

COVER PAGE

MAR 20 2013

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pomeroy Claire

1. Office, Agency, or Court

Agency Name
University of California, Davis (UCD)
Division, Board, Department, District, if applicable
UCD Health System and UCD School of Medicine
Your Position
CEO, Vice Chancellor and Dean

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

Agency: _____ Position: _____

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.
- Leaving Office:** Date Left ____/____/_____
(Check one)
- Assuming Office:** Date assumed ____/____/_____
The period covered is ____/____/_____, through December 31, 2012.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- 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: 3

- 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
- None - No reportable interests on any schedule**

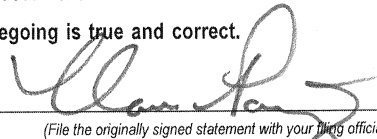
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
4610 X Street, Suite 3101 Sacramento CA 95817
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(916) 734-3578 claire.pomeroy@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 03/15/2013
(month, day, year)

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

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

| |
|--|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Pomeroy, Claire |
|--|

- 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)
 Mayo Clinic

ADDRESS (Business Address Acceptable)
 200 First Street SW

CITY AND STATE
 Rochester, MN

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1,500.00
 (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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
 (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)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

TYPE OF PAYMENT: (must check one) Gift Income

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

Comments: _____