



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
TORRES ART

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE

Division, Board, Department, District, if applicable

Your Position

VICE CHAIR OF GOVERNING BOARD

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

UNIVERSITY OF CALIFORNIA

REGENT

Agency: COVERED CALIFORNIA

Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

X 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, 2021, through December 31, 2021.

Leaving Office: Date Left (Check one circle.)

-or- The period covered is through December 31, 2021.

The period covered is January 1, 2021, 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: 6

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
1999 HARRISON STREET, SUITE 1650 OAKLAND CA 94612

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(510) 3409108 atorres@cirm.ca.gov

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 March 14, 2022

Signature [Handwritten Signature]

Handwritten notes on the left page, consisting of several columns of text written in a cursive script. The text is dense and covers most of the page area.

Handwritten notes on the right page, organized into several distinct sections separated by horizontal lines. Each section contains multiple lines of text, with some sections appearing to be lists or detailed entries. The handwriting is consistent with the left page.

**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 \_\_\_\_\_

**1. BUSINESS ENTITY OR TRUST**

ART TORRES  
 Name  
3081 FOOTHILL BLVD. CALISTOGA, CA  
 Address (Business Address Acceptable) 94515  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS  
INDEPENDENT CONTRACTOR CONSULTANT

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 \_\_\_\_\_  
 ACQUIRED 1/21 DISPOSED 1/21

NATURE OF INVESTMENT  
 Partnership \_\_\_\_\_  
 Sole Proprietorship \_\_\_\_\_  
 Other \_\_\_\_\_

YOUR BUSINESS POSITION CONSULTANT

**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 \_\_\_\_\_  
 ACQUIRED 1/21 DISPOSED 1/21

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 \_\_\_\_\_  
 \$500 - \$1,000 \_\_\_\_\_  
 \$1,001 - \$10,000 \_\_\_\_\_  
 OVER \$10,000 \_\_\_\_\_

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

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

**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  
KCP CAL  
KLEIN VENTURES LLC

**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 \_\_\_\_\_  
 ACQUIRED 1/21 DISPOSED 1/21

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

**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 \_\_\_\_\_  
 ACQUIRED 1/21 DISPOSED 1/21

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 B Interests in Real Property (Including Rental Income)

Name  
Torres, Art

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
Parcel #0360196

CITY  
San Francisco

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

ACQUIRED 12/02/09 DISPOSED 03/23/21

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

ACQUIRED \_\_\_\_\_ DISPOSED 20 / 20

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

<b>CALIFORNIA FORM 700</b>	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Art Torres	

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>One Legacy Foundation</u>	NAME OF SOURCE OF INCOME <u>Westridge KFC Staff Ownership Group LLC</u>
ADDRESS (Business Address Acceptable) <u>221 South Figueroa, Suite 500, Los Angeles, CA</u>	ADDRESS (Business Address Acceptable) <u>550 S. California Ave, Suite 330 Palo Alto, CA 94306</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Organ Transplant Foundation</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate</u>
YOUR BUSINESS POSITION <u>Vice Chair of Board</u>	YOUR BUSINESS POSITION <u>Partner</u>
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input checked="" 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 checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)	<input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.)
<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
_____ (Describe)	_____ (Describe)
<input checked="" type="checkbox"/> Other <u>Stipend as Vice Chair of Board</u> (Describe)	<input type="checkbox"/> 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 _____% <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 _____	Street address _____
<input type="checkbox"/> \$500 - \$1,000		City _____
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe) _____
<input type="checkbox"/> OVER \$100,000		

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b>
FAIR POLITICAL PRACTICES COMMISSION
Name  Torres, Art

**▶ #1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Californians for Stem Cell Research, Treatments and Cures FPCC#1422494

ADDRESS (Business Address Acceptable)  
2350 Kerner Blvd. Suite 250  
San Rafael, CA 94901

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
INITIATIVE

YOUR BUSINESS POSITION  
Consultant

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  
CAREDX, INC.

ADDRESS (Business Address Acceptable)  
3260 Bayshore Blvd Berkeley, CA 94780

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ORGAN TRANSPLANT PATIENT SERVICES

YOUR BUSINESS POSITION  
BOARD MEMBER

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 STIPEND AS BOARD MEMBER  
(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: \_\_\_\_\_



Fiscal 2019-20 Regents Annual Financial Conflict of Interest and Training Certification

Due: July 1, 2021

I, ART TORRES, a Regent of the University of California, certify the following:

1. I affirm that I have submitted the annual Form 700 as required by the California Political Reform Act (or an assuming office form if no annual form has been due within the last year) and have exercised reasonable due diligence to provide complete and accurate information on my Form 700.
2. I affirm that I have completed all trainings required by Regents Policies that I was scheduled to take within the last 12 months.
3. I affirm that within the next 12 months, I will complete all trainings required by Regents Policies that I am scheduled to take during that time period.
4. During the past 12 months, I affirm that I have not influenced or participated in making any University decision that, to my knowledge, had a material financial effect on me or my immediate family or on any individual or entity in which I have a financial interest, as defined by the California Political Reform Act.
5. I affirm that I will, on an ongoing basis, undertake all reasonable efforts to determine whether my financial interests create a financial conflict of interest, or the appearance of a financial conflict of interest, that may affect my ability to participate in or influence any University decision. I affirm that I will promptly inform the Chair of the Board and the General Counsel of any matter expected to be considered by the Board of Regents that I reasonably foresee may materially affect any of my financial interests and will provide the Office of General Counsel with all the information necessary to analyze and advise me as to my legal responsibilities.

