STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Filed Date: 03/31/2024 10:26 AM SAN: FPPC

Ple	ease type or print in ink.				SAN: FPPC	
_	ME OF FILER (LAST)	(FIRST)		(MIDDLE)		
D	uron	Ysabel		. ,		
1.	Office, Agency, or Court					
	Agency Name (Do not use acronyms)					
	California Institute of Regenerativ	e Medicine				
	Division, Board, Department, District, if applie		Your Position			
				d Mambar		
	► If filing for multiple positions, list below or	on on attachment (Do not				
			use acronyms)			
	Agency:		Position:			
_						
2.	Jurisdiction of Office (Check at lea	ast one box)				
	X State		Judge, Retire (Statewide Ju		Judge, or Court Commissio	ner
	Multi-County		County of			
	City of					
3.	Type of Statement (Check at least	one box)				
	Annual: The period covered is January December 31, 2023.	1, 2023, through	Leaving Off		// one circle.)	
	The period covered is/ December 31, 2023.	, throug	n O The peri of leavin -or-		uary 1, 2023, through the da	ate
	Assuming Office: Date assumed			od covered is of leaving office.	/, thr	ough
	Candidate: Date of Election	and office sou	ght, if different than Part 1	:		
4.	Schedule Summary (required)	► Total numb	er of pages includir	ng this cover	page: 8	
	Schedules attached		-	-		
	Schedule A-1 - Investments – sched	ule attached	Schedule C - Incom	e. Loans. & Busin	ess Positions – schedule att	ached
	Schedule A-2 - Investments – sched		Schedule D - Incom			
	Schedule B - Real Property – sched				Payments - schedule attach	ed
-(or- 🗌 None - No reportable interes	sts on any schedule				
5.	Verification					
	MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	
	(Business or Agency Address Recommended - Public Do P.O. Box 980790		st Sacramento	СА	95798-0790	
	DAYTIME TELEPHONE NUMBER	VV63		UA	95790-0790	
	(510)340-9114		ysabelduron@gi	mail.com		
	I have used all reasonable diligence in prepa herein and in any attached schedules is true		viewed this statement and	I to the best of my	knowledge the information c	ontained
	I certify under penalty of perjury under th	-			ect.	
	Date Signed 03/31/2024 10:20	6 AM	Signature	Ysab	el Duron	

Signed	00/01/2024 10.20 AM	Signature	1 Saber Duron	
	(month, day, year)		(File the originally signed paper statement with your filing official.)	

	SCHED Invest	-		CALIFORNIA FORM 700
	Stocks, Bonds, a			FAIR POLITICAL PRACTICES COMMISSION
	(Ownership Interest	t is L	ess Than 10%)	Name Ysabel Duron
	Investments m			r Saber Duron
-	Do not attach brokerage	_	NAME OF BUSINESS ENT	TY
	Blackrock Advantage		Blackrock Strategic	DE THIS BUSINESS
	Mutual Fund 401K			
	FAIR MARKET VALUE		Mutual Fund 401K	
	× \$2,000 - \$10,000		× \$2,000 - \$10,000	\$10,001 - \$100,000
	S100,001 - \$1,000,000		\$100,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT	
	X Stock Other (Describe)		Stock Other	(Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income F	Received of \$0 - \$499 Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	Ξ:
	2323		<u> </u>	23
_	ACQUIRED DISPOSED		ACQUIRED	DISPOSED
►	NAME OF BUSINESS ENTITY	►	NAME OF BUSINESS ENT	
	Blackrock Capital GENERAL DESCRIPTION OF THIS BUSINESS		Blackrock Large CAP	
	Mutual Fund 401K		Mutual Fund 401	
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000		FAIR MARKET VALUE	× \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT	
	X Stock Other		X Stock Other	(Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income R O Income R	,
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	E:
			<u> </u>	<u> </u>
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED
►	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENT	TY
	Blackrock Global		Blackrock Equity	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION (OF THIS BUSINESS
	Mutual Fund 401K		Mutual Fund 401K	
	FAIR MARKET VALUE		FAIR MARKET VALUE	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		× \$2,000 - \$10,000 \$100,001 - \$1,000,000	\$10,001 - \$100,000 └── Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT	
	X Stock Other		Stock Other	
	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income R	(Describe) Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	Ξ:
	/ / 23 / / 23		ر ب ر 23	/ / 23
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED

