

AMENDMENT

COVER PAGE

Filed Date: 03/14/2024 02:23 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Duliege Anne-Marie S

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California Institute of 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, 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, 2023, through December 31, 2023.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- Assuming Office:** Date assumed ____/____/_____
 - The period covered is January 1, 2023, through the date of leaving office.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- None:** The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

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)
601 Gateway Blvd, Suite 400 South San Francisco CA 94080

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (**510**) **340-9101**

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 03/14/2024 02:23 PM Signature Anne-Marie S Duliege
(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)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

NAME OF SOURCE OF INCOME
Bill & Melinda Gates Foundation (Job replacing Pancreatic Cancer Network)
ADDRESS (Business Address Acceptable)
500 5th Ave N, Seattle, WA 98109
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-Profit Organization
YOUR BUSINESS POSITION
Deputy Director of Antimalarial Interventions
GROSS INCOME RECEIVED
CONSIDERATION FOR WHICH INCOME WAS RECEIVED

Comments:

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
INTEREST RATE
TERM (Months/Years)
SECURITY FOR LOAN

Filer's Verification

Print Name Anne-Marie Duliege Office, Agency or Court California Institute of Regenerative Medicine
Statement Type [x] 2023/2024 Annual [] Annual [] Assuming [] Leaving [] Candidate
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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 03/14/2024 02:23 PM Filer's Signature Anne-Marie S Duliege