

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

 Date Initial Filing  
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watkins, eserick			

**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 type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2018, through December 31, 2018             | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one circle)   |
| -or-   | <input type="radio"/> The period covered is January 1, 2018, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2018  | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office.  |
| <input checked="" type="checkbox"/> <b>Assuming Office:</b> Date assumed <u>06</u> / <u>01</u> / <u>2019</u>         |  |
| <input type="checkbox"/> <b>Candidate:</b> Date of Election _____ and office sought, if different than Part 1: _____ |  |

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 2****Schedules attached**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input checked="" type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                                     |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – 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>				
191 Mahonia Circle		Sacramento	CA	95835-2100
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
( 916 ) 307-9688		tjwatkins1@mac.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 06/29/2019  
 (month, day, year)

 Signature eserick watkins  
 (File the originally signed paper statement with your filing official.)

