

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only

APR 02 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Brenner David Allen

1. Office, Agency, or Court

Agency Name

University of California

Division, Board, Department, District, if applicable

UC San Diego Health Sciences

Your Position

Vice Chancellor and Dean

► If filing for multiple positions, list below or on an attachment.

Agency: CIRM

Position: ICOC member

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, 2012, through December 31, 2012.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

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

☐ The period covered is January 1, 2012, through the date of leaving office.

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

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ 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: 10

☐ 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)

9500 Gilman Dr.

La Jolla

CA

92093

DAYTIME TELEPHONE NUMBER

( 858 ) 534-1501

E-MAIL ADDRESS (OPTIONAL)

dbrenner@ucsd.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 03/28/2013

(month, day, year)

Signature

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
------------------------------------------------------------------------------------

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Bristol Myers Squibb

ADDRESS (Business Address Acceptable)

777 Scudders Mill Road - Plainsboro Township NJ

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmaceuticals

YOUR BUSINESS POSITION

Consultant

GROSS INCOME RECEIVED

- ☐ \$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

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☒ Other income for services rendered  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Alcoholic Beverage Medical Research Foundation

ADDRESS (Business Address Acceptable)

1122 Kenilworth Drive, Suite 407 - Baltimore MD

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Scientific research

YOUR BUSINESS POSITION

Board of trustees member

GROSS INCOME RECEIVED

- ☒ \$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

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☒ Other income for services rendered  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

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

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---------------------------------------------------------------------------------

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Celgene Corporation</u>	NAME OF SOURCE OF INCOME <u>ISIS Pharmaceuticals</u>
ADDRESS (Business Address Acceptable) <u>86 Morris Avenue Summit - New Jersey, NJ</u>	ADDRESS (Business Address Acceptable) <u>2855 Gazelle Court - Carlsbad, CA</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Scientific research company</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Pharmaceuticals</u>
YOUR BUSINESS POSITION <u>Scientific consultant</u>	YOUR BUSINESS POSITION <u>Scientific advisor</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;"><i>(Real property, car, boat, etc.)</i></span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>income for services rendered</u> <span style="margin-left: 150px;"><i>(Describe)</i></span>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;"><i>(Real property, car, boat, etc.)</i></span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>income for services rendered</u> <span style="margin-left: 150px;"><i>(Describe)</i></span>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, 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* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ 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"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <span style="margin-left: 150px;"><i>Street address</i></span> _____ <span style="margin-left: 150px;"><i>City</i></span> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;"><i>(Describe)</i></span>
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Comments: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---------------------------------------------------------------------------------

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Nitto Denko</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>501 Via Del Monte - Oceanside, CA</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Technical Corporation - Bio Medical</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Consultant</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;"><i>(Real property, car, boat, etc.)</i></span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>income for services rendered</u> <span style="margin-left: 150px;"><i>(Describe)</i></span>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <span style="margin-left: 150px;"><i>(Real property, car, boat, etc.)</i></span> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;"><i>(Describe)</i></span>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD		
<p>* You are not required to report loans from commercial lending institutions, 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:</p>		
NAME OF LENDER* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ 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"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <span style="margin-left: 150px;"><i>Street address</i></span> _____ <span style="margin-left: 150px;"><i>City</i></span> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <span style="margin-left: 150px;"><i>(Describe)</i></span>	TERM (Months/Years) _____

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

# SCHEDULE D Income – Gifts

CALIFORNIA FORM
700

FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF SOURCE (Not an Acronym)

Rady Children's Hospital Board of Trustees

ADDRESS (Business Address Acceptable)

3020 Children's Way

BUSINESS ACTIVITY, IF ANY, OF SOURCE

San Diego, CA 92123

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 13	\$ 200.00	year-end gift-backpack
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>David Allen Brenner</u>

- You must 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.

