

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAME OF FILER (LAST) (FIR:		(MIDDLE)					
Yamamoto	Keith						
1. Office, Age	ency, or Court						
Agency Name	(Do not use acronyms)						
	nstitute of Regenerative Medicine						
	l, Department, District, if applicable		Your Position				
			ICOC Box	ard Member			
► If filing for r	► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
3							
Agency:			Position:				
2. Jurisdiction	on of Office (Check at least one box)						
	, ,		☐ Judge. Reti	red Judge. Pro Tem	Judge, or Court Commissioner		
			(Statewide Jurisdiction)				
Multi-County			County of				
City of							
	tatement (Check at least one box)						
	The period covered is January 1, 202 4, through	ıh	☐ Leaving C	Office: Date Left			
_	December 31, 202 4.	ji i	Leaving C		circle below.)		
	The period covered is/	, through		eriod covered is Janu office.	uary 1, 2024, through the date of		
Assuming	g Office: Date assumed//		The pe	eriod covered is te of leaving office.			
Candidate	e: Date of Election ar	d office sought,	if different than Part	: 1:			
4. Schedule	Summary (required) ► 7	otal number o	of pages includ	ing this cover p	page: 2		
	s attached						
☐ Sahadı	ule A-1 - Investments – schedule attached		Schedule C - Inco.	me. Loans. & Busin	ess Positions – schedule attached		
	ule A-2 - Investments – schedule attached			me – Gifts – schedu			
	ule B - Real Property – schedule attached				Payments – schedule attached		
-or- □ Non	e - No reportable interests on any sci	hedule					
5. Verification	1						
MAILING ADDRES		CITY		STATE	ZIP CODE		
P.O. Box 9	ncy Address Recommended - Public Document)	West S	acramento	CA	95798-0790		
DAYTIME TELEPHONE NUMBER		17001 0	EMAIL ADDRESS	<u> </u>			
(510) 340-9114							
	reasonable diligence in preparing this stateme any attached schedules is true and complete.				knowledge the information contained		
	r penalty of perjury under the laws of the S	•	•		ect.		
,	, , , , , ,						
Date Signed	04/02/2025 05:32 PM	Sig	gnature		'amamoto		
	(month, day, year)		(File	e the originally signed paper	statement with your filing official.)		

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

(Ownership Interest is 10% or Greater)

Keith Yamamoto

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Keith R. Yamamoto trust	
Name 332 Douglass St, San Francisco, CA 94114	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one X Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or ☐ Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments: _