



COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) Sheehy (FIRST) CHARLES (MIDDLE) JEFFREY

1. Of Agency, Of Court

Agency Name (Do not use acronyms)

CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE

Division, Board, Department, District, if applicable

Your Position

INDEPENDENT CITIZENS OVERSIGHT COMMITTEE ICOC MEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Agency (Check at least one box)

- State 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, 2015, through December 31, 2015. Leaving Agency: Date Left ____/____/____ (Check one)
- or- The period covered is ____/____/____, through December 31, 2015. The period covered is January 1, 2015, through the date of leaving of job.
- Assuming Agency: Date assumed ____/____/____ The period covered is ____/____/____, through the date of leaving of job.
- Candidate: Election year _____ and of job sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- Schedule CA-1E Investments – schedule attached Schedule DD Income, Loans, & Business Positions – schedule attached
- Schedule CA-2E Investments – schedule attached Schedule DD Income – Gifts – schedule attached
- Schedule DE Real Property – schedule attached Schedule DE Income – Gifts – Travel Payments – schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS (Business or Agency Address Recommended - Public Document) STREET CITY STATE ZIP CODE
1999 HARRISON ST 1650 OAKLAND CA 94612

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 340-9101 JSheehy@CIRM.CA.GOV

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.

Certify Under Penalty of Perjury Under the Laws of the State of California that the foregoing is true and correct.

Date Signed 2-25-16
 (month, day, year)

Signature 
 (File the originally signed statement with your filing of job.)

