

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
Official Use Only

APR 1 - 2014

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Institute for 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 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, 2013, through December 31, 2013.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is 07 / 25 / 2013, through December 31, 2013.

☐ The period covered is January 1, 2013, through the date of leaving office.

☐ **Assuming Office:** Date assumed 07 / 25 / 2013

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☒ **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)

CTSC, 2921 Stockton Blvd Suite 1400

Sacramento

CA

95817

DAYTIME TELEPHONE NUMBER

( 916 ) 703-9207

E-MAIL ADDRESS (OPTIONAL)

lars.berglund@ucdmc.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 4/17/2014  
(month, day, year)

Signature Lars Berglund  
(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.*

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>Lars Berglund</b>

► NAME OF BUSINESS ENTITY  
**Pfizer**

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:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ **43**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **43**  
ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY  
**Monsanto**

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:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ **43**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **43**  
ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY  
**Novo Nordisk**

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:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ **43**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **43**  
ACQUIRED                      DISPOSED

► NAME OF BUSINESS ENTITY  
**Berkshire Hathaway**

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:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ **43**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **43**  
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:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ **13**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **13**  
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:  
\_\_\_\_/\_\_\_\_/\_\_\_\_ **13**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **13**  
ACQUIRED                      DISPOSED

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

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
Lars Berglund

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

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	
_____	<input type="checkbox"/> Real Property _____	
HIGHEST BALANCE DURING REPORTING PERIOD	_____	
<input type="checkbox"/> \$500 - \$1,000	_____	
<input type="checkbox"/> \$1,001 - \$10,000	_____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
	(Describe)	

FPPC Form 700 (2013/2014) Sch. C  
FPPC Advice Email: [advice@fppc.ca.gov](mailto:advice@fppc.ca.gov)  
FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)

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

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)	
University of New Mexico	
ADDRESS (Business Address Acceptable)	
1 Univ of New Mexico, MSC 01 1250	
CITY AND STATE	
Albuquerque, NM	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Member of Advisory Board (NIH)	
DATE(S): 09 / 19 / 13 - 09 / 20 / 13 AMT: \$ 542.07	
(If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$	
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$	
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): - AMT: \$	
(If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: