

Statement of Qualifications
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Are you registered to vote in Los Angeles County?

Yes X No

Have you ever been convicted, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for any offense (except non-moving traffic violations) by any court (including convictions dismissed under Penal Code Section 1203.4)?

Yes No X

If yes, what offense or offenses:

At the present time, do you hold any position with any public entity?

Yes No X

If yes, what public entity or entities and what position or positions?

A statement of duties and/or qualifications of the position for which you are being considered is attached. Please read the statement and write below why you are particularly suited to serve the people of the County of Los Angeles in this position. You may attach additional sheets of paper for your response (optional).

I have over 36 years of experience in the health care arena, both in direct patient care and as an administrator. As Deputy Director of the Washington State Dept. of Labor and Industries, I oversaw the administration of the Workers' Comp. Insurance Company. I have also been involved with a community clinic owned and operated

health plan in Washington State serving Medicaid and the State run insurance plan for low income families. I have also served on numerous Boards, Commissions and Task Forces.

Please indicate the names, addresses, and phone numbers of references (optional):

Margie Martinez, Community Health Alliance of Pasadena (626) 398-6300

Carl Coan, Eisner Pediatric & Family Medical Center (213) 746-1037

William Hobson, Jr., Watts Healthcare Corporation (323) 357-6680

CONSENT AND CERTIFICATION

I have reviewed the attached description of qualifications and duties for the position. I am able to perform all duties. I am willing to serve.

I acknowledge that the County of Los Angeles may contact other entities or other persons to confirm information I have provided. I consent to these contacts.

I certify that all statements and representations made in this Statement of Qualifications are true and correct.

Dated: _____

10/30/06

Glenn Rodriguez
(Signature)

Ms. Gloria Rodriguez

Nominee For: Los Angeles Care Health Plan (aka
Local Initiative Health Authority
Governing Board)

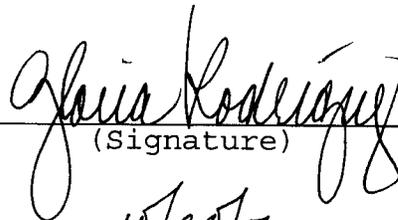
Nominated By: The Community Clinic Association of
Los Angeles County

**ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
INFORMATION**

I acknowledge that I have been advised that Los Angeles County has made advance disclosure of potential Conflicts of Interest applicable to all members of commissions, committees and boards.

This means among other things, that I will disqualify myself from participation in any governmental matters in which I have an economic interest. If I have any questions regarding the propriety of my participation in such governmental matters, I will consult with the County Counsel.

I have also received a copy of applicable definitions and explanation of the requirements.



(Signature)

10/30/06

(Date)

Ms. Gloria Rodriguez

Nominee For: Los Angeles Care Health Plan (aka
Local Initiative Health Authority
Governing Board)

Nominated By: The Community Clinic Association of
Los Angeles County

COUNTY-RELATED FINANCIAL DISCLOSURE

QUESTIONNAIRE

(For reappointments, list income since last questionnaire)

1. List all contracts entered into, bid on, or negotiated with the County or any county board, commission, or committee either as an individual or by any business in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

None

2. List each source of income aggregating more than \$250 during the last 12 months derived from real property that you or your immediate family owns directly, indirectly or beneficially and is leased or rented by the County or is subject to regulation, inspection, or enforcement authority of the County or the board, commission, or committee for which you are being considered for appointment.

None

3. List any source of income (aggregating more than \$250 during the last 12 months) that has regular transactions with any County agency, board, committee or commission.

None

4. List all investments worth more than \$1,000 in entities in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater, and provides or sells services or supplies utilized by the County or are subject to regulation, inspection, or enforcement authority of the County or of the board, commission, or committee for which you are being considered for appointment.

None

5. List the name of any business entity for which you were a director, officer, partner, trustee, or employee or for which you held any position of management that is the subject of any business transactions with the County or which is subject to regulation, inspection, or enforcement authority of any County agency or by the board, commission, or committee for which you are being considered for appointment.

None
