



STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Hawkins, Randy Wendell

1. Office, Agency, or Court

Agency Name (Do not use acronyms) Department of Consumer Affairs Division, Board, Department, District, if applicable Medical Board of California Your Position Board Member Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS Position:

2. Jurisdiction of Office (Check at least one box)

[X] State [] Multi-County [] City of [] Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) [] County of [] Other

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

[X] Annual: The period covered is January 1, 2020, through December 31, 2020 -or- The period covered is / / , through December 31, 2020 [] Assuming Office: Date assumed / / and office sought, if different than Part 1: [] Leaving Office: Date Left / / (Check one circle) [] The period covered is January 1, 2020, through the date of leaving office. [] The period covered is / / , through the date of leaving office.

4. Schedule Summary (must complete) Total number of pages including this cover page: 3

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 [X] 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) 323 North Prairie Avenue Street Suite 401 Inglewood CA 90301 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (310) 674-1970 rwhawkinsmd@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 02/02/2022 (month, day, year)

Signature Randy Wendell Hawkins (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Randy Wendell Hawkins

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
Department of Consumer Affairs	Medical Board of California	Board Member	Annual 1/1/2020 - 12/31/2020
Department of Consumer Affairs	Physician Assistant Board	Board Member	Annual 1/1/2020 - 12/31/2020

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
323 North Prairie Avenue
CITY
Inglewood

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /20 DISPOSED / /20

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / /20 DISPOSED / /20

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from a commercial lending institution 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* _____
 ADDRESS (Business Address Acceptable) _____
 BUSINESS ACTIVITY, IF ANY, OF LENDER _____
 INTEREST RATE _____% TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Filer's Verification

Print Name Hawkins, Randy Wendell

Office, Agency or Court See Expanded Statement Attachment

Statement Type 2020/2021 Annual Assuming Leaving
 _____ Annual Candidate
(yr)

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

Date Signed 02/02/2022
(month, day, year)

Filer's Signature Randy Wendell Hawkins

Comments: _____