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## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

## **COVER PAGE**

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Filed Date: 02/10/2020 09:24 AM SAN: FPPC

NAME OF FILER (LAST) (FIRST) (MIDDLE) Vuori Kristina 1. Office, Agency, or Court Agency Name (Do not use acronyms) California Institute of Regenerative Medicine Division, Board, Department, District, if applicable Your Position **ICOC Board Member** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: \_\_\_ 2. Jurisdiction of Office (Check at least one box) X State Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) Multi-County \_\_\_\_ County of \_\_\_ City of \_\_\_ 3. Type of Statement (Check at least one box) Leaving Office: Date Left \_\_\_\_/\_\_ Annual: The period covered is January 1, 2019, through December 31, 2019. (Check one circle.) -or-The period covered is \_\_\_\_\_\_, through O The period covered is January 1, 2019, through the date of leaving office. December 31, 2019. Assuming Office: Date assumed \_\_\_\_\_/\_\_\_\_ ○ The period covered is \_\_\_\_\_\_\_, through the date of leaving office. Candidate: Date of Election \_\_\_\_ \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_ 4. Schedule Summary (must complete) ► Total number of pages including this cover page: \_\_\_ Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments – schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached **-or- None** - No reportable interests on any schedule 5. Verification MAILING ADDRESS CITY STATE ZIP CODE STREET (Business or Agency Address Recommended - Public Document) La Jolla CA 92037-1005 10901 N Torrey Pines Rd DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (858)646-3100 kvuori@sanfordburnham.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. 02/10/2020 09:24 AM **Electronic Submission** Date Signed . Signature \_ (File the originally signed paper statement with your filing official.) (month, day, year)

## 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  NAME OF SOURCE OF INCOME	► 1. INCOME RECEIVED  NAME OF SOURCE OF INCOME
Sanford Burnham Prebys Medical Discovery Institute	Bionano Genomics
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
10901 North Torrey Pines Road, La Jolla, CA 92037	9540 Towne Center Drive, Suite 100
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit	Publicly-traded life sciences company
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President	Board Member
GROSS INCOME RECEIVED No Income - Business Position Only  \$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 X OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Spouse's or registered domestic partner's income	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000  \$11,001 - \$100,000 OVER \$100,000  CONSIDERATION FOR WHICH INCOME WAS RECEIVED  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.)	(For self-employed use Schedule A-2.)  Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other(Describe)	Other Fees for Board Service  (Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING I	l ' '
a retail installment or credit card transaction, made in t	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
<u>\$500 - \$1,000</u>	City
\$1,001 - \$10,000	_
\$10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	(Describe)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
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 for 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): 06 / 02 / 19 - 06 / 05 / 19 AMT: \$4,408	DATE(S):/
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 travel reimbursement for participating in Council Meeting	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):/	DATE(S)://
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
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	