

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Filed Date: 03/31/2026 11:42 AM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Sandmeyer Suzanne

**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.
  - or- 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 03/31/2026 11:42 AM Signature Suzanne Sandmeyer  
(month, day, year) (File the originally signed paper statement with your filing official.)

# 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

Suzanne Sandmeyer

**▶ 1. BUSINESS ENTITY OR TRUST**

Aracari Biosciences Inc.

Name

3 Mason #100, Irvine CA 92618

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

cancer pharmaceutical start-up

<p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input checked="" type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25    ____/____/25</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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NATURE OF INVESTMENT

Partnership     Sole Proprietorship     Preferred stock (not publicly traded)

Other

YOUR BUSINESS POSITION spouse is represented on board

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

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                 OVER \$100,000

\$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

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

Check one box:

INVESTMENT                       REAL PROPERTY

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

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

<p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25    ____/____/25</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_

Yrs. remaining

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

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

GENERAL DESCRIPTION OF THIS BUSINESS

<p>FAIR MARKET VALUE</p> <p><input type="checkbox"/> \$0 - \$1,999</p> <p><input type="checkbox"/> \$2,000 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$1,000,000</p> <p><input type="checkbox"/> Over \$1,000,000</p>	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/25    ____/____/25</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
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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)**

\$0 - \$499                       \$10,001 - \$100,000

\$500 - \$1,000                 OVER \$100,000

\$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

**▶ 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, or Assessor's Parcel Number or Street Address of Real Property

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

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NATURE OF INTEREST

Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_     Other \_\_\_\_\_

Yrs. remaining

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

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