Comments: _____

	SCHED	-		CALIFORNIA FORM 700
	Invest Stocka Banda a			FAIR POLITICAL PRACTICES COMMISSION
	Stocks, Bonds, a Ownership Interesi	i is	Less Than 10%)	Name
	Investments m	ust	be itemized.	Ysabel Duron
	Do not attach brokerage			
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTI	
	BLACKROCK Low Duration		BlackRock Hi Yld BD	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION C	OF THIS BUSINESS
	Mutual Fund 401K		Mutual Fund 401K	
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		× \$2,000 - \$10,000 \$100,001 - \$1,000,000	\$10,001 - \$100,000 Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT	
	X Stock Other (Describe)		X Stock Other	(Describe)
	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income R	eceived of \$0 ⁻ \$499 ['] eceived of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	E:
	/ / 23 / / 23		/ / 23	/ / 23
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED
►	NAME OF BUSINESS ENTITY	Γ	NAME OF BUSINESS ENTI	TY
	Blackrock		HealthCare Select	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION C	OF THIS BUSINESS
	Mutual Fund 401K		Mutual Fund 401K	
	FAIR MARKET VALUE		FAIR MARKET VALUE	
	X \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000		\$2,000 - \$10,000 \$100,001 - \$1,000,000	✗ \$10,001 - \$100,000☐ Over \$1,000,000
	NATURE OF INVESTMENT X Stock Other		NATURE OF INVESTMENT	
			 ☐ Partnership	(Describe) ecceived of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)		· •	eceived of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	<u></u>
	23 23		/ / 23	/ / 23
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED
•	NAME OF BUSINESS ENTITY		► NAME OF BUSINESS ENTI	TY
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION C	
	GLINEIAE DESCRIPTION OF THIS DUSINESS		GENERAL DESCRIPTION C	
	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		\$100,001 - \$1,000,000	Over \$1,000,000
	NATURE OF INVESTMENT		NATURE OF INVESTMENT	
	(Describe) ☐ Partnership ◯ Income Received of \$0 - \$499		☐ Partnership ⊖ Income R	(Describe) Received of \$0 - \$499
	Income Received of \$500 or More (Report on Schedule C)			eccived of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE	Ξ:
	<u>//23</u> <u>//23</u>		23	<u>//23_</u>
	ACQUIRED DISPOSED	1	ACQUIRED	DISPOSED

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM

FAIR POLITICAL PRACTICES COMMISSION

Name

Ysabel Duron

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
278 North 7th Street	
CITY	CITY
San Jose, CA 95112	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Dther
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
* You are not required to report loans from a commercial business on terms available to members of the public v	l lending institution made in the lender's regular course of without regard to your official status. Personal loans and

NAME OF LENDER*		NAME OF LENDER*	
PHH Mortgage Services			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)	
PO Box 94087, Palatine, II	I 60094-4087		
BUSINESS ACTIVITY, IF ANY, OF LENDER		BUSINESS ACTIVITY, IF ANY, OF LENDER	
Mortgage Lender			
INTEREST RATE	TERM (Months/Years)	INTEREST RATE	TERM (Months/Years)
%None	30yrs	%	
HIGHEST BALANCE DURING REP	ORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD	
\$500 - \$1,000 \$1,0	001 - \$10,000	\$500 - \$1,000 \$1	,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000		S10,001 - \$100,000	/ER \$100,000
Guarantor, if applicable		Guarantor, if applicable	

loans received not in a lender's regular course of business must be disclosed as follows:

Comments: Had problems with acquired inputs - my personal property (home) was acquired in or about 09/01/90

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ysabel Duron

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
National Institutes of Health (NCAB)	The Emmes Co
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
6701 Rockledge Drive Rm300, Bethesda, MD	401 N. Washington St. #700 Rockville, MD 20850
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advise the NCI Director	Review scientific applications for AOU Program
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Member - National Cancer Advisory Board	Institutional Review Board Member /NIH
GROSS INCOME RECEIVED No Income - Business Position Only X \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.) Sale of (Real property, car, boat, etc.)	GROSS INCOME RECEIVED No Income - Business Position Only S500 - \$1,000 \$10,001 - \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.) Sale of (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, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
X Other <u>(Describe)</u>	Other <u>Stipend</u> (Describe)

► 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 Noi	ne
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	ersonal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000 \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

california form 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ysabel Duron

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
The Latino Cancer Institute	UCSF HDFCCC - Office of Community Engagement
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
123 East San Carlos Street, #413	1450 3rd Street, San Francisco, CA 94158
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Cancer Advocacy Agency	Advise on Cancer Center Community Engagement
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Founder/Executive Director	Community Advisory Board
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$\$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED \$\$ 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.) Sale of	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$10,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED 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.) 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, <i>list each source of \$10,000 or more</i>
(Describe)	(Describe)
Other	X Other Advisor Stipend
(Describe)	(Describe)

▶ 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*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR L	OAN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
\$500 - \$1,000	-		City
\$1,001 - \$10,000 \$10,001 - \$100,000	Guarantor		
OVER \$100,000	Other		(Describe)
Comments:			

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ysabel Duron

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
CA Instit for Regenerative Med	Dept of Health and Human Services
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
PO Box 980790 West Sacto, CA 95798	1240 E. 9th St. Rm 1907 Cleveland Oh 44199
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advisor	Advisor
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Board Member ICOC	Member - NCAB
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
S500 - \$1,000 ★ \$1,001 - \$10,000	■ \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$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
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)
(Describe)	(Describe)

► 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%] None
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOA	N Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000 \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

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

CALIFORNIA FORM 700

Name

Ysabel Duron

- 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)	► NAME OF SOURCE (Not an Acronym)
ACS National Breast Cancer Roundtable	American Cancer Society /ACS CAN
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
270 Peachtree Suite 1300	270 Peachtree Suite 1300
CITY AND STATE	CITY AND STATE
Atlanta, GA 30303	Atlanta, GA 30303
∑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE meeting as member of Roundtable to work on year's program	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 09 / 05 / 23 - 09 / 08 / 23 AMT: \$1500	DATE(S):///AMT: \$_1000
► MUST CHECK ONE: 🗙 Gift -or- 🗌 Income	► MUST CHECK ONE: Gift -or X Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
Bayer Business Services, Costa Rica SRL	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
600 norte de Plaza Real Cariari	
CITY AND STATE	CITY AND STATE
San Francisco de Heredia, Costa Rica	
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/// AMT: <u>\$1812</u>	DATE(S):/// AMT: \$
► MUST CHECK ONE: Gift -or- 🔀 Income	► MUST CHECK ONE: Gift -or Income
X Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination
Comments:	