CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

-		Date Received Official Use Only
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Please type or print in ink.

NAME OF FIL	ER (LAST)		(FIRST)		(MIDDLE)	American State of
Berglun	d	Lars		F	olke	
1. Office	e, Agency, or Court					
Agency	Name (Do not use acronyms)					
Califo	ornia Institute for Regenerative Med	icine				
Division	n, Board, Department, District, if applicable		Your Position			
			Alternate E	Board Member		***************************************
► If fil	ing for multiple positions, list below or on an at	tachment. (Do not use	e acronyms)			
Agenc	<i>r</i>		_ Position:			
2. Juris	diction of Office (Check at least one b	ox)				
 ✓ Sta	te		☐ Judge or Co	urt Commissioner (St	atewide Jurisdiction)	
☐ Mul	ti-County		☐ County of _			
☐ City	of		Other			
3. Type	of Statement (Check at least one box)					
☐ An	nual: The period covered is January 1, 2013, December 31, 2013.	through	Leaving Of (Check one,			
	The period covered is 07 25 December 31, 2013.	2013 through	○ The peri leaving o		ry 1, 2013, through the	date of
☐ As	suming Office: Date assumed	2013		iod covered is of leaving office.	J,	through
☐ Ca	ndidate: Election year	and office sought, if	different than Part 1: .	······································		
4. Sche	dule Summary				11	
Check	applicable schedules or "None."	► Total	number of pages	s including this	cover page:	
√ Sc	hedule A-1 - Investments - schedule attached	Ţ,	Schedule C - Inco	ome, Loans, & Busin	ess <i>Positions</i> – schedu	lle attached
☐ Sc	hedule A-2 - Investments - schedule attached		Schedule D - Inco	ome – Gifts – schedu	ile attached	
☐ Sc	hedule B - Real Property - schedule attached	G	✓ Schedule E - Inco	ome – Gifts – Travel	Payments – schedule	attached
		-or-				
	None	- No reportable intere	sts on any schedule			
5. Verific	cation					
	ADDRESS STREET s or Agency Address Recommended - Public Document)	CITY		STATE	ZIP CODE	
	C, 2921 Stockton Blvd Suite 1400	Sacramento	•	CA	95817	
	ETELEPHONE NUMBER		E-MAIL ADDRESS (OPTIO	NAL)	\$200000 - 100000 - 10000 - 1000000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000 - 100000	
	5) 703-9207			ucdmc.ucdavis.e		
	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.			n contained		
I certify	y under penalty of perjury under the laws o	the State of Californ	ia that the foregoing	is true and correct		
Date Si		Si	gnature	- Ny Ci	ind	
	(month, day, year)		(F	ile the originally signed statem	ent 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	CALIFORNIA FORM.	(OVO)

▶ NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Pfizer	Monsanto
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000 \times \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Mature of investment Mature of investmen	Stock Other (Describe)
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Novo Nordisk	Berkshire Hathaway
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Service of the first of the position	OENEWAL DECOME HON OF THIS DOOMLOO
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \(\sqrt{\$10,001} - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Least 1	Name of the state
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
, IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
() (12	
	/ / 43 / / 43 ACQUIRED DISPOSED
NOGENIED BIG OCED	MOGORILO DIGI GOLD
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
SENERAL BESONIE HON SE THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
· —	Land /
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 13 / / 13	/ / 13 / / 13
// 13// 13/ ACQUIRED DISPOSED	/ / 13 / / 13 ACQUIRED DISPOSED
	The state of the s
Comments	

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

CALIFORNIA FORM: 700 CAR PORTION CHAPTERS COMMISSION Name
Lars Berglund

NAME OF COURCE OF INCOME	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
University of New Mexico	University of Arkansas for Medical Sciences
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
UNM, Albuquerque, NM	4301 West Markham Street, Little Rock, AR
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Member of Advisory Board (NIH)	Member of Advisory Board (NIH)
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Advisor	Advisor
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☑ \$500 - \$1,000 □ \$1,001 - \$10,000	\$500 - \$1,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$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	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
tand 1 /	
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Continuesion of the Residence of the State o	
Other Advisor	✓ Other Advisor
(Describe)	(Describe)
	ERIOD
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official states.	lending institutions, or any indebtedness created as part of ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
* You are not required to report loans from commercial retail installment or credit card transaction, made in the	lending institutions, or any indebtedness created as part of ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official or regular course of business must be disclosed as follows:	lending institutions, or any indebtedness created as part of ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official or regular course of business must be disclosed as follows:	lending institutions, or any indebtedness created as part of ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows:
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as folio	lending institutions, or any indebtedness created as part of ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official seregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE None None
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official regular course of business must be disclosed as folio	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's lows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official seregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institutions, or any indebtedness created as part of ne lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows: INTEREST RATE None SECURITY FOR LOAN
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's pays: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official segular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's pays: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official segular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's pays: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN Personal residence Real Property Street address City
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as follow name of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's pays: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN None Personal residence Real Property Guarantor
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as folioname of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ows: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN None Personal residence Real Property Street address City
* You are not required to report loans from commercial retail installment or credit card transaction, made in the members of the public without regard to your official stregular course of business must be disclosed as folioname of Lender* Address (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000	lending institutions, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's pays: INTEREST RATE TERM (Months/Years) None SECURITY FOR LOAN None Personal residence Real Property Guarantor Other

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

©ANGEOR	MIA FORM 700 E Práchices commission
Lars Berg	llund

- · 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)	➤ NAME OF SOURCE (Not an Acronym)
University of New Mexico	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 Univ of New Mexico, MSC 01 1250	
CITY AND STATE	CITY AND STATE
Albuquerque, NM	First
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Member of Advisory Board (NIH)	
DATE(S): 09 / 19 / 13 - 09 / 20 / 13 AMT: \$ 542.07	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
☑ Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
	ADDOGOO (F. vive Addison America)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
CITI AND SINIE	OHT THE STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):/ AMT: \$	DATE(S):/ AMT: \$
(if girt)	
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
Comments:	
VOITHIVITY	