

COVER PAGE

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable  
Medical Board of California

Your Position  
Board Member

2019 FEB 12 AM 11:29  
RECEIVED  
DCA  
OHR  
OFFICE

► 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
- Multi-County \_\_\_\_\_
- City of \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2017.
- Assuming Office: Date assumed 12, 17, 2018
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2017, 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 (must complete) ► Total number of pages including this cover page: 2

Schedules attached

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - 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)  
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 January 8, 2019  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
The Climate Corporation

ADDRESS (Business Address Acceptable)  
201 Third Street, Suite 1100, SF, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Digital Agriculture

YOUR BUSINESS POSITION  
IP & Product Counsel

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000                     \$1,001 - \$10,000  
 \$10,001 - \$100,000             OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

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  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Lockheed Martin Corporation

ADDRESS (Business Address Acceptable)  
1111 Lockheed Martin Way, Sunnyvale, CA 94088

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Aerospace & Defense

YOUR BUSINESS POSITION  
Communications Systems Engineer, SME

GROSS INCOME RECEIVED     No Income - Business Position Only  
 \$500 - \$1,000                     \$1,001 - \$10,000  
 \$10,001 - \$100,000             OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
(For self-employed use Schedule A-2.)

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  
\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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*                               | INTEREST RATE   | TERM (Months/Years) |
| _____   | _____ % <input type="checkbox"/> None                                     | _____               |
| ADDRESS (Business Address Acceptable)         | SECURITY FOR LOAN   |                     |
| _____   | <input type="checkbox"/> None <input type="checkbox"/> Personal residence |                     |
| BUSINESS ACTIVITY, IF ANY, OF LENDER          | <input type="checkbox"/> Real Property _____                              |                     |
| _____   | <small>Street address</small>   |                     |
| HIGHEST BALANCE DURING REPORTING PERIOD       | _____   |                     |
| <input type="checkbox"/> \$500 - \$1,000      | <small>City</small>   |                     |
| <input type="checkbox"/> \$1,001 - \$10,000   | <input type="checkbox"/> Guarantor _____                                  |                     |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> Other _____                                      |                     |
| <input type="checkbox"/> OVER \$100,000       | <small>(Describe)</small>   |                     |

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