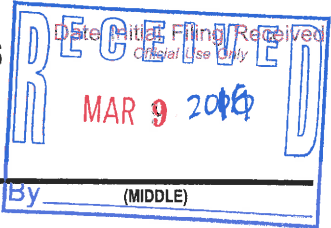


**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Vuori Kristiina

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CA Institute of Regenerative Medicine (CIRM)
 Division, Board, Department, District, if applicable Your Position
 Independent Citizen's Oversight Committee (ICOC) ICOC 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 Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of _____ Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2015, through December 31, 2015. **Leaving Office:** Date Left ____/____/____
(Check one)
- or- The period covered is ____/____/____, through December 31, 2015. The period covered is January 1, 2015, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

Schedules attached

- Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – 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)
 10901 North Torrey Pines Road La Jolla CA 92037
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (858) 646-3100 kvuori@sbpdiscovery.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 03/07/2016
 (month, day, year)

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

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____
 Kristiina Vuori

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Sanford Burnham Prebys Medical Discovery Institute

ADDRESS (Business Address Acceptable)
 10901 North Torrey Pines Road, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-Profit

YOUR BUSINESS POSITION
 President

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 WebMD

ADDRESS (Business Address Acceptable)
 111 Eight Ave, New York, NY 10011

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Board Member

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other Annual Retainer & Travel Reimbursement
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <hr/> Kristiina Vuori

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Institute of Predictive and Personalized Medicine of Cancer

ADDRESS (Business Address Acceptable)
 08916 Badalona, Barcelona, Spain

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non-Profit

YOUR BUSINESS POSITION
 Member of External Advisory Board Meeting

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other Advisory Board Payment
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Paul G. Allen Family Foundation

ADDRESS (Business Address Acceptable)
 615 Westlake Avenue North, Seattle, WA 98109

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
 Invited to Business Panel Discussion

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$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.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other Honorarium
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____
 City _____

Guarantor _____

Other _____
 (Describe)

Comments: _____

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

Name
 Kristiina 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. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Arizona State University

ADDRESS (Business Address Acceptable)
727 E. Tyler Street

CITY AND STATE
Tempe, AZ 85287-5001

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

DATE(S): 02 / 08 / 15 - 02 / 09 / 15 AMT: \$ 663.87
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel Reimbursement for attending External Advisory Board Meeting

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Institute of Predictive and Personalized Medicine of Cancer

ADDRESS (Business Address Acceptable)
08916 Badalona

CITY AND STATE
Barcelona, Spain

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

DATE(S): 04 / 08 / 15 - 04 / 12 / 15 AMT: \$ 3,923.20
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel reimbursement for speaking at IMPPC Conference

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Paul G. Allen Family Foundation

ADDRESS (Business Address Acceptable)
615 Westlake Avenue North

CITY AND STATE
Seattle, WA 98109

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

DATE(S): 09 / 21 / 15 - 09 / 23 / 15 AMT: \$ 223.12
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Travel Reimbursement for attending Bioscience Planning Meeting

▶ NAME OF SOURCE (Not an Acronym)
WebMD

ADDRESS (Business Address Acceptable)
111 Eight Ave

CITY AND STATE
New York, NY 10011

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

DATE(S): 09 / 28 / 15 - 10 / 01 / 15 AMT: \$ 4,327.70
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Travel Reimbursement for attending Annual Board Mt

▶ If Gift, Provide Travel Destination _____

Comments: _____