

Filed Date: 02/05/2026 03:15 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Sackey Joyce

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.
- Leaving Office:** Date Left ____/____/_____
(Check one circle below.)
- The period covered is January 1, 2025, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2025.
- 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: 1

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income – Gifts** – 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 02/05/2026 03:15 PM
(month, day, year)

Signature Joyce Sackey
(File the originally signed paper statement with your filing official.)