CALIFORNIA FORM 700	STATEMENT OF	ECONOMIC INTE	RESTS Date Initial Filing Receiv		
FAIR POLITICAL PRACTICES COMMISSION	со	VER PAGE	Filed Date: 03/07/2019 08:01 AM		
Please type or print in ink.	A PUBL	IC DOCUMENT	SAN: FPPC		
AME OF FILER (LAST)	(FIRST)		(MIDDLE)		
Berglund	Lars		F		
Office, Agency, or Court					
Agency Name (Do not use acronyms)					
California Institute of Regenera		Your Position			
Division, Board, Department, District, if a	applicable		Marahar		
 If filing for multiple positions, list belo 	w or on an attachment (Do not use	Alternate Board	Member		
		uoronymsy			
Agency:		Position:			
Jurisdiction of Office (Check a	at least one box)				
X State		Judge or Court Com	missioner (Statewide Jurisdiction)		
		C C	· · · · · ·		
☐ City of		-			
Type of Statement (Check at le	ast one box)				
Annual: The period covered is Jan	nuary 1, 2018, through	Leaving Office: Da	ate Left/		
December 31, 2018.			(Check one circle.)		
The period covered is December 31, 2018.	/, through	-or- leaving office.	ered is January 1, 2018, through the date of		
Assuming Office: Date assumed .	/	 The period cove the date of leav 	ered is//, through ing office.		
Candidate: Date of Election	and office sought, if				
Schedule Summary (must co	omplete) 🕨 Total number o	of pages including this	s cover page:6		
Schedules attached					
Schedule A-1 - Investments – se	chedule attached	Schedule C - Income, Loan	s, & Business Positions – schedule attached		
Schedule A-2 - Investments - se	chedule attached	Schedule D - Income – Gift	ts – schedule attached		
Schedule B - Real Property – se	chedule attached	Schedule E - Income – Gift	s – Travel Payments – schedule attached		
or- 🗆 Nono No reportable int	araata an any ashadula				
or- No reportable interview of the second se	eresis on any schedule				
MAILING ADDRESS STREET	CITY		STATE ZIP CODE		
(Business or Agency Address Recommended - Pub 3101E Education Building 46			CA 95817-2305		
3101E Education Building, 46 DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	<u> </u>		
(916) 703-9207		berglund@ucdavis.eo			
I have used all reasonable diligence in pro- herein and in any attached schedules is			best of my knowledge the information contained		
I certify under penalty of perjury under	er the laws of the State of California	a that the foregoing is true	and correct.		
Date Signed03/07/2019 08	01 AM	natureE	Electronic Submission		

	SCHEDULE A-1 CALIFORNIA FORM 70					
	Investments			FAIR POLITICAL PRACTICES COMMISSION		
	Stocks, Bonds, and	d	Other Interests	Name		
	(Ownership Interest is			Lars Berglund		
	Investments mus	t k	be itemized.			
	Do not attach brokerage o	or				
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTI Official Sciences	ITY		
	3 M GENERAL DESCRIPTION OF THIS BUSINESS		Gilead Sciences			
			GENERAL DESCRIPTION C	JF THIS BUSINESS		
	Manufacturing		Pharmaceuticals			
	FAIR MARKET VALUE		FAIR MARKET VALUE			
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	× \$10,001 - \$100,000 ☐ Over \$1,000,000		
	NATURE OF INVESTMENT Stock Other		NATURE OF INVESTMENT			
	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income Income	(Describe) Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)		
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	Ξ:		
				/ <u>18</u>		
_	ACQUIRED DISPOSED			5.0. 0025		
Þ	NAME OF BUSINESS ENTITY Berkshire Hathaway		 NAME OF BUSINESS ENTI Johnson & Johnson 			
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION (
	Investment company		Health care			
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$\$100,001 - \$1,000,000 Over \$1,000,000		FAIR MARKET VALUE 52,000 - \$10,000 \$\$100,001 - \$1,000,000	☐ \$10,001 - \$100,000 ☐ Over \$1,000,000		
	NATURE OF INVESTMENT X Stock Other		NATURE OF INVESTMENT			
	(Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income	(Describe) Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)		
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	E		
	/ <u>18</u> / <u>18</u> ACQUIRED DISPOSED		<u>//_18</u> ACQUIRED	/ <u>/_18</u> DISPOSED		
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTI Moderania	ITY		
	Boston Scientific GENERAL DESCRIPTION OF THIS BUSINESS		Medtronic GENERAL DESCRIPTION (DF THIS BUSINESS		
	Technology		Technology			
	FAIR MARKET VALUE					
	\$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	X \$10,001 - \$100,000 Over \$1,000,000		
	NATURE OF INVESTMENT X Stock Other		NATURE OF INVESTMENT			
	□ (Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)		☐ Partnership ◯ Income	(Describe) Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)		
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	<u>=</u> :		
	//_18//_18 ACQUIREDDISPOSED		//_18 ACQUIRED	/_18 DISPOSED		

