

STATEMENT OF ECONOMIC INTERESTS COVER PAGE



Please type or print in ink.

NAME	OF FILER (LAST)	(FIRST) BY. (MIDDLE)			
	Vuori	Kristiina			
1. C	Office, Agency, or Court				
Ā	Agency Name (Do not use acronyms)				
(CA Institute of Regenerative Medicine (CIRM)				
Ī	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			
Г	City of				
3.	Type of Statement (Check at least one box)				
•	Annual: The period covered is January 1, 2013, through December 31, 2013.	Leaving Office: Date Left/(Check one)			
	The period covered is/, throu	ugh O The period covered is January 1, 2013, through the date of leaving office.			
	Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.			
	Candidate: Election year and office soug	ght, if different than Part 1:			
	Schedule Summary	3			
C	Check applicable schedules or "None." ▶ 1	Total number of pages including this cover page: $\frac{3}{2}$			
	Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached			
L	Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached			
L	Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached			
	-or- None - No reportable interests on any schedule				
5. V	erification				
	MAILING ADDRESS STREET CIT Business or Agency Address Recommended - Public Document)	Y STATE ZIP CODE			
	10901 North Torrey Pines Road La Jolla	CA 92037			
D	DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS (OPTIONAL)			
(858) 646-3100	kvuori@sanfordburnham.org			
h	have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained erein and in any attached schedules is true and complete. I acknowledge this is a public document.				
ı	certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.			
D	ate Signed	Signature			
_	(month, day, year)	(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	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sanford-Burnham Medical Research Institute	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
10901 North Torrey Pines Road	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
✓ Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	Trained in State of the Property of Market Color State of the Property of Market
Other	Other
(Describe)	(Describe)
 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE 	
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part of
retail installment or credit card transaction, made in the	e lender's regular course of business on terms available to
regular course of business must be disclosed as follow	tatus. Personal loans and loans received not in a lender's
	, , , , , , , , , , , , , , , , , , , ,
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	%
ADDRESS (Business Address Acceptable)	OF OUR ITY FOR LOAD
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
S10,001 - \$100,000	Guarantor
OVER \$100,000	Other
	Other(Describe)
Comments:	

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION			
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 \$440 gift limit, but may result in a disqualifying conflict of interest.

public charity DATE(S): 04 / 04 / 13	▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
615 Chestnut St, 17th Floor CITY AND STATE Philadelphia, PA 19106-4404 BUSINESS ACTIVITY, IF ANY, OF SOURCE public charity DATE(S): O4 , 04 , 13 O4 , 08 , 13 AMT: \$1.013.95	American Association for Cancer Research	
CITY AND STATE Philadelphia, PA 19106-4404 BUSINESS ACTIVITY, IF ANY, OF SOURCE public charity DATE(S): 04 / 04 / 13	• • • • • • • • • • • • • • • • • • • •	ADDRESS (Business Address Acceptable)
Philadelphia, PA 19106-4404 BUSINESS ACTIVITY, IF ANY, OF SOURCE	615 Chestnut St, 17th Floor	
BUSINESS ACTIVITY, IF ANY, OF SOURCE		CITY AND STATE
public charity DATE(S): 04 / 04 / 13	Philadelphia, PA 19106-4404	
DATE(S): 04 , 04 , 13 O4 , 08 , 13 AMT: \$ 1,013.95 TYPE OF PAYMENT: (must check one)	BUSINESS ACTIVITY, IF ANY, OF SOURCE ✓ 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
TYPE OF PAYMENT: (must check one)	public charity	
Made a Speech/Participated in a Panel Other - Provide Description Travel Reimbursement for attending Annual Board Meeting NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) DATE(S):	DATE(S): 04 / 04 / 13 - 04 / 08 / 13 AMT: \$1,013.95	DATE(S):// AMT: \$
Other - Provide Description	TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income	TYPE OF PAYMENT: (must check one)
Travel Reimbursement for attending Annual Board Meeting NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE	Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
Meeting NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE	✓ Other - Provide Description	Other - Provide Description
NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE	Travel Reimbursement for attending Annual Board	
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE	Meeting	
ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE		
CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE	▶ NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
DATE(S):	CITY AND STATE	CITY AND STATE
TYPE OF PAYMENT: (must check one)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
	DATE(S):/ AMT: \$	DATE(S):// AMT: \$
Other - Provide Description Other - Provide Description	TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
	Made a Speech/Participated in a Panel	☐ Made a Speech/Participated in a Panel
	Other - Provide Description	Other - Provide Description
	-	
Comments:	Comments:	