

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 03/13/2025 09:37 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Duron Ysabel

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, 2024, through December 31, 2024.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle below.)  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- The period covered is January 1, 2024, through the date of leaving office
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office

4. Schedule Summary (required)

► Total number of pages including this cover page: 10

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)  
P.O. Box 980790 West Sacramento CA 95798-0790  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS  
( 510 ) 340-9114

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 03/13/2025 09:37 PM Signature Ysabel Duron  
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Ysabel Duron

NAME OF BUSINESS ENTITY: Mutual Funds
GENERAL DESCRIPTION OF THIS BUSINESS: 401K
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Blackrock Advantage
GENERAL DESCRIPTION OF THIS BUSINESS: Mutual Fund 401K
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Blackrock Strategic
GENERAL DESCRIPTION OF THIS BUSINESS: Mutual Fund 401K
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Blackrock Low Duration
GENERAL DESCRIPTION OF THIS BUSINESS: Mutual Fund 401K
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Blackrock High Yield
GENERAL DESCRIPTION OF THIS BUSINESS: Mutual Fund 401K
FAIR MARKET VALUE: [X] \$2,000 - \$10,000
NATURE OF INVESTMENT: [X] Stock

NAME OF BUSINESS ENTITY: Healthcare Select SPDR
GENERAL DESCRIPTION OF THIS BUSINESS: Mutual Fund 401K
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
NATURE OF INVESTMENT: [X] Stock

Comments:

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Ysabel Duron

▶ NAME OF BUSINESS ENTITY  
Blackrock Capital

GENERAL DESCRIPTION OF THIS BUSINESS  
Mutual Fund 401

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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Blackrock Large Cap

GENERAL DESCRIPTION OF THIS BUSINESS  
Mutual Fund 401K

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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Blackrock Global

GENERAL DESCRIPTION OF THIS BUSINESS  
Mutual Fund 401K

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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

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  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                          Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Blackrock Strategic

GENERAL DESCRIPTION OF THIS BUSINESS  
Mutual Fund 401K

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)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

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  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                          Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/24      \_\_\_\_/\_\_\_\_/24  
ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_













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

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)*  
Academy Health  
 ADDRESS *(Business Address Acceptable)*  
1666 K. Street  
 CITY AND STATE  
Washington DC 20006  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 987.00  
*(If gift)*  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*  
Trailhead Institute  
 ADDRESS *(Business Address Acceptable)*  
1999 Broadway Ste 600  
 CITY AND STATE  
Denver, CO 80202  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 5500  
*(If gift)*  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*  
The Light Collective  
 ADDRESS *(Business Address Acceptable)*  
https://lightcollective.org/mission/  
 CITY AND STATE  
Portland, OR  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 5000  
*(If gift)*  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_