

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 04/01/2024 11:12 PM SAN: FPPC

| Please ty | pe or print in ink. | | | | 5 | |
|-------------|--|------------------|--------------------------------------|---------------------------------|---------------------------------------|--|
| NAME OF F | ILER (LAST) | (FIRST) | | (MIDDLE) | | |
| Chou | | Judy | | | | |
| 1. Offic | e, Agency, or Court | | | | | |
| Agend | y Name (Do not use acronyms) | | | | | |
| _ | ornia Institute of Regenerative M | ledicine | | | | |
| | n, 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) | | | | | |
| - " ' | יו אווואס זכן הופונוסוים, וופנ שפוטיי כו כון מון מנומטוווויפוונ. (של מוט מטרוויווים) | | | | | |
| Agen | sy: | | Position: | | | |
| 2 luri | sdiction of Office (Check at least of | ana havi | | | | |
| | • | one box) | | | | |
| X St | ate | | □ Judge, Retired (Statewide Juris | | Judge, or Court Commissioner | |
| Mı | ulti-County | | County of | | | |
| ☐ Ci | | | a;; | | | |
| 2 T | | | | | | |
| | e of Statement (Check at least one | , | | | | |
| × | nnual: The period covered is January 1, December 31, 2023. | 2023, through | Leaving Offic | | one circle.) | |
| | The period covered is | 3, through | | | uary 1, 2023, through the date | |
| A | ssuming Office: Date assumed/_ | | | covered is f leaving office. | /, through | |
| | andidate: Date of Election | and office sough | nt, if different than Part 1: _ | | | |
| 4. Sch | Schedule Summary (required) ► Total number of pages including this cover page: 2 | | | | | |
| | Schedules attached | | | | | |
| | Schedule A-1 - Investments – schedule | attached | Schedule C - Income, | Loans, & Busine | ess Positions – schedule attached | |
| | Schedule A-2 - Investments – schedule | | Schedule D - Income | | | |
| | Schedule B - Real Property – schedule | , | Schedule E - Income | – Gifts – Travel | Payments - schedule attached | |
| | | | | | | |
| -or- 🗆 | None - No reportable interests | on any schedule | | | | |
| 5. Verif | ication | | | | | |
| | G ADDRESS STREET ess or Agency Address Recommended - Public Docume | CITY | | STATE | ZIP CODE | |
| , | . Box 980790 | , | Sacramento | CA | 95798-0790 | |
| | ME TELEPHONE NUMBER | | EMAIL ADDRESS | | | |
| (51 | 0)340-9114 | | | | | |
| l have | 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 04/01/2024 11:12 P | <u>M</u> | Signature | | y Chou | |
| | (month, day, year) | | (File the | originally signed paper | 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 | | | | | |
| Judy Chou | | | | | |

| 1. INCOME RECEIVED | ► 1. INCOME RECEIVED | | | |
|--|---|--|--|--|
| NAME OF SOURCE OF INCOME | NAME OF SOURCE OF INCOME | | | |
| AltruBio, Inc. | Akero Therapeutics | | | |
| ADDRESS (Business Address Acceptable) | ADDRESS (Business Address Acceptable) | | | |
| 505 Montgomery Street, 11th Floor | 601 Gateway Blvd. | | | |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE | BUSINESS ACTIVITY, IF ANY, OF SOURCE | | | |
| San Francisco, CA | South San Francisco, CA | | | |
| YOUR BUSINESS POSITION | YOUR BUSINESS POSITION | | | |
| President and CEO | Board member | | | |
| GROSS INCOME RECEIVED No Income - Business Position Only | GROSS INCOME RECEIVED No Income - Business Position Only | | | |
| \$500 - \$1,000 \$1,001 - \$10,000 | \$500 - \$1,000\$1,001 - \$10,000 | | | |
| \$10,001 - \$100,000 X OVER \$100,000 | ■ \$10,001 - \$100,000 | | | |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED | CONSIDERATION FOR WHICH INCOME WAS RECEIVED | | | |
| Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) | | | |
| Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) | | | |
| Sale of | Sale of | | | |
| (Real property, car, boat, etc.) | (Real property, car, boat, etc.) | | | |
| Loan repayment | Loan repayment | | | |
| Commission or Rental Income, list each source of \$10,000 or more | Commission or Rental Income, list each source of \$10,000 or more | | | |
| (Describe) | (Describe) | | | |
| Other | Other | | | |
| (Describe) | (Describe) | | | |
| a retail installment or credit card transaction, made in the | lending institution, or any indebtedness created as part of ne lender's regular course of business on terms available status. Personal loans and loans received not in a lender's s: | | | |
| NAME OF LENDER* | INTEREST RATE TERM (Months/Years) | | | |
| ADDRESS (Business Address Acceptable) | % | | | |
| | SECURITY FOR LOAN | | | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | None Personal residence | | | |
| | Real Property | | | |
| HIGHEST BALANCE DURING REPORTING PERIOD | Street address | | | |
| \$500 - \$1,000 | C#. | | | |
| \$1,001 - \$10,000 | City | | | |
| \$10,001 - \$100,000 | Guarantor | | | |
| | _ | | | |
| OVER \$100,000 | Other(Describe) | | | |
| | . , | | | |
| Comments: | | | | |