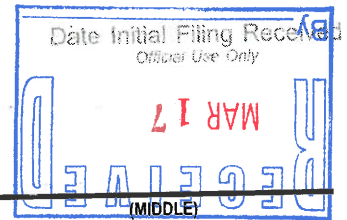


**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Price Robert M

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 California Institute for Regenerative Medicine  
 Division, Board, Department, District, if applicable  
 independent Citizens' Oversight Committee  
 Your Position  
 Member

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

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, 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: 1**

**Schedules attached**

- 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)  
 119 California Hall, Univ. of Calif., Berkeley Berkeley CA 94720  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 510 ) 642-1049 rprice@berkeley.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 02/23/2016  
 (month, day, year)

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