	PRACTICES COMMISSION	C	OVER PAGE	Filed	Date: 03/14/2024 02:23 PM
AME Please type or pri		C.			SAN: FPPC
AME OF FILER	(LAST)		(FIRST)		(MIDDLE)
	Duliege	Anr	ne-Marie		S
Office Ag	ency, or Court				-
	e (Do not use acronyms)				
• •	Institute of Regenerative Me	dicine			
	rd, Department, District, if applicable	dicine	Your Position		
,	-,,,			ard Member	
. If filling for	multiple positions, list holow on on	ettechment (De net us			
	multiple positions, list below or on an	attachment. (Do not us	e acronyms)		
Agency:			Position:		
	on of Office (Check at least on	e box)			
X State			Udge, Reti		Judge, or Court Commissioner
Multi-Cour	nty		, i i i i i i i i i i i i i i i i i i i	,	
	•		- 		
			Uther		
Type of S	tatement (Check at least one bo	x)			
	The period covered is January 1, 202 December 31, 2023.	23, through	Leaving C		// one circle .)
	The period covered is/ December 31, 2023.	/, through	of leav	riod covered is Janu ing office.	ary 1, 2023, through the date
Assumin	g Office: Date assumed/			riod covered is e of leaving office.	/, through
Candidat	te: Date of Election	and office sought, if		•	
Schedule	Summary (required)	► Total number	of pages includ	ing this cover p	age: <u>3</u>
Schedule	es attached			-	-
🔀 Scher	dule A-1 - Investments – schedule att	ached	Schedule C - Inco	me Loans & Rusin	ess Positions – schedule attached
	dule A-2 - Investments – schedule att			ome – Gifts – schedu	
	dule B - Real Property – schedule att	L.			Payments – schedule attached
or-					
	- No reportable interests on an	y schedule			
	· · ·				
□ None -	n				
None - Verification MAILING ADDRE	SS STREET	CITY		STATE	ZIP CODE
None - Verification MAILING ADDRE (Business or Agen	SS STREET ancy Address Recommended - Public Document)		Franciaco		
None - Verification MAILING ADDRE (Business or Agen	SS STREET ncy Address Recommended - Public Document) way Blvd, Suite 400		Francisco	STATE CA	ZIP CODE 94080
None - Verification MAILING ADDRE (Business or Agen 601 Gatev	SS STREET ncy Address Recommended - Public Document) way Blvd, Suite 400 PHONE NUMBER				
None - Verification MAILING ADDRE (Business or Agen 601 Gatew DAYTIME TELEP (510) 3 I have used all	SS STREET ncy Address Recommended - Public Document) way Blvd, Suite 400 PHONE NUMBER	South Sar s statement. I have revie	E-MAIL ADDRESS wed this statement ar	CA nd to the best of my	94080
None - Verification MAILING ADDRE (Business or Agen 601 Gatew DAYTIME TELEP (510) 3 I have used all herein and in	SS STREET incy Address Recommended - Public Document) way Blvd, Suite 400 PHONE NUMBER 140-9101 Il reasonable diligence in preparing thi	South Sar s statement. I have revie omplete. I acknowledge	E-MAIL ADDRESS wed this statement ar this is a public docur	CA nd to the best of my nent.	94080 knowledge the information containe
None - Verification MAILING ADDRE (Business or Agen 601 Gatew DAYTIME TELEP (510) 3 I have used all herein and in	SS STREET ncy Address Recommended - Public Document) way Blvd, Suite 400 PHONE NUMBER 640-9101 Il reasonable diligence in preparing thi any attached schedules is true and c	South Sar s statement. I have revie omplete. I acknowledge s of the State of Californ	E-MAIL ADDRESS wed this statement ar this is a public docur	CA nd to the best of my nent. g is true and corre	94080

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Do not attach brokerage	e or financial statements.
 NAME OF BUSINESS ENTITY Seagen 	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
_{ا 1} 23 <u>1</u> 2 ا 14 ا 23	23 / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 23 , , , 23	/ / 23 / / 23
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	Filer's Verification
GENERAL DESCRIPTION OF THIS BUSINESS	Print Name_Anne-Marie Duliege
	Office, Agency California Institute of Regenerative Medicine
FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	Statement Type 2023/2024 Annual Assuming Leaving
\$100,001 - \$1,000,000 Over \$1,000,000	$\Box = \frac{1}{(yr)}$ Annual \Box Candidate
	I have used all reasonable diligence in preparing this statement. I have
Other (Describe)	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
IF APPLICABLE, LIST DATE:	Date Signed03/14/2024 02:23 PM
	(month, day, year)
	Filer's Signature Anne-Marie S Duliege

SCHEDULE C Income, Loans, & Business Positions CALIFORNIA FORM 700

AMENDMENT

(Other than Gifts and Travel Payments)

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
	Bill & Melinda Gates Foundation (Job replacing Pancreatic Cancer Network)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	500 5th Ave N, Seattle, WA 98109
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Non-Profit Organization
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	Deputy Director of Antimalarial Interventions
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
S10,001 - \$100,000	□ \$10,001 - \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary 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
Other	(Describe)
 (Describe) Comments: ≥ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F 	(Describe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official
 (Describe) Comments:	(Describe)
 (Describe) Comments:	(Describe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years)% None
 (Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular con NAME OF LENDER* 	CERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERION EVERION E
 (Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular con NAME OF LENDER* 	(Describe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable)	(Describe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	CERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERIOD EVERION EVERION E
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	(Describe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	(Describe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Real Property City
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	(Describe)
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	(Describe)
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000	(Describe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Real Property City Guarantor
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification	(Describe)
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification	(Describe)
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification	(Describe)
Comments:	Clesscribe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None % None SECURITY FOR LOAN Personal residence Real Property Street address
(Describe) Comments: > 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING IS * You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular convection of LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$100,000 \$10,001 - \$100,000 OVER \$100,000 Filer's Verification Print Name Anne-Marie Duliege Office, A Statement Type \$2023/2024 Annual I have used all reasonable diligence in preparing this statement. I have	Clesscribe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None % None SECURITY FOR LOAN Personal residence Real Property Street address
(Describe) Comments: 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING F You are not required to report loans from a commercial lending institut card transaction, made in the lender's regular course of business on to status. Personal loans and loans received not in a lender's regular co NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$10,001 - \$10,000 OVER \$100,000 Flier's Verification Print Name Anne-Marie Duliege Office, A Statement Type X2023/2024 Annual (yr) Annual Assu I have used all reasonable diligence in preparing this statement. I have icontained herein and in any attached schedules is true and complete.	Clessribe) PERIOD tion, or any indebtedness created as part of a retail installment or credit erms available to members of the public without regard to your official burse of business must be disclosed as follows: INTEREST RATE TERM (Months/Years) % None % None SECURITY FOR LOAN Personal residence Real Property Street address