

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 03/30/2026 06:22 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Carson **Monica**

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California Institute of Regenerative Medicine

Division, Board, Department, District, if applicable Your Position
Alternate 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
- Multi-County _____
- City of _____
- Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual:** The period covered is January 1, 2025, through December 31, 2025.
-or- The period covered is ____/____/____, through December 31, 2025.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____
(Check one circle below.)
 - The period covered is January 1, 2025, 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: 2

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Attachment 700-P - Prospective Employment (87200 Filers Only)** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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** **94080-7006**

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 03/30/2026 06:22 PM Signature Monica Carson
(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

Monica Carson

▶ NAME OF BUSINESS ENTITY
Irvine Sensors Corp

GENERAL DESCRIPTION OF THIS BUSINESS
research and product development: sensors and computing

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:
 _____/_____/25 _____/_____/25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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 \$100,001 - \$1,000,000 Over \$1,000,000

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Comments: _____