

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initial Filing Received

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 E-Filed  
 03/23/2020  
 18:34:49

 Filing ID:  
 188698113

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Lubiano, Laurie Rose			

**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"/> <b>Annual:</b> The period covered is January 1, 2019 through December 31, 2019   | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one circle)     |
| -or-   | <input type="checkbox"/> The period covered is January 1, 2019 through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2019  | <input type="checkbox"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____   |  |
| <input type="checkbox"/> <b>Candidate:</b> 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"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input checked="" type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                                     |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – 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>				
2005 Evergreen Street, Suite 1200		Sacramento	CA	95815
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 650 ) 291-6974		laurie.lubiano@mbc.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.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/23/2020  
(month, day, year)Signature Laurie Rose Lubiano  
(File the originally signed paper statement with your filing official.)