<p>▶ NAME OF SOURCE (Not an Acronym) <u>American Gastroenterological Association</u></p> <p>ADDRESS (Business Address Acceptable) <u>4930 Del Ray Ave</u></p> <p>CITY AND STATE <u>Bethesda, MD 20814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>AGA Nominating Committee</u></p> <p>DATE(S): <u>01 / 27 / 12</u> - <u>01 / 30 / 12</u> AMT: \$ <u>76.36</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Travel Reimbursement for non-profit committee meeting</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>Alpha-1 Foundation</u></p> <p>ADDRESS (Business Address Acceptable) <u>2937 SW 27th Ave, Suite 302</u></p> <p>CITY AND STATE <u>Miami, FL 33133</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>Board Meeting</u></p> <p>DATE(S): <u>02 / 09 / 12</u> - <u>02 / 11 / 12</u> AMT: \$ <u>90.00</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Travel Reimbursement for non-profit board meeting</u></p>
<p>▶ NAME OF SOURCE (Not an Acronym) <u>American Thoracic Society</u></p> <p>ADDRESS (Business Address Acceptable) <u>25 Broadway, 18th Fl</u></p> <p>CITY AND STATE <u>New York, NY 10004-1012</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input checked="" type="checkbox"/> 501 (c)(3) <u>ATS Fibrosis Meeting</u></p> <p>DATE(S): <u>03 / 08 / 12</u> - <u>03 / 11 / 12</u> AMT: \$ <u>294.08</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Travel Reimbursement for non-profit conference lecture</u></p>	<p>▶ NAME OF SOURCE (Not an Acronym) <u>Vienna Medical University</u></p> <p>ADDRESS (Business Address Acceptable) <u>Spitalgasse 23</u></p> <p>CITY AND STATE <u>1090 Vienna, Austria</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) <u>IMVienna Fibrosis Conference</u></p> <p>DATE(S): <u>03 / 24 / 12</u> - <u>03 / 29 / 12</u> AMT: \$ <u>1,305.70</u> (If gift)</p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Made a Speech/Participated in a Panel</p> <p><input checked="" type="checkbox"/> Other - Provide Description <u>Travel reimbursement from non-profit (non-us) for lecture. ~ 1305.70 USD (actually 1016.27 EUR)</u></p>

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

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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

David Allen Brenner

- You must 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)

Keystone Symposia

ADDRESS (Business Address Acceptable)

160 U. S. Highway 6, Suite 200

CITY AND STATE

Silverthorne, CO 80498

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Keystone Fibrosis Symposium

DATE(S): 03 / 30 / 12 - 04 / 04 / 12 AMT: \$ 2,119.26  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Travel Reimbursement for lecture given at non-profit  
symposium

► NAME OF SOURCE (Not an Acronym)

American Society for Investigative Pathology

ADDRESS (Business Address Acceptable)

9650 Rockville Pike

CITY AND STATE

Bethesda, MD 20814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

FASEB/ASIP Experimental Biology Meeting

DATE(S): 04 / 22 / 12 -     /    /     AMT: \$ 26.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Travel reimbursement for for speech given at  
non-profit

► NAME OF SOURCE (Not an Acronym)

University of Kansas

ADDRESS (Business Address Acceptable)

3901 Rainbow Blvd, MS 1018

CITY AND STATE

Kansas City, KS 66160

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Ground Rounds

DATE(S): 04 / 16 / 12 - 04 / 17 / 12 AMT: \$ 56.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Travel reimbursement for lecture at non-profit

► NAME OF SOURCE (Not an Acronym)

Association of American Physicians

ADDRESS (Business Address Acceptable)

45685 Harmony Lane

CITY AND STATE

Belleville, MI 48111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

ASCI/AAP Joint Meeting

DATE(S): 04 / 27 / 12 - 04 / 30 / 12 AMT: \$ 372.95  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Travel Reimbursement for non-profit conference.  
planner/speaker

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

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

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name David Allen Brenner

- You must 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) ABMRF/The Foundation for Alcohol Research	
ADDRESS (Business Address Acceptable) 1122 Kenilworth Drive #407	
CITY AND STATE Baltimore, Maryland 21204	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Board Meeting	
DATE(S): 04 / 30 / 12 - 05 / 01 / 12 (If gift)	AMT: \$ 362.25
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 checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement for non-profit board meeting	

▶ NAME OF SOURCE (Not an Acronym) Takeda Pharmaceutical Company Limited	
ADDRESS (Business Address Acceptable) One Takeda Parkway	
CITY AND STATE Deerfield, IL 60015	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Scientific Meeting	
DATE(S): 04 / 30 / 12 - ____ / ____ / ____ (If gift)	AMT: \$ 90.00
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 checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement for scientific meeting/collaboration	

