CALIFORNIA FORM	STATEMENT	UF EGUN		L010	Official Use Only
A PUBLIC DOCUMENT lease type or print in ink.		COVER P	AGE	Filed D	ate: 03/21/2017 04:57 P SAN: FPPC
AME OF FILER (LAST)	(FIRST)				(MIDDLE)
ansing	Sherry				
. Office, Agency, or Court					
Agency Name (Do not use acronym Regents, University of Calife	,				
Division, Board, Department, District,	if applicable	Your	Position		
		Re	gent		
► If filing for multiple positions, list b	pelow or on an attachment. (Do no	ot use acronyms)			
Agency: SEE ATTACHED LIS	ST	Pos	ition:		
. Jurisdiction of Office (Chee	ck at least one box)				
X State			•	,	atewide Jurisdiction)
Multi-County		Co	unty of		
City of		Ot	her		
Type of Statement (Check a	t least one box)				
Annual: The period covered is December 31, 2016.	January 1, 2016, through		eaving Office: Date Check one)	e Left	
-or- The period covered is December 31, 2016.	/, throu	gh C - o i	leaving office.	ed is Janua	y 1, 2016, through the date of
Assuming Office: Date assume	ed//	С	The period covered the date of leaving		/, through
Candidate: Election year	and office soug	ht, if different tha	n Part 1:		
Schedule Summary (must	complete) ► Total num	ber of pages	including this	cover pa	ge:6
Schedules attached	and a strate of		0 (1999)		Des Westernet des autorites de
Schedule A-1 - Investments			D - Income – Gifts		s Positions – schedule attached
Schedule B - Real Property					ayments – schedule attached
·or-					,
□ None - No reportable inte	rests on any schedule				
. Verification					
MAILING ADDRESS STREET (Business or Agency Address Recommended -	CITY Public Document)	/	Ś	STATE	ZIP CODE
2121 Avenue of the Stars S	te 2020 Los /	Angeles		CA	90067-5075
DAYTIME TELEPHONE NUMBER		E-MAIL ADDR		Indation	ora
(310) 788-0057 I have used all reasonable diligence i herein and in any attached schedule:		reviewed this stat			-
I certify under penalty of perjury u				and correct	.
Date Signed03/21/2017	04:57 PM	Signature	FI	ectronic	Submission
(month, day	, year)				ent with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Sherry Lansing

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
California Institute of Regenerative Medicine		ICOC Board Member	State California	Annual	01/01/16 - 12/31/16

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

Name

Sherry Lansing

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Qualcomm, Inc.	Real D
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Communications	Licensor of 3D Technology
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
X \$100,001 - \$1,000,000 Over \$1,000,000	X \$100,001 - \$1,000,000
Stock (Describe)	Stock (Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 16 03 / 24 / 16	<u>/ 16 03 / 23 / 16</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF 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	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	□ □ □ (Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 16 / / 16	/ / 16 / / 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF 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	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 16 / / 16	/ / 16 / / 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED
I	1

Comments: _

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

Name

Sherry Lansing

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST			
Sherry Lansing Productions				
Name	Name			
11812 San Vicente Blvd., Ste. 200 LA, CA 90049				
Address (Business Address Acceptable)	Address (Business Address Acceptable)			
Check one	Check one			
GENERAL DESCRIPTION OF THIS BUSINESS Motion Pictures	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 //16 \$10,000 //16 \$10,001 - \$100,000 ACQUIRED Disposed Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 /16 \$2,000 - \$10,000 /16 \$10,001 - \$100,000 ACQUIRED \$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
	YOUR BUSINESS POSITION			
 ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST) □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 ■ \$10,001 ■ \$10,000 ■ \$10,000 	 ► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000 			
 S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or X Names listed below Paramount Pictures - Movie profit participation 	 ➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below 			
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY			
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property			
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /16 \$10,001 - \$100,000 /16 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /16 \$10,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED			
NATURE OF INTEREST	NATURE OF INTEREST			
Leasehold Other	Leasehold Other			
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached			

Comments:_

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Sherry Lansing

1. INCOME RECEIVED	► 1. INCOME RECEIVED				
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME				
Viacom International	Qualcomm, Inc.				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
1515 Broadway, New York, NY 10036	5775 Morehouse Dr., San Diego, CA 92121				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Motion Pictures	Communications				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION				
Retired	Board member				
GROSS INCOME RECEIVED IN No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only				
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000				
¥ \$10,001 - \$100,000 □ OVER \$100,000	X \$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 (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)				
Sale of	Sale of				
Loan repayment	Loan repayment				
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more				
(Describe)	(Describe) Director's fees and travel payments				
(Describe)	Other Director's rees and traver payments				
	(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*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LO	DAN	idence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000	-		City
S10,001 - \$100,000	_		
Comments:			Describe)

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

Sherry Lansing

1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Real D	Hearing the Ovarian Cancer Whisper			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
100 N. Crescent Dr.Ste.120 Beverly Hills,CA 90210	360 Cypress Dr, #4 Jupiter, FL 33469			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Licensor of 3D Technology	Ovarian cancer education and advocacy org.			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Board member	Guest speaker			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only			
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000			
■ 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 (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)			
Loan repayment	Loan repayment			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, <i>list each source of \$10,000 or more</i>			
(Describe)	(Describe)			
Other Director's fees & related reimbursement	Vother Personal services			
(Describe)	(Describe)			

* 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*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LO	DAN Personal res	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000			City
\$10,001 - \$100,000 \$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other		(Describe)
Comments:			

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov Subject: Notification - Your Submitted Form 700

Date: Tuesday, March 21, 2017 at 4:57:56 PM Pacific Daylight Time

From: Form700@fppc.ca.gov

To: Sherry Lansing

CC: Karin Rice, Maria Bonneville, Amy Cheung

Dear Sherry Lansing,

Congratulations! Your Statement of Economic Interest, Form 700 has been successfully filed with our office on 03/21/2017 04:57 PM.

Electronic Confirmation #: 3199

Agency:Regents, University of CaliforniaPosition:RegentFiling Type:AnnualFiling Year:2016Number of pages:6

Expanded Statement list:

California Institute of Regenerative Medicine / ICOC Board Member (01/01/16 - 12/31/16)

If you need to view, print or amend your filed form, a copy of your filing has been saved in your profile under 'Previous Filings' in the eDisclosure System.

Hope you enjoyed your online filing experience.

System Logon Link: https://form700.fppc.ca.gov/