

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

Filed Date: 04/09/2023 01:31 PM  
SAN: FPPC

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Abdulhaq Haifaa

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, 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, 2022, through December 31, 2022.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2022, 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: 4

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

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
P.O. Box 980790 West Sacramento CA 95798-0790  
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 04/09/2023 01:31 PM Signature Haifaa Abdulhaq  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Haifaa Abdulhaq

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
Iqvia  
 ADDRESS (Business Address Acceptable)  
4820 Emperor Blvd  
 CITY AND STATE  
Durham, NC  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 2025  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Advisory board  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Morphosys  
 ADDRESS (Business Address Acceptable)  
470 Atlantic Ave  
 CITY AND STATE  
Boston, MA  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 3000  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Advisory Board  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Alexion  
 ADDRESS (Business Address Acceptable)  
1455 Pennsylvania Ave  
 CITY AND STATE  
Washington, DC 20004  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 3600  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
 \_\_\_\_\_  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Blue Spark healthcare communications  
 ADDRESS (Business Address Acceptable)  
150 Allen Rd  
 CITY AND STATE  
Basking Ridge, NJ  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 3138  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift **-or-**  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Consulting  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_  
 \_\_\_\_\_

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

Name  
Haifaa Abdulhaq

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

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▶ NAME OF SOURCE (Not an Acronym)  
Abbvie  
 ADDRESS (Business Address Acceptable)  
1000 Gateway Blvd  
 CITY AND STATE  
South San Francisco, CA  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 1687.50  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Advisory board  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Impact Communication Partners  
 ADDRESS (Business Address Acceptable)  
1212 Ave of the Americas  
 CITY AND STATE  
New York, NY  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 5000  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Advisory board for Acrotech Bio  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Genentech  
 ADDRESS (Business Address Acceptable)  
1 DNA Way  
 CITY AND STATE  
South San Francisco, CA  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 10,480.00  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Consulting and Advisory Board  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
Von Advisors  
 ADDRESS (Business Address Acceptable)  
EIN 13-3866890  
 CITY AND STATE  
Palatine, IL  
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 1537.50  
 (If gift)  
 ▶ MUST CHECK ONE:  Gift -or-  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description Advisory board/consulting  
 ▶ If Gift, Provide Travel Destination \_\_\_\_\_

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

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
Haifaa Abdulhaq

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▶ NAME OF SOURCE (Not an Acronym)  
Celgene

ADDRESS (Business Address Acceptable)  
11755 Wilshire Blvd

CITY AND STATE  
LA, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 2130.00  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description Advisory Board

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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