

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Brenner David Allen

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms) UC San Diego Health Sciences Vice Chancellor, and Dean, School of Medicine  
 Division, Board, Department, District, if applicable Your Position

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

Agency: CIRM CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE Position: ICOC Board Member

**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.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2013.
- Assuming Office:** Date assumed \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: 8

- 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  
 (Business or Agency Address Recommended - Public Document)  
 9500 Gilman Drive #0602 La Jolla CA 92093

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
 ( 858 ) 534-1501 dbrenner@ucsd.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 03/31/2014 Signature   
 (month, day, year) (File the originally signed statement with your filing official.)



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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
David Brenner

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
American Thoractic Society

ADDRESS (Business Address Acceptable)  
25 Broadway 18th Floor

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
New York, NY 10004

YOUR BUSINESS POSITION  
Lecturer @ Conference

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other Income for services rendered  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
University of Pennsylvania

ADDRESS (Business Address Acceptable)  
3451 Walnut St

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Philadelphia, PA 19104

YOUR BUSINESS POSITION  
Center Grant Advisroy Board Member

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more

Other Income for services rendered  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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 D Income – Gifts

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>David Brenner</u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Rady Children's Hospital Board of Trustees  
 ADDRESS *(Business Address Acceptable)*  
3020 Children's Way  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
San Diego, CA 92123

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 06 / 13</u>	<u>\$ 150.00</u>	<u>year-end backback gift</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**

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
David Brenner

- 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
Cleveland Clinic

ADDRESS (Business Address Acceptable)  
9500 Euclid Avenue

CITY AND STATE  
Cleveland, OH 44195

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture at non-profit

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 36.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Washinton Univeristy

ADDRESS (Business Address Acceptable)  
1 Brookongs Dr,

CITY AND STATE  
St Louis, MO 63130

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture at non-profit

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 71.93  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Association for American Physicians

ADDRESS (Business Address Acceptable)  
45685 Harmony Lane

CITY AND STATE  
Belleville, MI 48111

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture at non-profit

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 98.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
ABMRF/The Foundation for Alcoholic Research

ADDRESS (Business Address Acceptable)  
1122 Kenilworth Drive, Suite 407

CITY AND STATE  
Baltimore, Maryland 21204

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture at non-profit

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 205.50  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>David Brenner</u>
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- 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
American Thoracic Society  
 ADDRESS (Business Address Acceptable)  
25 Broadway 18th Floor  
 CITY AND STATE  
New York, NY 10004  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture for non-profit  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 64.00  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
The Asian Pacific Association for the Study of the Liver  
 ADDRESS (Business Address Acceptable)  
1-24-7-920, Shinjuku  
 CITY AND STATE  
Shinjuku-ku, Tokyo, 160-0022, Japan  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture for non-profit (non-us)  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 3,800.81  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
University of Pennsylvania  
 ADDRESS (Business Address Acceptable)  
3451 Walnut St  
 CITY AND STATE  
Philadelphia, PA 19104  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture for non-profit  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 88.00  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Biogen Idec  
 ADDRESS (Business Address Acceptable)  
14 Cambridge Center  
 CITY AND STATE  
Cambridge, MA 02142  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Travel reimbursement for lecture for scientific seminar  
 DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 175.50  
 (If gift)  
 TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Name  
David Brenner

- 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. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
Great Network Congress

ADDRESS (Business Address Acceptable)  
C&C Congressi S.r.l., Via Tirone 11

CITY AND STATE  
Rome, Italy

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Italy Great Network Congress Conference

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 1,959.90  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Travel reimbursement for speaking @ non-profit  
(non-us)

▶ NAME OF SOURCE (Not an Acronym)  
Amgen

ADDRESS (Business Address Acceptable)  
PO Box 667

CITY AND STATE  
Newbury Park, CA 91319

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
Consultant/Speaker

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 75.80  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_  
Travel reimbursement for for-profit

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

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