

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 02/11/2026 01:55 PM
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Flowers Elena

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

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
 Attachment 700-P - Prospective Employment (87200 Filers Only) – 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 02/11/2026 01:55 PM Signature Elena Flowers
(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

Elena Flowers

▶ NAME OF BUSINESS ENTITY
Altria

GENERAL DESCRIPTION OF THIS BUSINESS
consumer goods

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
Charles Schwab Corp

GENERAL DESCRIPTION OF THIS BUSINESS
finance

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
Amazon.com Inc

GENERAL DESCRIPTION OF THIS BUSINESS
consumer goods

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
Conoco Phillips

GENERAL DESCRIPTION OF THIS BUSINESS
energy

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
Ashland Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
chemicals

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
IBM Corp

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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

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

Elena Flowers

▶ NAME OF BUSINESS ENTITY
Verizon

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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
Pimco

GENERAL DESCRIPTION OF THIS BUSINESS
finance

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 ETF _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
09 / 09 / 25 ____/____/25
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Organon

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare

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:
09 / 25 / 25 ____/____/25
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
State Street Energy

GENERAL DESCRIPTION OF THIS BUSINESS
energy

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 ETF _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
06 / 24 / 25 ____/____/25
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Ivesco

GENERAL DESCRIPTION OF THIS BUSINESS
Aerospace

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 ETF _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
08 / 21 / 25 ____/____/25
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Vanguard S&P 500

GENERAL DESCRIPTION OF THIS BUSINESS
finance

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 ETF _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
09 / 30 / 25 ____/____/25
ACQUIRED DISPOSED

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

Elena Flowers

▶ NAME OF BUSINESS ENTITY
Taiwan Semiconductor

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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:
05 / 09 / 25 _____ / _____ / 25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Deluxe Corp

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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:
09 / 23 / 25 _____ / _____ / 25
 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:
 _____ / _____ / 25 _____ / _____ / 25
 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:
 _____ / _____ / 25 _____ / _____ / 25
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Oracle

GENERAL DESCRIPTION OF THIS BUSINESS
technology

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:
08 / 15 / 25 _____ / _____ / 25
 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:
 _____ / _____ / 25 _____ / _____ / 25
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Elena Flowers

▶ 1. BUSINESS ENTITY OR TRUST

Elena R. Flowers Irrevocable Family Protection

Name
1999 Harrison Street Oakland CA 94612-3520

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED </td> </tr> </table>	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED
<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

SEE ATTACHED

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

SEE ATTACHED

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Investment management

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED </td> </tr> </table>	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED
<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Elena R. Flowers Irrevocable Family Protection

Name
1999 Harrison Street Oakland CA 94612-3520

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED </td> </tr> </table>	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED
<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

SEE ATTACHED

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

SEE ATTACHED

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Investment management

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input checked="" type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED </td> </tr> </table>	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED
<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> ACQUIRED	<input type="checkbox"/> <u> </u> / <u> </u> / <u>25</u> DISPOSED		

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2

Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Elena Flowers</u>

BUSINESS ENTITY OR TRUST : Elena R. Flowers Irrevocable Family Protection

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE
Abbvie \$10,000-\$100,000
Alphabet \$10,000-\$100,000
Amazon \$10,000-\$100,000
Apple \$10,000-\$100,000
Astra Zeneca \$10,000-\$100,000
Broadcom \$100,000-\$1,000,000
Lowe's \$10,000-\$100,000
Mastercard \$10,000-\$100,000
Microsoft \$10,000-\$100,000
Nucor \$10,000-\$100,000
Nvidia \$100,000-\$1,000,000
Tesla \$10,000-\$100,000
Cigna \$10,000-\$100,000
United Health Group \$10,000-\$100,000
Visa \$10,000-\$100,000

BUSINESS ENTITY OR TRUST : Elena R. Flowers Irrevocable Family Protection

SCHEDULE A-2

Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Elena Flowers</u>

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

Changing Parameters

Los Altos Cleaners

BK Collections

Cooks Junction

TRUSTScale

L'Image

Miguel Sierra

Trustees of Colombia University

Carole Richbourg

Jayan Elle, LLC

KNR Design Studio

Salon Monet

Names of Business Entities, if Investments, or Assessor's Parcel Numbers or Street Addresses of Real Properties

APN 167-39-036 - fair market value \$100,000-\$1,000,000

APN 167-40-017-00 - fair market value >\$1,000,000

APN 016-502-01-100 - fair market value \$100,000-\$1,000,000

SCHEDULE B

Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Elena Flowers</u>

ASSESSOR PARCEL NUMBER OR STREET ADDRESS : 11-842-11

LIST OF SOURCES OF RENTAL INCOME OF \$10,000 OR MORE
Erika Huang
Michael Langdon
Ava Agopsowicz
Danielle Manly
Lauryn Major
Kelsey Reichenbach
Julianne Mackey
Madison Miller
Lorena Marin Gutierrez
Chisom Odoemene
Patrick Gabrielli
Christina Allen