

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Lawson, Kristina			

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: 3**Schedules attached**

- | | |
|---|---|
| <input checked="" 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>				
1625 N Market Blvd		Sacramento	CA	95834
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
(916) 403-8600		kristina.d.lawson@gmail.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 03/07/2021
 (month, day, year)

 Signature Kristina Lawson
 (File the originally signed paper statement with your filing official.)

SCHEDULE A-1 Investments

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Lawson, Kristina

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

<p>▶ NAME OF BUSINESS ENTITY <u>Hanson Bridgett, LLP</u></p> <p>GENERAL DESCRIPTION OF THIS BUSINESS <u>Law Firm</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input checked="" type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE: <u> </u>/<u> </u>/<u>20</u> <u> </u>/<u> </u>/<u>20</u> <small>ACQUIRED DISPOSED</small></p>	<p>▶ NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF THIS BUSINESS _____</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ <small>(Describe)</small> <input type="checkbox"/> Partnership <input type="checkbox"/> Income Received of \$0 - \$499 <input type="checkbox"/> Income Received of \$500 or More <i>(Report on Schedule C)</i></p> <p>IF APPLICABLE, LIST DATE: <u> </u>/<u> </u>/<u>20</u> <u> </u>/<u> </u>/<u>20</u> <small>ACQUIRED DISPOSED</small></p>
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Comments: _____

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Lawson, Kristina

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME PwC Advisory	NAME OF SOURCE OF INCOME Hanson Bridgett, LLP
ADDRESS (Business Address Acceptable) Three Embarcadero Center San Francisco, CA 94111	ADDRESS (Business Address Acceptable) 1676 N. California Blvd Walnut Creek, CA 94596
BUSINESS ACTIVITY, IF ANY, OF SOURCE 	BUSINESS ACTIVITY, IF ANY, OF SOURCE Law Firm
YOUR BUSINESS POSITION 	YOUR BUSINESS POSITION Partner
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input checked="" type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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*	INTEREST RATE	TERM (Months/Years)
_____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	_____% <input type="checkbox"/> None	_____
	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address _____ City	
	<input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

Comments: _____