Comments: ____

SCHEDULE A-1 CALIFORNIA FORM 700					
Investments FAIR POLITICAL PRACTICES COMMISS					
	Stocks, Bonds, and Other Interests Name				
	(Ownership Interest is		,	Lars Berglund	
	Investments must Do not attach brokerage o				
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTIT	ſY	
	Verizon				
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION O	F THIS BUSINESS	
	Telecommunications				
	FAIR MARKET VALUE		FAIR MARKET VALUE		
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	S10,001 - \$100,000	
	NATURE OF INVESTMENT Stock Other		NATURE OF INVESTMENT		
	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income F	(Describe) Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	:	
	// <u>18</u> // <u>18</u> ACQUIRED DISPOSED		//_18 ACQUIRED	// <u>18</u> DISPOSED	
►	NAME OF BUSINESS ENTITY	►	NAME OF BUSINESS ENTIT	ΓY	
	Novo Nordisk				
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION O	F THIS BUSINESS	
	Pharmaceuticals				
			FAIR MARKET VALUE	_	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	☐ \$10,001 - \$100,000 ☐ Over \$1,000,000	
	NATURE OF INVESTMENT Stock Other		NATURE OF INVESTMENT		
	(Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income F	(Describe) Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	:	
	<u>/ 18/ 18 </u>			<u> </u>	
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED	
►	NAME OF BUSINESS ENTITY Pfizer		NAME OF BUSINESS ENTIT	ſY	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION O	F THIS BUSINESS	
	Pharmaceuticals				
	FAIR MARKET VALUE		FAIR MARKET VALUE		
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	☐ \$10,001 - \$100,000 ☐ Over \$1,000,000	
	NATURE OF INVESTMENT X Stock Other		NATURE OF INVESTMENT		
	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income F	(Describe) Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)	
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	:	
	<u> </u>		<u>18</u>	<u>/18</u>	
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED	

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Lars Berglund

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Boston University	Los Angeles Biomedical Research Institute			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
73 East Concord Street, Boston, MA 02118	1124 W Carson Street, Torrance, CA			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Member of Advisory Board	Member of Advisory Board			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Advisor	Advisor			
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.)	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	Sale of			
Loan repayment	Loan repayment			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
X Other Advisor	Other Advisor			
(Describe)	(Describe)			

* 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		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC		sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000	-		City
S1,001 - \$10,000 S10,001 - \$100,000	Guarantor		
OVER \$100,000	Other	((Describe)
Comments:			

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

FAIR POLITICAL PRACTICES COMMISSION

Name

Lars Berglund

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
University of Chicago	University of Utah
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
924 East 57th Street, Chicago, IL 60637	26 S 2000 E, Salt Lake City, UT 84112
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Member of Advisory Board	Member of Advisory Board
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Advisor	Advisor
GROSS INCOME RECEIVED No Income - Business Position Only ▼ \$500 - \$1,000 \$1,001 - \$10,000	GROSS INCOME RECEIVED □ No Income - Business Position Only □ \$500 - \$1,000 ☑ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
(Describe)	(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		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC	DAN	idence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
\$500 - \$1,000	-		City
□ \$1,001 - \$10,000 □ \$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other	(Describe)
Comments:			

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

CALIFORNIA FORM 700

Name

Lars Berglund

- 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)	► NAME OF SOURCE (Not an Acronym)
University of Chicago	Boston University
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
924 East 57th Street	72 East Concord Street
CITY AND STATE	CITY AND STATE
Chicago, IL 60637	Boston, MA 02118
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Member of Advisory Board	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Member of Advisory Board
DATE(S): 05 / 03 / 18 - 05 / 04 / 18 AMT: \$980.00	DATE(S): 03/08/18 - 03/09/18 AMT: \$980.87
► MUST CHECK ONE: 🔀 Gift -or- 🗌 Income	► MUST CHECK ONE: 🗙 Gift -or- 🗌 Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O Other - Provide Description	O Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
LA Biomedical Research Institute	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1124 W Carson Street	
CITY AND STATE	CITY AND STATE
Torrance, CA	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE Member of Advisory Board	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): <u>11 / 26 / 18</u> - <u>11 / 26 / 18</u> AMT: \$ <u>437.70</u>	DATE(S):/// AMT: \$
► MUST CHECK ONE: X Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	O Made a Speech/Participated in a Panel
O Other - Provide Description	O Other - Provide Description
► If Gift, Provide Travel Destination	If Gift, Provide Travel Destination

Comments: