

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
HIGGINS DAVID ROBERT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Institute for Regenerative Medicine
Division, Board, Department, District, if applicable
Independent Citizen's Oversight Committee
Your Position
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, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
-or- The period covered is 01 / 0 / 2019, through December 31, 2019.
- Assuming Office:** Date assumed _____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one circle.)
○ The period covered is January 1, 2019, through the date of leaving office.
-or-
○ The period covered is _____, through the date of leaving office.

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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1999 Harrison Street Oakland CA 94612
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(510) 340-9101 info@cirm.ca.gov

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 26 March 2020
(month, day, year)

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

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