

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/23/2020 12:13 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ware Carl F

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Institute of Regenerative Medicine
Division, Board, Department, District, if applicable Your Position
Alternate 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, Retired Judge, Pro Tem 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, 2019, through December 31, 2019. **Leaving Office:** Date Left ____/____/_____
-or- The period covered is ____/____/_____, through (Check one circle.)
 Assuming Office: Date assumed ____/____/_____. The period covered is January 1, 2019, through the date of leaving office.
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
-or- The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 8

Schedules attached

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 N Torrey Pines Rd La Jolla CA 92037-1005
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(858) 795-5335 cware@sbdiscovey.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 **03/23/2020 12:13 PM** Signature **Electronic Submission**
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Carl Ware

NAME OF BUSINESS ENTITY
XVAX
GENERAL DESCRIPTION OF THIS BUSINESS
vaccine development
FAIR MARKET VALUE
\$10,001 - \$100,000
NATURE OF INVESTMENT
Stock
IF APPLICABLE, LIST DATE:
04 / 16 / 19
ACQUIRED

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
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NATURE OF INVESTMENT
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NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE
NATURE OF INVESTMENT
IF APPLICABLE, LIST DATE:

Comments:

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

Name
Carl Ware

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Heinrich Heine Univ Dusseldorf

ADDRESS (Business Address Acceptable)
Universitätsstr 1

CITY AND STATE
40225 Dusseldorf, Germany

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
University graduate program

DATE(S): 03 / 28 / 19 - 03 / 30 / 19 AMT: \$ 6,974.13
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
TRAVEL Reimbursement

▶ If Gift, Provide Travel Destination _____
Dusseldorf Germany

▶ NAME OF SOURCE (Not an Acronym)
Agnox

ADDRESS (Business Address Acceptable)
4805 NE Glisan

CITY AND STATE
Portland OR 97213

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

DATE(S): 02 / 27 / 19 - 03 / 01 / 19 AMT: \$ 1267.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Maui, HI

▶ NAME OF SOURCE (Not an Acronym)
Coherus

ADDRESS (Business Address Acceptable)
333 Twin Dolphins

CITY AND STATE
Redwood City, CA 94065

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Biosimilar therapeutics

DATE(S): 05 / 02 / 19 - 11 / 14 / 19 AMT: \$ 2100.00
(If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Consult TRAVEL reimbursement

▶ If Gift, Provide Travel Destination _____
Redwood City/Camarillo

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____

Comments: Coherus: culminative TRAVEL/room reimbursements for 05/02/19; 08/13/19 and 11/14/19