

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received

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Campoverdi, Alejandra			

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) 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, 2019 through
December 31, 2019 **Leaving Office:** Date Left ____/____/____
(Check one circle)

-or-

The period covered is ____/____/____, through
December 31, 2019 The period covered is January 1, 2019 through the date of
leaving office. **Assuming Office:** Date assumed 10 / 12 / 2020 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: 1****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
(Business or Agency Address Recommended - Public Document)				
2005 Evergreen Street Suite 1200		Sacramento	CA	95815
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(916) 263-2389	info@alejandracampoverdi.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 10/19/2020
 (month, day, year)

 Signature Alejandra Campoverdi
 (File the originally signed paper statement with your filing official.)