

**STATEMENT OF ECONOMIC INTERESTS**

Date Initial Filing Received  
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**COVER PAGE**

Filed Date: 03/06/2017 03:25 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ware Carl F

**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 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, 2016, through December 31, 2016.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)
  - The period covered is January 1, 2016, through the date of leaving office.
- or-** The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2016.  **-or-** The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ 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 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)  
10901 N Torrey Pines Rd La Jolla CA 92037-1005  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 858 ) 795-5335 cware@sbpdiscovery.org

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 03/06/2017 03:25 PM  
(month, day, year)

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

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Carl Ware

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
AgonOx, Inc.

ADDRESS (Business Address Acceptable)  
4805 Ne Glison Street 2n35

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Portland, OR 97213

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 Consultant Fee  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Boehriner Ingelheim Corporation

ADDRESS (Business Address Acceptable)  
900 Ridgebury Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Ridgefield, CT 06877

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 Consultant Fee  
(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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<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> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name  Carl Ware

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Capella Bioscience, Ltd.</u>	NAME OF SOURCE OF INCOME <u>Coherus BioSciences, Inc.</u>
ADDRESS (Business Address Acceptable) <u>158-160 North Gower Street</u>	ADDRESS (Business Address Acceptable) <u>201 Redwood Shores Parkway, Suite 200</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>London NW1 2ND</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Redwood City, CA 94065</u>
YOUR BUSINESS POSITION <u>Consultant</u>	YOUR BUSINESS POSITION <u>Consultant</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 checked="" type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input 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 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>Consultant Fee</u> <small>(Describe)</small>	<input checked="" type="checkbox"/> Other <u>Consultant Fee</u> <small>(Describe)</small>

**▶ 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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Carl Ware

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Eli Lilly and Company

ADDRESS (Business Address Acceptable)  
10290 Campus Point Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
San Diego, CA 92121

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 Consultant Fee  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Jounce Therapeutics

ADDRESS (Business Address Acceptable)  
29 Newbury Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Boston, MA 02116

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

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

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Carl Ware

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Medgenics (Aevi Gen)

ADDRESS (Business Address Acceptable)  
435 Devon Park Drive, Bldg. 700

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Wayne, PA 19087

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 Consultant Fee  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Sanford Burnham Prebys Medical Discovery Institute

ADDRESS (Business Address Acceptable)  
10901 North Torrey Pines Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
La Jolla, CA 92037

YOUR BUSINESS POSITION  
Director, Inflammatory & Infectious Diseases Center

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)

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

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

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p align="center">Carl Ware</p>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>ViaCyte, Inc.</u>	NAME OF SOURCE OF INCOME <u>MedImmune</u>
ADDRESS (Business Address Acceptable) <u>3550 General Atomics Court</u>	ADDRESS (Business Address Acceptable) <u>MedImmune Way</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>San Diego, CA 92121</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Gaithersburg, MD 20878</u>
YOUR BUSINESS POSITION <u>Consultant</u>	YOUR BUSINESS POSITION <u>Consultant</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 checked="" 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 _____ <i>(Real property, car, boat, etc.)</i>	<input type="checkbox"/> Sale of _____ <i>(Real property, car, boat, etc.)</i>
<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
_____ <i>(Describe)</i>	_____ <i>(Describe)</i>
<input checked="" type="checkbox"/> Other <u>Consultant Fee</u> _____ <i>(Describe)</i>	<input checked="" type="checkbox"/> Other <u>Consultant Fee</u> _____ <i>(Describe)</i>

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

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

**Subject:** Notification - Your Submitted Form 700

**Date:** Monday, March 6, 2017 at 3:25:40 PM Pacific Standard Time

**From:** Form700@fppc.ca.gov

**To:** Carl F Ware

**CC:** Maria Bonneville, Amy Cheung

Dear Carl Ware,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/06/2017 03:25 PM.

Electronic Confirmation #: 5330

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Annual

Filing Year: 2016

Number of pages: 6

If you need to view, print or amend your filed form, a copy of your filing has been saved in your profile under 'Previous Filings' in the eDisclosure System.

Hope you enjoyed your online filing experience.

System Logon Link: <https://form700.fppc.ca.gov/>

**Subject:** Notification - Your Submitted Form 700

**Date:** Tuesday, March 7, 2017 at 12:37:01 PM Pacific Standard Time

**From:** Form700@fppc.ca.gov

**To:** Carl F Ware

**CC:** Maria Bonneville, Amy Cheung

Dear Carl Ware,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/07/2017 12:37 PM.

Electronic Confirmation #: 5620

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Amendment - Annual

Filing Year: 2016

Number of pages: 1

If you need to view, print or amend your filed form, a copy of your filing has been saved in your profile under 'Previous Filings' in the eDisclosure System.

Hope you enjoyed your online filing experience.

System Logon Link: <https://form700.fppc.ca.gov/>



**Subject:** Notification - Your Submitted Form 700

**Date:** Monday, March 6, 2017 at 3:25:40 PM Pacific Standard Time

**From:** Form700@fppc.ca.gov

**To:** Carl F Ware

**CC:** Maria Bonneville, Amy Cheung

Dear Carl Ware,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/06/2017 03:25 PM.

Electronic Confirmation #: 5330

Agency: California Institute of Regenerative Medicine

Position: ICOC Board Member

Filing Type: Annual

Filing Year: 2016

Number of pages: 6

If you need to view, print or amend your filed form, a copy of your filing has been saved in your profile under 'Previous Filings' in the eDisclosure System.

Hope you enjoyed your online filing experience.

System Logon Link: <https://form700.fppc.ca.gov/>