

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received

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watkins, eserick			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Department of Consumer Affairs

Division, Board, Department, District, if applicable

Your Position

Medical Board of California

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)

- | | |
|---|--|
| <input checked="" type="checkbox"/> State | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input type="checkbox"/> Other _____ |

3. Type of Statement (Check at least one box)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Annual: The period covered is January 1, 2020 through December 31, 2020 | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2020 through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2020 | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> Assuming Office: Date assumed ____/____/____ | |
| <input type="checkbox"/> Candidate: Date of Election _____ and office sought, if different than Part 1: _____ | |

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

- | | |
|--|---|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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
<i>(Business or Agency Address Recommended - Public Document)</i>				
191 Mahonia Circle		Sacramento	CA	95835-2100
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(916) 307-9688	tjwatkins1@mac.com			

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 01/17/2021
(month, day, year)Signature eserick watkins
(File the originally signed paper statement with your filing official.)

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
watkins, eserick

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
The Next Level Coaching
ADDRESS (Business Address Acceptable)
191 Mahonia Circle
Sacramento, CA 95835-2100
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Coaching Service Physical and Life
YOUR BUSINESS POSITION
Owner
GROSS INCOME RECEIVED [] No Income - Business Position Only
[] \$500 - \$1,000 [] \$1,001 - \$10,000
[X] \$10,001 - \$100,000 [] OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
[X] Salary [] Spouse's or registered domestic partner's income
[] Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
[] Sale of (Real property, car, boat, etc.)
[] Loan repayment
[] Commission or [] Rental Income, list each source of \$10,000 or more
[] Other (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER
HIGHEST BALANCE DURING REPORTING PERIOD
[] \$500 - \$1,000
[] \$1,001 - \$10,000
[] \$10,001 - \$100,000
[] OVER \$100,000
INTEREST RATE
_____ % [] None
TERM (Months/Years)
SECURITY FOR LOAN
[] None [] Personal residence
[] Real Property Street address
City
[] Guarantor
[] Other (Describe)

Comments: