

YOUR BUSINESS POSITION President

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 20 20
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999 20 20
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____
 Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 20 20
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership
 Leasehold _____ Other _____
Yrs. remaining

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Stamos, Michael J	

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Kaiser Permanente

ADDRESS (Business Address Acceptable)
75 N Fair Oaks Ave 4th floor
Pasadena, CA 91103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Plan

YOUR BUSINESS POSITION
Expert witness/medicolegal

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 Payment for medicolegal services
(Describe)

NAME OF SOURCE OF INCOME
Clinkenbeard Ramsey Spackman & Clark, LLP

ADDRESS (Business Address Acceptable)
3938 State Street, Suite 200
Santa Barbara, CA 93105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm

YOUR BUSINESS POSITION
Expert (medical)

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 Payment for medicolegal services
(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 _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Stamos, Michael J

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Wallace Saunders Atty at Law

ADDRESS (*Business Address Acceptable*)

10111 W 87 St

Overland Park, KS 66212

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law firm

YOUR BUSINESS POSITION

Expert witness/medicolegal

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 Payment for medicolegal services

(*Describe*)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Loma Linda University Health

ADDRESS (*Business Address Acceptable*)

11175 Campus Street CSP 11006

Loma Linda, CA 92354

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Health system

YOUR BUSINESS POSITION

Expert witness/medicolegal

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 Payment for medicolegal services

(*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

_____ % None

TERM (Months/Years)

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

City

Guarantor _____

Other _____
(*Describe*)

Comments: _____