

COVER PAGE

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
- 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, 2015, through December 31, 2015.
- or-
 The period covered is _____, through December 31, 2015.
- 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, 2015, through the date of leaving office.
- or-
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- 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

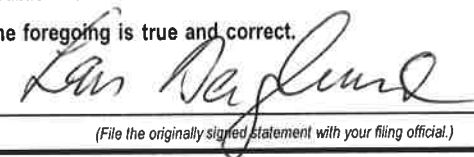
MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 3101E Education Building, 4610 X Street Sacramento CA 95817

DAYTIME TELEPHONE NUMBER E-MAIL 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 03/10/2016
 (month, day, year)

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

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Lars Berglund

▶ 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:
 / / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Monsanto

GENERAL DESCRIPTION OF THIS BUSINESS
Agriculture

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:
10 / 26 / 15 / / 15
 ACQUIRED DISPOSED

▶ 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:
10 / 26 / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson & Johnson

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:
10 / 26 / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Berkshire Hathaway

GENERAL DESCRIPTION OF THIS BUSINESS
Business conglomerate

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:
10 / 26 / 15 / / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Gilead Sciences

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:
10 / 26 / 15 / / 15
 ACQUIRED DISPOSED

Comments: All stock transactions represent partial purchases

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. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Weill Cornell Medical College
ADDRESS (Business Address Acceptable)
1300 York Avenue
CITY AND STATE
New York, NY 10065

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

DATE(S): 03 / 19 / 15 - 03 / 19 / 15 AMT: \$ 1,000.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

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

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Oregon Health & Science University
ADDRESS (Business Address Acceptable)
3181 S.W. Sam Jackson Park Rd
CITY AND STATE
Portland, OR 97239

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

DATE(S): 09 / 26 / 15 - 09 / 27 / 15 AMT: \$ 2,000.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

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

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
University of Chicago
ADDRESS (Business Address Acceptable)
5801 S Ellis Avenue
CITY AND STATE
Chicago, IL 60637

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

DATE(S): 03 / 09 / 15 - 03 / 09 / 15 AMT: \$ 1,000.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

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

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
University of Illinois
ADDRESS (Business Address Acceptable)
1200 W Harrison St
CITY AND STATE
Chicago, IL 60607

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

DATE(S): 01 / 20 / 15 - 01 / 20 / 15 AMT: \$ 1,000.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

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

▶ If Gift, Provide Travel Destination _____

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. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
 LA BioMed

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
 Consulting

DATE(S): 11/17/15 - 11/17/15 AMT: \$ 1,500.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

▶ 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 _____

▶ 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

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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: _____