

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 02/12/2020 08:42 AM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Berglund Lars 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

Alternate 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, 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, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2019. The period covered is January 1, 2019, 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 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)
3101E Education Building, 4610 X Street Sacramento CA 95817-2305
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(916) 703-9207 lberglund@ucdavis.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 02/12/2020 08:42 AM Signature Electronic Submission
(month, day, year) (File the originally signed paper statement with your filing official.)

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

Lars Berglund

▶ NAME OF BUSINESS ENTITY
3 M

GENERAL DESCRIPTION OF THIS BUSINESS
Manufacturing

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Gilead Sciences

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS
Investment company

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
Health care

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Boston Scientific

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Medtronic

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

Comments: _____

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

Lars Berglund

▶ NAME OF BUSINESS ENTITY
Novo Nordisk

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
____/____/19 ____/____/19
ACQUIRED 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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals

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:
____/____/19 ____/____/19
ACQUIRED 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
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IF APPLICABLE, LIST DATE:
____/____/19 ____/____/19
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Verizon

GENERAL DESCRIPTION OF THIS BUSINESS
Telecommunications

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:
____/____/19 ____/____/19
ACQUIRED 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:
____/____/19 ____/____/19
ACQUIRED DISPOSED

Comments: _____

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

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)*
University of Utah
 ADDRESS *(Business Address Acceptable)*
26 S 2000 E
 CITY AND STATE
Salt Lake City, UT 84112
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 02 / 08 / 19 - 02 / 08 / 19 AMT: \$ 598.46
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Salt Lake City, UT

▶ NAME OF SOURCE *(Not an Acronym)*
University of Utah
 ADDRESS *(Business Address Acceptable)*
26 S, 2000 E
 CITY AND STATE
Salt Lake City, UT 84112
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 11 / 08 / 19 - 11 / 08 / 19 AMT: \$ 548.72
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Salt Lake City, UT

▶ NAME OF SOURCE *(Not an Acronym)*
Lundquist Institute
 ADDRESS *(Business Address Acceptable)*
1124 W. Carson Street
 CITY AND STATE
Torrance, CA 90502
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 12 / 09 / 19 - 12 / 09 / 19 AMT: \$ 354.92
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Los Angeles, CA

▶ NAME OF SOURCE *(Not an Acronym)*

 ADDRESS *(Business Address Acceptable)*

 CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel
 Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: _____