CALIFORNIA FORM <b>700</b>	STATEMENT O	F ECONOMIC INTE	ERESTS Date Initial Filing Receiv	
FAIR POLITICAL PRACTICES COMMISSION	С	OVER PAGE	Filed Date: 02/11/2019 12:42 PM	
lease type or print in ink.	A PUL	BLIC DOCUMENT	SAN: FPPC	
ME OF FILER (LAST)	(FIRST)		(MIDDLE)	
uori	Kristina			
Office, Agency, or Court				
Agency Name (Do not use acronyms)				
California Institute of Regener				
Division, Board, Department, District, if	applicable	Your Position		
		ICOC Board Me	ember	
► If filing for multiple positions, list belo	ow or on an attachment. (Do not us	se acronyms)		
Agency:		Position:		
Jurisdiction of Office (Check	at least one her)			
✓ State	at least one boxy		nmissioner (Statewide Jurisdiction)	
Multi-County		Judge or Court Commissioner (Statewide Jurisdiction)     County of		
· _				
City of		Other		
Type of Statement (Check at le	east one box)			
Annual: The period covered is Jan December 31, 2018.	nuary 1, 2018, through	Leaving Office: D	ate Left// (Check one circle.)	
	/, through	<ul> <li>The period cover -or- leaving office.</li> </ul>	ered is January 1, 2018, through the date of	
Assuming Office: Date assumed	/	<ul> <li>The period cover the date of leave</li> </ul>	ered is//, through ving office.	
Candidate: Date of Election	and office sough	t, if different than Part 1:		
Schedule Summary (must c	omplete) 🕨 Total number	r of pages including thi	s cover page: <u>3</u>	
Schedules attached				
Schedule A-1 - Investments – s	chedule attached	× Schedule C - Income, Loar	ns, & Business Positions – schedule attached	
Schedule A-2 - Investments – s	chedule attached	Schedule D - Income – Gif	fs – schedule attached	
Schedule B - Real Property – s	chedule attached	<b>X</b> Schedule E - Income – Gif	ts – Travel Payments – schedule attached	
or 🗆 Nono Na ranartabla in	taraata an any aabadula			
Dr-  Dr-  No reportable int Verification	erests on any schedule			
MAILING ADDRESS STREET	CITY		STATE ZIP CODE	
(Business or Agency Address Recommended - Pul	blic Document)			
10901 N Torrey Pines Rd	La Jolla	1	CA 92037-1005	
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
(858)646-3100		EMAIL ADDRESS	nam.org	
( 858 ) 646-3100	reparing this statement. I have revi	kvuori@sanfordburnh ewed this statement and to the	· · · · · · · · · · · · · · · · · · ·	
( 858 ) 646-3100 I have used all reasonable diligence in p	preparing this statement. I have revie true and complete. I acknowledge	kvuori@sanfordburnh ewed this statement and to the this is a public document.	best of my knowledge the information contained	
( 858 ) 646-3100 I have used all reasonable diligence in p herein and in any attached schedules is	oreparing this statement. I have revies true and complete. I acknowledge er the laws of the State of Califor	kvuori@sanfordburnh ewed this statement and to the e this is a public document. rnia that the foregoing is true	best of my knowledge the information contained	

## SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Kristina Vuori

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED		
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME		
Sanford Burnham Prebys Medical Discovery Institute			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
10901 North Torrey Pines Road, La Jolla, CA 92037			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Non-Profit			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION		
President			
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		
S10,001 - \$100,000	S10,001 - \$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	Other		
(Describe)	(Describe)		

\* You are not required to report loans from a commercial lending institution, 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 LC	AN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000	-		City
\$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other	(	(Describe)
Comments:			

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

CALIFORNIA FORM 700

Name

Kristina Vuori

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

NAME OF SOURCE (Not an Acronym) Helsinki Institute of Life Sciences HILIFE	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable) A405b, Biomedicum 1	ADDRESS (Business Address Acceptable)		
CITY AND STATE FI-00014 University of Helsinki, Finland	CITY AND STATE		
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE(S):// AMT: \$ 4,328	DATE(S):/// AMT: \$		
► MUST CHECK ONE: Gift -or- X Income	► MUST CHECK ONE: Gift -or- Income		
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel		
Other - Provide Description	O Other - Provide Description		
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
CITY AND STATE	CITY AND STATE		
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE(S):/// AMT: \$	DATE(S):// AMT: \$		
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income		
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel		
O Other - Provide Description	Other - Provide Description		
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination		

Comments: