

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
 Official Use Only

dd
 3/29/17

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Dixon	Jack	E

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 CALIFORNIA INSTITUTE FOR 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: _____ 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, 2016, through December 31, 2016.
- or- The period covered is _____, through December 31, 2016.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one)
- The period covered is January 1, 2016, through the date of leaving office.
- 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: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – schedule attached
- Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
1999 HARRISON STREET STE 1650	OAKLAND	CA	94612	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(858) 822-3320	jedixon@ucsd.edu			

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 3-29-17
 (month, day, year)

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