

RECEIVED Date Received MAR 3 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Rowlett Alfred Ray

1. Office, Agency, or Court

Agency Name (Do not use acronyms) California Institute for Regenerative Medicine
Division, Board, Department, District, if applicable Board
Your Position Board 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, 2013, through December 31, 2013.
Assuming Office: Date assumed 07 02 2013
Leaving Office: Date Left
Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 2

- 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 3440 Viking Drive, Suite 114 Sacramento CA 95827
DAYTIME TELEPHONE NUMBER ( 916 ) 364-8395
E-MAIL ADDRESS (OPTIONAL) alrowlett@tcp.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 Signature 2/12/14

