



STATEMENT OF ECONOMIC INTERESTS
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)

<input checked="" type="checkbox"/> State	<input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
<input type="checkbox"/> Multi-County _____	<input type="checkbox"/> County of _____
<input type="checkbox"/> City of _____	<input type="checkbox"/> Other _____

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

<input checked="" type="checkbox"/> Annual: The period covered is January 1, 2021 through December 31, 2021.	<input type="checkbox"/> Leaving Office: Date Left ____/____/____ (Check one circle)
-or-	<input type="checkbox"/> The period covered is January 1, 2021 through the date of leaving office.
The period covered is ____/____/____, through December 31, 2021.	<input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office.
<input type="checkbox"/> Assuming Office: Date assumed ____/____/____	
<input type="checkbox"/> 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: 6

Schedules attached

<input type="checkbox"/> Schedule A-1 - Investments – schedule attached	<input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached
<input checked="" type="checkbox"/> Schedule A-2 - Investments – schedule attached	<input type="checkbox"/> Schedule D - Income – Gifts – schedule attached
<input type="checkbox"/> Schedule B - Real Property – schedule attached	<input type="checkbox"/> Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i> University of California, Irvine Irvine Hall	STREET	CITY Irvine	STATE CA	ZIP CODE 92697
DAYTIME TELEPHONE NUMBER (949) 824-3501	E-MAIL ADDRESS 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 03/25/2022 Signature Michael J Stamos
(month, day, year) (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	Div/Board/Dept/District	Position	Type of Statement	SAN #
University of California	University of California Irvine	Dean, School of Medicine	Annual 1/1/2021 - 12/31/2021	101700189-NFH-0189
California Institute for regenerative medicine		ICOC Board Member	Annual 1/1/2021 - 12/31/2021	101700189-NFH-0189

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
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
ACQUIRED DISPOSED

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
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
ACQUIRED DISPOSED

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

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
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
ACQUIRED DISPOSED

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
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

IF APPLICABLE, LIST DATE:
 / / 21 / / 21
ACQUIRED DISPOSED

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

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		1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME <u>Richard Wideman</u>		NAME OF SOURCE OF INCOME <u>Norcal Group</u>	
ADDRESS (Business Address Acceptable) <u>485 Alisal Rd 232</u> <u>Solvang, CA 93463</u>		ADDRESS (Business Address Acceptable) <u>2 N Lake Ave</u> <u>Pasadena, CA 91103</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Legal firm</u>		BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Insurance</u>	
YOUR BUSINESS POSITION <u>Expert witness/medicolegal</u>		YOUR BUSINESS POSITION <u>Expert witness/medicolegal</u>	
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only		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"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED		CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)		<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	
<input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)		<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 type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small>	
<input type="checkbox"/> Loan repayment		<input type="checkbox"/> Loan repayment	
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more		<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	
_____ <small>(Describe)</small>		_____ <small>(Describe)</small>	
<input checked="" type="checkbox"/> Other <u>Payment for medicolegal services</u> <small>(Describe)</small>		<input checked="" type="checkbox"/> Other <u>Payment for medicolegal services</u> <small>(Describe)</small>	

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

Comments: _____

