

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Initial Filing
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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Yip, Felix

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 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, 2018, through December 31, 2018
- or-
- The period covered is ____/____/____, through December 31, 2018
- Leaving Office:** Date Left ____/____/____ (Check one circle)
- The period covered is January 1, 2018, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Assuming Office:** Date assumed ____/____/____
- 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)

600 N Garfield Ave Suite 308 Monterey Park CA 91754

 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (626) 288-0889 felixyip@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 02/05/2019
 (month, day, year)

 Signature Felix Yip
 (File the originally signed paper statement with your filing official.)