



Form No. OEC-2013  
**OHIO ETHICS COMMISSION**  
**FINANCIAL DISCLOSURE STATEMENT**

13

This statement is to be filed in 2014  
 Financial information for calendar year 2013

Please type or print clearly. See instructions for assistance with this page.

**SECTION A. PERSONAL CONTACT INFORMATION**

Last Name:  First Name:  MI:

**SECTION B. STATUS (Check all that apply)**

Candidate  
 Write-in Candidate  
 Elected to an office  
 Appointed to an unexpired term in elective office  
 Public Official  
 Public Employee  
 Voluntary Filer

**CANDIDATES:** Please list the date of the first election (primary, special, or general) when your name will appear on the ballot.

Month	Day	Year
		2014

FOR OFFICIAL USE ONLY

**FILED**  
**SEP 29 2014**  
 OHIO ETHICS COMMISSION

**SECTION C. PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title):   Seeking  Hold  Held

Public Entity you serve in 2014, served in 2013, or will serve if elected:

Public Salary:  Uncompensated  Less than \$16,000  \$16,000 or more

Start Date: 

Month	Day	Year
06	30	2014

 End Date: 

Month	Day	Year

**SECTION D. ADDITIONAL PUBLIC POSITION, OFFICE, OR JOB**

Position/Title (Example: council member, sheriff, board member, or job title):   Seeking  Hold  Held

Public Entity you serve in 2014, served in 2013, or will serve if elected:

Public Salary:  Uncompensated  Less than \$16,000  \$16,000 or more

Start Date: 

Month	Day	Year

 End Date: 

Month	Day	Year

RECEIVED  
 OHIO ETHICS COMMISSION  
 2014 SEP 29 A 10:23

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Walk-in  
 Inter Office  
 No Check  
 Rev'd by: JR

Filer has answered every required question.  
 Filer has not answered these questions:

Date incomplete form returned to filer: \_\_\_\_\_  
 Date completed form returned to OEC: \_\_\_\_\_

**1. SOURCES OF INCOME - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 4)

I have no sources of income that I am required to list.

Source of Income	Service Provided	Amount
A Bank of the West	Savings and checking accounts-interest	
B Bank of the West IRA	Retirement savings	
C Bank of the West Investment / Mutual Funds	Retirement savings	
D Wells Fargo	Savings and checking accounts-interest	less than \$50
E University of California-Irvine	Employment-Chancellor	
F See attached State of California Form 700		

**2. SOURCES OF GIFTS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

I have no sources of gifts that I am required to list.

Source of Gift	Source of Gift
A See attached State of California Form 700	D
B	E
C	F

**3. NAMES OF SPOUSE RESIDING IN HOUSEHOLD AND ANY DEPENDENT CHILDREN - ALL FILERS MUST ANSWER THIS QUESTION:**

There are no immediate family members whose names I am required to list.

(For help, see instructions page 5)

Husband/Wife Residing in Household	Dependent Children
Brenda Jackson Drake	
Dependent Children	
N/A	

**4. NAMES OF BUSINESSES - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 5)

If you or anyone you listed in Question 3 owns or operates a business, list the name of the business.

There are no business names that I am required to list.

Business Name	Business Name
A	C
B	D

**5. LAND (REAL ESTATE) IN OHIO - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

I have no real estate that I am required to list.

Land (Real Estate) in Ohio (List address or, if address is unavailable, plat number and county)
A
B
C
You are not required to disclose your personal residence or real property held primarily for personal recreation.

**6. CREDITORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

I have no creditors that I am required to list.

Creditor	Creditor
A	D
B	E
C	F

**7. DEBTORS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6)

I have no debtors that I am required to list.

Debtor	Debtor
A	C
B	D

**8. INVESTMENTS OVER \$1,000 - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 6 and 7)

I have no investments that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Nature of Investment
A Bank of the West Mutual Fund/Investment Account	Retirement
B Bank of the West IRA	Retirement
C	
D	
E	
F	
IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET.	

**9. OFFICES/FIDUCIARY RELATIONSHIPS - ALL FILERS MUST ANSWER THIS QUESTION:**

(For help, see instructions page 7)

I have no offices or fiduciary relationships that I am required to list.

Corporation, Trust, Business Trust, Partnership, or Association	Office or Nature of Relationship
A See attached State of California Form 700 and supplemental list	
B	

**SKIP QUESTIONS 10 AND 11 IF YOU ARE A:**

- College or university trustee
- Candidate for a city, township, school district, or ESC position that is paid less than \$16,000 a year
- City, township, school district, ESC, or sanitary district official or employee serving in a position that is paid less than \$16,000 a year

**10. FOOD OR BEVERAGES - SKIP THIS QUESTION IF LISTED IN BOX ABOVE:**

(For help, see instructions page 8)

I have no sources of meals, food, or beverages that I am required to list.

Source of Food or Beverages	Source of Food or Beverages
A	C
B	D

**11. TRAVEL EXPENSES - SKIP THIS QUESTION IF LISTED IN BOX ON PAGE 3:**

(For help, see instructions page 8)

I have no sources of travel expenses that I am required to list.

Source of Travel Expenses	Amount
A	
B	
C	
D	
E	
F	

**12. NON-DISPUTED INFORMATION - ALL state employees, state officials and state board and commission members (except college and university trustees) are REQUIRED to answer Question 12.** All other filers should skip this question and go to question 13.

I have no information that I am required to list.

