CALIFORNIA FORM 700		STATEMENT OF ECONOMIC INTE COVER PAGE		RESTS Date Initial Filing Received Filing Official Use Only		
	A PU	BLIC DOCUMENT	Filed	Date: 03/26/2025 02:57 PM		
Please type or print in ink.				SAN: FPPC		
NAME OF FILER (LAST)	(FIRST)		(MIDDLE)			
Duliege	Anne-Marie		S			
1. Office, Agency, or Court						
Agency Name (Do not use acronyms)						
California Institute of Regenera	ative Medicine					
Division, Board, Department, District, if a	pplicable	Your Position				
		ICOC Board Me	ember			
► If filing for multiple positions, list below	w or on an attachment. (Do not u	use acronyms)				
Agency:		Position:				
2. Jurisdiction of Office (Check a	t least one box)					
X State		Judge, Retired Judg (Statewide Jurisdiction		Judge, or Court Commissioner		
Multi-County			,			
City of		Other				
3. Type of Statement (Check at lea	ast one box)					
➤ Annual: The period covered is Jan December 31, 2024.	uary 1, 202 4 , through			/ circle below.)		
-or- The period covered is December 31, 202 4.	/, through	The period cov leaving office.	ered is Janu	uary 1, 2024, through the date of		
Assuming Office: Date assumed _	//	••		/, through		
Candidate: Date of Election	and office soug	nt, if different than Part 1:	-			
4. Schedule Summary (required Schedules attached	d) ► Total numbe	er of pages including thi	is cover µ	bage: <u>6</u>		
Schedule A-1 - Investments – sc	chedule attached	• •		ess Positions – schedule attached		
Schedule A-2 - Investments – sc		Schedule D - Income – Gi				
Schedule B - Real Property – sc	hedule attached	Schedule E - Income – Gi	fts – Travel	Payments – schedule attached		
-or- D None - No reportable inte	erests on any schedule					
5. Verification						
MAILING ADDRESS STREET (Business or Agency Address Recommended - Publ	CITY lic Document)		STATE	ZIP CODE		
601 Gateway Blvd, Suite 400		h San Francisco	CA	94080		
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS				
(510) 340-9101						
I have used all reasonable diligence in pr herein and in any attached schedules is			best of my	knowledge the information contained		
I certify under penalty of perjury unde	er the laws of the State of Califo	ornia that the foregoing is tru	e and corre	ect.		
Date Signed 03/26/2025 02	2:57 PM	Signature A	Anne-Mai	rie S Duliege		
(month, day, year		•		statement with your filing official.)		

FPPC Form 700 - Cover Page (2024/2025)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 6

SCHED	CALIFORNIA FORM 700
Inves	tments FAIR POLITICAL PRACTICES COMMISSION
	and Other Interests Name
	st is Less Than 10%) Anne-Marie Duliege
	nust be itemized.
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Abbvie	Biogen
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Pharmaceuticals
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ 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:
/ <u>/ 24</u> / <u>/ 24</u> ACQUIRED DISPOSED	<u>//24</u> <u>//24</u> ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amazon	Biomarin
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
E-Commerce	Pharmaceuticals
FAIR MARKET VALUE □ \$2,000 - \$10,000 □ \$10,001 - \$100,000 □ \$100,001 - \$1,000,000 □ Over \$1,000,000 □ Over \$1,000,000 □	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Image: Stock Other	NATURE OF INVESTMENT X Stock Other
□ (Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ 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:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Amgen	Booking Holdings
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceutical	Travel
	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ 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:
// 24// 24	
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: ____

	SCHEDULE A-1 CALIFORNIA FORM 70			
	Inves	tr	ments	FAIR POLITICAL PRACTICES COMMISSION
	Stocks, Bonds, a	n	nd Other Interests	Name
			is Less Than 10%)	Anne-Marie Duliege
			st be itemized.	
_		11 11	or financial statements.	17.7
	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENT	II Y
			JP Morgan Chase	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS
	Data Networking		Bank	
	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000		FAIR MARKET VALUE	\$10,001 - \$100,000
	\$2,000 - \$10,000 \$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 Stock Other		NATURE OF INVESTMENT	Bonds
	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership () Income I () Income I	(Describe) Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	
	/ <u>24</u> / <u>24</u> ACQUIREDDISPOSED		· · · ·	10 / 15 / 24 DISPOSED
_	NAME OF BUSINESS ENTITY		ACQUIRED	
•	Exelixis		Jazz Pharmaceutica	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	
	Pharmaceuticals		Pharmaceuticals	
	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 X Stock Other		NATURE OF INVESTMENT	
	(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership () Income I () Income I	(Describe) Received of \$0 - \$499 Received of \$500 or More (<i>Report on Schedule C</i>)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	E:
			<u>//24</u>	<u> </u>
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED
►	NAME OF BUSINESS ENTITY	1	NAME OF BUSINESS ENT	ITY
	Gilead		Moderna	
	GENERAL DESCRIPTION OF THIS BUSINESS		GENERAL DESCRIPTION	OF THIS BUSINESS
	Pharmaceuticals		Pharmaceuticals	
	\$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 Stock Other (Describe)		NATURE OF INVESTMENT	(Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)		Partnership O Income F	()
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DAT	E:
			<u>//24</u>	<u>//24</u>
	ACQUIRED DISPOSED		ACQUIRED	DISPOSED

