

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

 Date Initial Filing
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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 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, 2018, through December 31, 2018 | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one circle) |
| -or- | <input type="checkbox"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018 | <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 02/22/2019
 (month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Lawson, Kristina

▶ NAME OF BUSINESS ENTITY
Hanson Bridgett, LLP

GENERAL DESCRIPTION OF THIS BUSINESS
Law Firm

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
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 \$100,001 - \$1,000,000 Over \$1,000,000

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 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/18 _____/_____/18
 ACQUIRED DISPOSED

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

NAME OF SOURCE OF INCOME

PwC Advisory

 ADDRESS *(Business Address Acceptable)*
Three Embarcadero Center
San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

 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

Hanson Bridgett, LLP

 ADDRESS *(Business Address Acceptable)*
1676 N. California Blvd
Walnut Creek, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Firm

YOUR BUSINESS POSITION

Partner

 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 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*

 ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

 \$500 - \$1,000

 \$1,001 - \$10,000

 \$10,001 - \$100,000

 OVER \$100,000

INTEREST RATE

 _____% None

TERM (Months/Years)

SECURITY FOR LOAN

 None

 Personal residence

 Real Property

Street address

City
 Guarantor

 Other

 (Describe)

Comments: _____