

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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07
MAR 10 2013

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
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.

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, 2012, through December 31, 2012.
-or-
The period covered is ____/____/____, through December 31, 2012.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____ (Check one)
☐ The period covered is January 1, 2012, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ 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 (OPTIONAL)
(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.

Date Signed 3/7/2013
(month, day, year)

Signature [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	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Sanford-Burnham Medical Research Institute	NAME OF SOURCE OF INCOME Institute of Predictive and Personalized Medicine of Cancer
ADDRESS (Business Address Acceptable) 10901 North Torrey Pines Road	ADDRESS (Business Address Acceptable) 08916 Badalona, Barcelona, Spain
BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit	BUSINESS ACTIVITY, IF ANY, OF SOURCE Non-Profit
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION Member of External Advisory Board Meeting
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input checked="" type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other <u>Advisory Board Payment</u> <small>(Describe)</small>

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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	_____ % <input type="checkbox"/> None	_____
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$1,001 - \$10,000	_____	City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

Comments: _____

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

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

- You must 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	<input checked="" type="checkbox"/> 501 (c)(3)
public charity	
DATE(S): 03 / 29 / 12 - 04 / 02 / 12	AMT: \$ 739.23
(if gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement for attending Annual Board Meeting	

▶ NAME OF SOURCE (Not an Acronym) Sanford Health	
ADDRESS (Business Address Acceptable) 2301 East 60th Street North	
CITY AND STATE Sioux Falls, SD 57104	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): 09 / 27 / 12 - 09 / 30 / 12	
AMT: \$ 364.86	
(if gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	
Travel Reimbursement for speaking at First Annual Sanford Health Genomic Medicine Symposium	

▶ 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	<input checked="" type="checkbox"/> 501 (c)(3)
public charity	
DATE(S): 11 / 12 / 12 - 11 / 13 / 12	AMT: \$ 1,241.22
(if gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input checked="" type="checkbox"/> Other - Provide Description	
Travel Reimbursement for attending Fall Board Meeting	

▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): / / - / /	
AMT: \$	
(if gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____