Comments: ____

	DULE A-1 stments CALIFORNIA FORM 700
(Ownership Inter	and Other Interests est is Less Than 10%)
	age or financial statements.
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Netfix	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Entertainment	
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 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (<i>Report on Schedule C</i>)	Partnership O Income Received of \$0 - \$499
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_24/_24 ACQUIREDDISPOSED	<u>//24</u> <u>//24</u> ACQUIREDDISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Regeneron	Ultragenyx
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Pharmaceuticals
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT X Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) 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:
/ / 24 / / 24	/ / 24 / / 24
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Roche	Vertex
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Pharmaceuticals	Pharmaceuticals
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,000 \$10,000 \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,000 \$\$10,001 - \$100,000
\$2,000 \$1,000 \$100,001 \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT X Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) ☐ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)	(Describe) ☐ 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:
//_24	

Comments: ____

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

california form 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Anne-Marie Duliege

► 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)	CIRM			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
500 5th Ave N, Seattle, WA 98109	1999 Harrison Street STE 1650, Oakland, CA 94612			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Non-Profit Organization	Public Entity			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Deputy Director of Antimalarial Interventions	ICOC 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			
S10,001 - \$100,000 VER \$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, <i>list each source of \$10,000 or more</i>			
(Describe)	(Describe)			
Other	X Other Per Diem Payments			
(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 LO	AN
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

Name

Anne-Marie Duliege

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
Pancreatic Cancer Network				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
1500 Rosecrans Ave, Suite 200, Manhattan Beach, CA 90266				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Non-Profit Organization				
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
Chief Medical Officer				
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				
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)			
Other (Describe)	Other (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)	% 🗌 Nor	e
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	ersonal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
\$500 - \$1,000		City
<pre>\$1,001 - \$10,000</pre> \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		

FAIR POLITICAL P	RACTICES COMMISSION	~		Filed P	Date: 03/26/2025 03:05 PM
	N D M E N T		OVER PAGE	Flied L	SAN: FPPC
lease type or print	LAST)		(FIRST)		(MIDDLE)
	Duliege	Ann	e-Marie		S
Office, Age	ncy, or Court				
Agency Name	(Do not use acronyms)				
California Ir	nstitute of Regenerative	Medicine			
Division, Board,	Department, District, if applica	ble	Your Position		
			ICOC Board	Member	
► If filing for m	ultiple positions, list below or o	n an attachment. (Do not use	e acronyms)		
Agency:			Position:		
Jurisdictio	n of Office (Check at leas	t one box)			
X State	·	,	Judge, Retired Judge, Retired Juriso		udge, or Court Commissioner
Multi-County			County of		
City of			Other		
Type of Sta	atement (Check at least or	ne box)			
D	he period covered is January 7 December 31, 2023.	, 2023, through	Leaving Office		// ne circle .)
	he period covered is/ ecember 31, 2023.	, through	of leaving of		ry 1, 2023, through the date
Assuming	Office: Date assumed			covered is leaving office.	_/, through
Candidate:	Date of Election	and office sought, if	different than Part 1:		
Schedule S	Summary (required)	► Total number	of pages including	this cover pa	age: <u>2</u>
Schedules	attached				
🗙 Schedu	le A-1 - Investments - schedu	e attached	Schedule C - Income,	Loans, & Busine	ss Positions – schedule attached
	le A-2 - Investments - schedu		Schedule D - Income	 Gifts – schedul 	e attached
	le B - Real Property – schedu	e attached	Schedule E - Income -	– Gifts – Travel F	Payments – schedule attached
or- □ <i>None</i> - /	No reportable interests or	any schedule			
Verification					
MAILING ADDRESS (Business or Agenc	S STREET y Address Recommended - Public Docu	CITY ment)		STATE	ZIP CODE
601 Gatewa	ay Blvd, Suite 400	South San		СА	94080
(510) 34			E-MAIL ADDRESS		
I have used all i					nowledge the information contained
I certify under	penalty of perjury under the	laws of the State of Californ	ia that the foregoing is	true and correc	t.
Date Signed	03/26/2025 03:05	PM 💊	ignature	Anne-Mari	e S Duliege

SCHEDULE A-1

Investments

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

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

Investments must be itemized.

Do not attach brokerage o	or financial statements.
 NAME OF BUSINESS ENTITY JP Morgan Chase 	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Bank	
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	NATURE OF INVESTMENT Stock Other
 Income Received of \$500 or More (Report on Schedule C) 	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE: <u>12 / 08 / 23</u> ACQUIRED// 23 DISPOSED	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT
Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Stock Other
IF APPLICABLE, LIST DATE: //_23//_23 ACQUIREDDISPOSED	IF APPLICABLE, LIST DATE: //_23//_23 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	Filer's Verification
GENERAL DESCRIPTION OF THIS BUSINESS	Print Name Anne-Marie Duliege
	Office, Agency or Court California Institute of Regenerative Medicine
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	Statement Type 2023/2024 Annual Assuming Leaving
NATURE OF INVESTMENT Stock Other	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.
 Partnership () Income Received of \$0 - \$499 () Income Received of \$500 or More (Report on Schedule C) 	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 Signed03/26/2025 03:05 PM
/	(month, day, year)
	Filer's Signature Anne-Marie S Duliege