(For help, see instructions page 9)

Non-Disputed Information
A
B

**13. SIGNATURE - ALL FILERS MUST SIGN THE STATEMENT:**

(For help, see instructions page 9 and 10)

By signing this statement:

- I swear or affirm that this statement and any additional attachments have been prepared or carefully reviewed by me, and constitute my complete, truthful, and correct disclosure of all required information, and that the address listed on page 1 is a correct mailing address.
- I acknowledge and understand that, among other potential violations and penalties, knowingly filing a false statement is a criminal misdemeanor of the first degree, in violation of Sections 102.02(D) and 2921.13(A)(7) of the Revised Code, punishable by a fine of not more than \$1,000, imprisonment of not more than six months, or both.
- I acknowledge and understand that filing a false statement may be grounds for removal from public office or dismissal from public employment pursuant to Sections 3.04 and 124.34 of the Revised Code.
- I acknowledge that, in 2013, I served in, or in 2014, I am serving in or a candidate for, the position indicated on page 1 of this statement.

*If you have any questions before signing this form, please contact the Ohio Ethics Commission at (614) 466-7090.*

Before signing this statement, please review to make sure that you have answered each question you are required to answer. If you have nothing to list in response to any question, check the box indicating that you have nothing to list. If the response to any required question is omitted, the Commission will return the statement to you as incomplete. **Any person who fails to file a complete statement by the appropriate filing deadline will be assessed a late filing fee and may be subject to criminal penalty.**

Deliver completed statement to: Ohio Ethics Commission, 30 W. Spring St., L3, Columbus, OH 43215

My filing fee is:

(For help, see instructions page 2)

- Enclosed (check or money order payable to "Ohio Ethics Commission")
- Submitted Online
- My public agency is required or has agreed to pay my filing fee.

YOUR SIGNATURE IS REQUIRED HERE:



Date:

9/22/2014

**2013 Offices and Fiduciary Relationships**

Michael V. Drake, MD

<u>Corporation/Not for Profit</u>		<u>Relationship</u>
Association of American Universities (AAU)		Board Member
Blue Ridge Academic Health Group		Board Member
University of California Global Health Institute		Board Member
California HealthCare Foundation		Board Member
California HealthCare Institute		Board Member
The Commonwealth Fund		Board Member
NCAA Division I		Board Member



STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Drake Michael V.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
University of California
Division, Board, Department, District, if applicable
Irvine Campus
Your Position
Chancellor

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
Multi-County
City of
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, 2013, through December 31, 2013.
Leaving Office: Date Left
The period covered is January 1, 2013, through the date of leaving office.
Assuming Office: Date assumed
The period covered is through the date of leaving office.
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

- Check applicable schedules or "None."
Total number of pages including this cover page:
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
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

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 4/1/14 (month, day year)

Signature Michael V. Drake (File the originally signed statement with your filing official)







**SCHEDULE D  
Income - Gifts**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Michael V. Drake
---

▶ NAME OF SOURCE (Not an Acronym)  
John Croul  
 ADDRESS (Business Address Acceptable)  
PO Box 1287, Santa Ana, CA, 92702  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 21 / 13</u>	<u>\$ 120.00</u>	<u>Business Dinner</u>
<u>    /    /    </u>	<u>\$          </u>	<u>(incl. Mrs. Drake)</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Hazem Chehabi  
 ADDRESS (Business Address Acceptable)  
1605 Avocado, Suite 203, Newport Beach, CA 92660  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
UCI Foundation Trustee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 21 / 13</u>	<u>\$ 40.00</u>	<u>Business Lunch</u>
<u>12 / 12 / 13</u>	<u>\$ 40.00</u>	<u>Business Lunch</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Charles Martin  
 ADDRESS (Business Address Acceptable)  
660 Newport Center Dr., #1220, Newport Beach, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
UCI Foundation Trustee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 19 / 13</u>	<u>\$ 100.00</u>	<u>Business Dinner</u>
<u>07 / 11 / 13</u>	<u>\$ 200.00</u>	<u>Dinner(incl.Mrs.Drake)</u>
<u>07 / 23 / 13</u>	<u>\$ 100.00</u>	<u>Business Dinner</u>

▶ NAME OF SOURCE (Not an Acronym)  
James Mazzo  
 ADDRESS (Business Address Acceptable)  
32 Discovery, Suite 200, Irvine, CA 92618  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
UCI Foundation Trustee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 02 / 13</u>	<u>\$ 160.00</u>	<u>Dinner(incl.Mrs.Drake)</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Geoffrey Stack  
 ADDRESS (Business Address Acceptable)  
18802 Bardeen Ave., Irvine, CA 92612  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 14 / 13</u>	<u>\$ 100.00</u>	<u>Dinner(incl.Mrs.Drake)</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
James Swinden  
 ADDRESS (Business Address Acceptable)  
18881 Von Karman Ave., #1275, Irvine, CA, 92612  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
UCI Foundation Trustee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 22 / 13</u>	<u>\$ 100.00</u>	<u>Dinner(incl.Mrs.Drake)</u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>
<u>    /    /    </u>	<u>\$          </u>	<u>                  </u>

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

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Michael V. Drake</u>

▶ NAME OF SOURCE (Not an Acronym)  
Thomas Tierney

ADDRESS (Business Address Acceptable)  
2802 Dow Ave., Tustin, CA, 92780

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
UCI Foundation Trustee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 03 / 13</u>	<u>\$ 60.00</u>	<u>Business Dinner</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>

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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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: \_\_\_\_\_