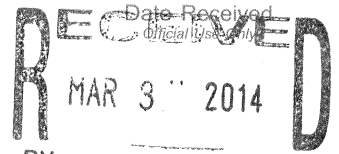


STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CA Institute of Regenerative Medicine (CIRM)

Division, Board, Department, District, if applicable

Independent Citizen's Oversight Committee (ICOC)

Your Position

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, Multi-County, City of, Judge or Court Commissioner, County of, Other

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

- Annual, Leaving Office, Assuming Office, Candidate

4. Schedule Summary

- Schedule A-1, A-2, B, C, D, E, None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS: 10901 North Torrey Pines Road, La Jolla, CA 92037. DAYTIME TELEPHONE NUMBER: (858) 646-3100. E-MAIL ADDRESS (OPTIONAL): 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.

Date Signed: 2-11-14 Signature: [Handwritten Signature]

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.

▶ NAME OF SOURCE *(Not an Acronym)*
 American Association for Cancer Research

ADDRESS *(Business Address Acceptable)*
 615 Chestnut St, 17th Floor

CITY AND STATE
 Philadelphia, PA 19106-4404

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 public charity

DATE(S): 04 / 04 / 13 - 04 / 08 / 13 AMT: \$ 1,013.95
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

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): ____/____/____ - ____/____/____ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____