

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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 21:24:16

 Filing ID:
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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Hawkins, Randy Wendell			

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: *SEE ATTACHED FOR ADDITIONAL POSITIONS

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, 2020 through
December 31, 2020 **Leaving Office:** Date Left ____/____/____
(Check one circle)

-or-

The period covered is ____/____/____, through
December 31, 2020 The period covered is January 1, 2020 through the date of
leaving office. **Assuming Office:** Date assumed ____/____/____ 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 (must complete) ► Total number of pages including this cover page: 3****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
<i>(Business or Agency Address Recommended - Public Document)</i>				
644 East Regent St Suite 200		Inglewood	CA	90301
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(310) 674-1970		rwhawkinsmd@aol.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 02/27/2021
 (month, day, year)

 Signature Randy Wendell Hawkins
 (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Randy Wendell Hawkins

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
Department of Consumer Affairs	Medical Board of California	Board Member	Annual 1/1/2020 - 12/31/2020
Department of Consumer Affairs	Physician Assistant Board	Board Member	Annual 1/1/2020 - 12/31/2020

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>	
Name	
Hawkins, Randy Wendell	

▶ 1. BUSINESS ENTITY OR TRUST

Randy W. Hawkins, MD Inc

Name
644 East Regent Street Suite 200
Inglewood, CA 90301

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Medical Practice

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/20
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Corporation
Other

YOUR BUSINESS POSITION Physician Owner

▶ 1. BUSINESS ENTITY OR TRUST

Randy W. Hawkins, MD Inc

Name
644 East Regent Street Suite 200
Inglewood, CA 90301

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

Medical Practice

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/20
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship Corporation
Other

YOUR BUSINESS POSITION Physician Owner

▶ 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

▶ 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

▶ 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

CMS

▶ 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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/20
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

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

▶ 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

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/20
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

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: _____