

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

MAR 29 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lansing Sherry Lee

1. Office, Agency, or Court

Agency Name
University of California
Division, Board, Department, District, if applicable Board of Regents
Your Position
Chairman (until 7/1/13)

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

Agency: California Institute for Regenerative Medicine
Position: Independent Citizens Oversight Committee

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County 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.
- 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, 2012, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

- Schedule A-1 - Investments** – schedule attached
 - Schedule A-2 - Investments** – schedule attached
 - Schedule B - Real Property** – schedule attached
 - Schedule C - Income, Loans, & Business Positions** – schedule attached
 - Schedule D - Income – Gifts** – schedule attached
 - Schedule E - Income – Gifts – Travel Payments** – schedule attached
- or-
- None - No reportable interests on any schedule**

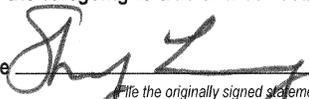
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
2121 Avenue of the Stars, Suite 2020 Los Angeles CA 90067
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(310) 788-0057 doug@sherrylansingfoundation.org

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 03/26/2013
(month, day, year)

Signature 
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.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Sherry Lee Lansing

▶ NAME OF BUSINESS ENTITY
Viacom International

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Motion Pictures

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 **Stock options**
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Qualcomm, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

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:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Qualcomm, Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Communications

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 **Stock options/restricted stock**
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
RealD

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Licenser of 3D Technology

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 **Restricted stock**
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Dole Food Co.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Producer/marketer of fresh fruits and vegetables

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:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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:
 _____ / _____ / **12** _____ / _____ / **12**
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Sherry Lee Lansing
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▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Viacom International

ADDRESS (Business Address Acceptable)
1515 Broadway, New York, NY 10036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Motion Pictures

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 Pension
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Qualcomm, Inc.

ADDRESS (Business Address Acceptable)
5775 Morehouse Dr. San Diego, CA 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications

YOUR BUSINESS POSITION
Board 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 Directors fees and travel 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* _____

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)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Sherry Lee Lansing

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Women's Board, Rush University Medical Center

ADDRESS (Business Address Acceptable)
1725 W. Harrison Street, Ste.545 Chicago, IL 60612

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization

YOUR BUSINESS POSITION
n/a

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 Personal services
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Luxury Hotels International of Hong Kong

ADDRESS (Business Address Acceptable)
Tokyo-Midtown 9-7-1, Akasaka,Minato-ku 107-6245

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
n/a

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 Personal services
(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 TERM (Months/Years)
_____ % None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address
_____ City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

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

Name
 Sherry Lee Lansing

- 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)
 St. Joseph's Hospital Foundation

ADDRESS (Business Address Acceptable)
 2700 W. Martin Luther King Jr. Blvd, #310

CITY AND STATE
 Tampa, FL 33607

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,568.50
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 University of Colorado Business School

ADDRESS (Business Address Acceptable)
 Box 165-1250 14th St., 2nd Floor

CITY AND STATE
 Denver, CO 80217

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 3,088.91
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 Jewish Federation of Las Vegas

ADDRESS (Business Address Acceptable)
 2317 Renaissance Drive

CITY AND STATE
 Las Vegas, Nevada 89119

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 2,378.91
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Travel and lodging reimbursement

▶ NAME OF SOURCE (Not an Acronym)
 Dr. Ray Irani, Exec. Chairman, Occidental Petroleum

ADDRESS (Business Address Acceptable)
 10889 Wilshire Blvd.

CITY AND STATE
 Los Angeles, CA 90024

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 2,540.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Gov. Code section 89506(a)(1); FPPC Regulation 18950.1

Comments: _____