

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/16/2020 04:49 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Steward Oswald

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)

- 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, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/_____
(Check one circle.)
- or- The period covered is ____/____/_____, through December 31, 2019. The period covered is January 1, 2019, 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: 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)
855 Katella St Laguna Beach CA 92651-3703
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(949) 824-8908 osteward@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 03/16/2020 04:49 PM
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Oswald Steward

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
855 Katella St (home office)

CITY
Laguna Beach

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 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

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 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 D
Income – Gifts

Name
Oswald Steward

▶ NAME OF SOURCE *(Not an Acronym)*
AP Gianinni Foundation
 ADDRESS *(Business Address Acceptable)*
57 Post St, San Francisco, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Funds Postdoctoral fellowships

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 27 / 19</u>	<u>\$ 380</u>	<u>Round of golf</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
 ADDRESS *(Business Address Acceptable)*
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
 ADDRESS *(Business Address Acceptable)*
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
 ADDRESS *(Business Address Acceptable)*
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
 ADDRESS *(Business Address Acceptable)*
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
 ADDRESS *(Business Address Acceptable)*
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
Oswald Steward

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
AP Gianinni Foundation
 ADDRESS (Business Address Acceptable)
57 Post St
 CITY AND STATE
San Francisco, CA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 845
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Member Medical Advisory Panel
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Society for Neuroscience
 ADDRESS (Business Address Acceptable)
1121 14th St
 CITY AND STATE
Washington DC
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional society

 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 1132.40
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Member-Finance Committee-Summer meeting
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Society for Neuroscience
 ADDRESS (Business Address Acceptable)
1121 14th St. NW
 CITY AND STATE
Washington DC
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional society

 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 1461
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Member-Finance Committee-spring meeting
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
National Neurotrauma Society
 ADDRESS (Business Address Acceptable)
9037 Ron Den Lane
 CITY AND STATE
Wildermere FL
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional society

 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 676
 (If gift)
 ▶ MUST CHECK ONE: Gift **-or-** Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____

 ▶ If Gift, Provide Travel Destination _____

Comments: _____