▶ NAME OF SOURCE (Not an Acronym) Celgene Corp	
ADDRESS (Business Address Acceptable) 84 Bloomfield Ave – STE 101	
CITY AND STATE Pine Brook, NJ 07058	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Inflammation & Immunology Global Advisory Panel	
DATE(S): 05 / 04 / 12 - ____ / ____ / ____ (If gift)	AMT: \$ 134.34
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 checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement	

▶ NAME OF SOURCE (Not an Acronym) Cold Spring Harbor Asian	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Cold Spring Harbor Asian Liver Conference	
DATE(S): 05 / 21 / 12 - 05 / 25 / 12 (If gift)	AMT: \$ 2,245.77
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 checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement from non-profit (non-us) for lecture	

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



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name David Allen Brenner

- You must 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) Gordon Conference	
ADDRESS (Business Address Acceptable) 56 Packards Road,	
CITY AND STATE Waterville Valley, NH, 03215	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
NOX Gordon Conference	
DATE(S): 06 / 03 / 12 - 06 / 05 / 12 AMT: \$ 1,463.70 (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 checked="" type="checkbox"/> Other - Provide Description	
Travel reimbursement for non-profit. Lecturer	

▶ NAME OF SOURCE (Not an Acronym) EUROPEAN CONGRESS OF RHEUMATOLOGY	
ADDRESS (Business Address Acceptable) BUDAPESTER STRASSE 2	
CITY AND STATE BERLIN, 10787, Germany	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
EULAR Conference	
DATE(S): 06 / 06 / 12 - 06 / 07 / 12 AMT: \$ 2,285.00 (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 checked="" type="checkbox"/> Other - Provide Description	
Travel reimbursement for giving lecture. Non-profit org (non-us)	

▶ NAME OF SOURCE (Not an Acronym) Wuhan Medical Treatment Center	
ADDRESS (Business Address Acceptable) East Lake Silver Tam 1	
CITY AND STATE Wuhan, China	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Wuhan Seminar	
DATE(S): 06 / 21 / 12 - 06 / 24 / 12 AMT: \$ 170.00 (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 checked="" type="checkbox"/> Other - Provide Description	
Travel reimbursement from non-profit (non-us) for lecture/visit	

▶ NAME OF SOURCE (Not an Acronym) GenkyoTex SA	
ADDRESS (Business Address Acceptable) Chemin des Aux 16,	
CITY AND STATE 1228 Plan-les-Ouates, Switzerla	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
GenKyoTex Collaborators Meeting	
DATE(S): 07 / 20 / 12 - / / AMT: \$ 1,500.60 (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 checked="" type="checkbox"/> Other - Provide Description	
Travel reimbursement for scientific meeting with collaborators in NY, NY.	

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

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

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name David Allen Brenner

- You must 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) Peking Medical School	
ADDRESS (Business Address Acceptable) 1 East Chang An Avenue,	
CITY AND STATE Beijing 100738, China	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Peking Medical School Celebration	
DATE(S): 09 / 22 / 12 - 09 / 24 / 12 AMT: \$ 10,000.00 (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 checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement from non-profit for lecture	

▶ NAME OF SOURCE (Not an Acronym) Alpha-1 Foundation	
ADDRESS (Business Address Acceptable) 2937 SW 27th Avenue, Suite 302	
CITY AND STATE Miami, FL 33133.	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Alpha-1 Board Meeting	
DATE(S): 10 / 11 / 12 - 10 / 13 / 12 AMT: \$ 125.24 (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 checked="" type="checkbox"/> Other - Provide Description	
travel reimbursement from no-profit for board meeting	

▶ NAME OF SOURCE (Not an Acronym) Great Network Congress	
ADDRESS (Business Address Acceptable) C&S Congressi S.r.l., Via Tirone 11	
CITY AND STATE Rome, Italy	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Italy Great Networ Congress Conference	
DATE(S): 10 / 15 / 12 - 10 / 19 / 12 AMT: \$ 1,360.00 (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 checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement for lecture. Non-profit (non-us). About 1360.00 USD (actually 1121.99 EUR)	

▶ NAME OF SOURCE (Not an Acronym) Hyogo Medical School	
ADDRESS (Business Address Acceptable) 1-1 Mukogawacho	
CITY AND STATE Nishinomiya, Hyogo Prefecture, Japan	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Hyogo Medical School Meeting	
DATE(S): 11 / 20 / 12 - 11 / 24 / 12 AMT: \$ 100.00 (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 checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement from non-profit (non-us) for meeting	

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