I certify that the foregoing is true and correct to the best of my knowledge. I acknowledge this document is a public document.

Signed Art Torres

Date August 7, 2020

Fiscal 2019-20 Regents Annual Financial Conflict of Interest and Training Certification

Due: July 1, 2021

I, ART TORRES, a Regent of the University of California, certify the following:

1. I affirm that I have submitted the annual Form 700 as required by the California Political Reform Act (or an assuming office form if no annual form has been due within the last year) and have exercised reasonable due diligence to provide complete and accurate information on my Form 700.
2. I affirm that I have completed all trainings required by Regents Policies that I was scheduled to take within the last 12 months.
3. I affirm that within the next 12 months, I will complete all trainings required by Regents Policies that I am scheduled to take during that time period.
4. During the past 12 months, I affirm that I have not influenced or participated in making any University decision that, to my knowledge, had a material financial effect on me or my immediate family or on any individual or entity in which I have a financial interest, as defined by the California Political Reform Act.
5. I affirm that I will, on an ongoing basis, undertake all reasonable efforts to determine whether my financial interests create a financial conflict of interest, or the appearance of a financial conflict of interest, that may affect my ability to participate in or influence any University decision. I affirm that I will promptly inform the Chair of the Board and the General Counsel of any matter expected to be considered by the Board of Regents that I reasonably foresee may materially affect any of my financial interests and will provide the Office of General Counsel with all the information necessary to analyze and advise me as to my legal responsibilities.

I certify that the foregoing is true and correct to the best of my knowledge. I acknowledge this document is a public document.

Signed Art Torres

Date August 7, 2020





# Fair Political Practices Commission

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Filing Detail View

FPPC Instructions

FPPC Reference Pamphlet

Questions and Answers

Quick Start Guide

**Video Tutorials** ↑

E-Filing Video Tutorial

Filer Video Tutorial

## Filing Details

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**Filing Details**

The Position(s) you are filing

Position	Agency	Due Date	Disclosure Category	Period Covered
ICOC Board Member	California Institute of Regenerative Medicine	4/1/2022	<u>State - California Institute of Regenerative Medicine</u>	01/01/21-12/31/21

**Cover Page Address/Phone number** Edit Information

**Schedule Summary Instructions**

To view your disclosure requirements simply click on the disclosure category link above.

Review your disclosure category above to determine what financial interests you are required to report.

Schedules which correspond to the financial interests described in your disclosure category are checked under the "Recommended" column.

Please select which schedules you will use under the "Reportable Interests" column by selecting either the Yes or No radio button.

Help	Name	Description	Recommended	Reportable Interests
	Schedule A-1	Investments - Stocks, Bonds and Other Interests (Ownership interest is less than 10%)	✓	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Schedule A-2	Investments, Income and Assets of Business, Entities (Ownership interest is 10% or Greater)	✓	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Schedule B	Interests in Real Property	✓	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Schedule C	Income, Loans & Business Positions	✓	<input checked="" type="radio"/> Yes <input type="radio"/> No
	Schedule D	Income - Gifts	✓	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Schedule E	Income - Gifts (Travel Payments, Advances and Reimbursements)	✓	<input type="radio"/> Yes <input checked="" type="radio"/> No

Back
Continue

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests  
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.



Name

NAME OF BUSINESS ENTITY

BLACKSTONE REAL ESTATE INCOME TRUST FUND (BREIT)

GENERAL DESCRIPTION OF THIS BUSINESS

INVESTMENT PRIMARILY IN STABILIZED HIGH-CORPORATE  
US COMMERCIAL REAL ESTATE-RESIDENTIAL, INDUSTRIAL, HOTEL  
RETAIL OFFICE

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock  Other  BDC (Business Dev. Co.)  
(Describe)

Partnership Income Received of \$0 - \$499   
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

9/1/21 ACQUIRED 1/1/21 DISPOSED

NAME OF BUSINESS ENTITY

CAREDX INC. (CCNA)

GENERAL DESCRIPTION OF THIS BUSINESS

PRECISE MED. CO. FOUNDED BY ACADEMIC GOVERNMENT  
OR HIGH VALUE HEALTH CARE SOLUTIONS FOR TRANSFORM  
PATIENTS + CAREGIVERS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock  Other   
(Describe)

Partnership Income Received of \$0 - \$499   
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

11/5/21 ACQUIRED 1/1/21 DISPOSED

NAME OF BUSINESS ENTITY

BLACKSTONE PRIVATE CREDIT FUND (BCRF)

GENERAL DESCRIPTION OF THIS BUSINESS

INVEST IN PRIMARILY ORIGINATED US FIRST LIEN SENIOR  
SECURED CONSUMER CREDIT WITH TAKE-ADVERTISE OF PRIVATE  
CREDIT OPS.

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock  Other  BDC (BUS DEV. CO.)  
(Describe)

Partnership Income Received of \$0 - \$499   
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

9/1/21 ACQUIRED 1/1/21 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock  Other   
(Describe)

Partnership Income Received of \$0 - \$499   
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/1/21 ACQUIRED 1/1/21 DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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

NATURE OF INVESTMENT

Stock  Other   
(Describe)

Partnership Income Received of \$0 - \$499   
Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/1/21 ACQUIRED 1/1/21 DISPOSED

Comments: