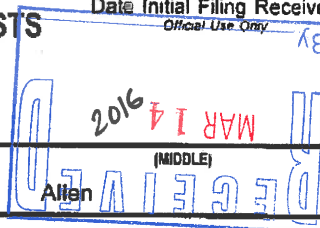


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
University of California, San Diego
 Division, Board, Department, District, if applicable Health Sciences Your Position Vice Chancellor for Health Sciences

► If filing for multiple positions, list below or on an attachment. *(Do not use acronyms)*

Agency: California Institute for Regenerative Medicine Position: ICOC Board 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, 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: 4

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)
9500 Gilman Drive #0602 La Jolla CA 920930602
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(858) 534-1501 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 03/14/2016
(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)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 David Brenner

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 University of Pennsylvania

ADDRESS (Business Address Acceptable)
 42 Curie Boulevard

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Philadelphia, PA 19104-3863

YOUR BUSINESS POSITION
 UPenn Center Symposium and Retreat Advisor

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

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

 (Describe)

Other Income for services rendered
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Merck Research Laboratories

ADDRESS (Business Address Acceptable)
 One Merck Drive

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Whitehouse Station, NJ 08889

YOUR BUSINESS POSITION
 Scientific Advisor

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

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

 (Describe)

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 E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <u>David Brenner</u>
--

- 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)
Yale University
 ADDRESS (Business Address Acceptable)
33Cedar Street, SHM CE-3
 CITY AND STATE
New Haven, CT 06520-8052
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker at Symposium
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 901.02
(If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Reimbursement for travel expenses only
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Gastroenterological Society of Australia (GESA)
 ADDRESS (Business Address Acceptable)
PO Box 508, Mulgrave
 CITY AND STATE
Victoria 3170 Australia
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker at Australian Liver Association
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 7,568.30
(If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Reimbursement for travel expenses only
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Beijing Friendship Hospital
 ADDRESS (Business Address Acceptable)
95 Yong-an Road, Xicheng District
 CITY AND STATE
Beijing 100050, P R China
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beijing International Digestive Disease Forum Speake
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 1,585.40
(If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Reimbursement for travel expenses only
 ▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Great Network
 ADDRESS (Business Address Acceptable)
Via Antonio Serra 54
 CITY AND STATE
00191 Roma - Italy
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker at Mediterranean Emergency Medicine Congr
 DATE(S): ___/___/___ - ___/___/___ AMT: \$ 3,439.25
(If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Reimbursement for travel expenses only
 ▶ If Gift, Provide Travel Destination _____

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name David Brenner
--

- 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)
 University of Southern California (Grant)
 ADDRESS (Business Address Acceptable)
 1975 Zonal Ave.
 CITY AND STATE
 Los Angeles, CA 90033

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Speaker at Brazilian Congress of Hepatology

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 2,494.63
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Reimbursement for travel expenses only

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
 University of Alabama
 ADDRESS (Business Address Acceptable)
 1720 2nd Ave S
 CITY AND STATE
 Birmingham, Alabama 35294

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Speaker for Hepatobiliary Course

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 540.50
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Reimbursement for travel expenses only

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
 Falk Foundation
 ADDRESS (Business Address Acceptable)
 310 Grant St # 3315
 CITY AND STATE
 Pittsburgh, PA 15219

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Speaker at FALK 200 Symposium

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 8,430.26
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Airfare paid by host in advance for travel to symposium

▶ 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 _____

Comments: _____