

File No. 101264

Committee Item No. 6  
Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Rules

Date October 7, 2010

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget Analyst Report                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input type="checkbox"/>            | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER

(Use back side if additional space is needed)

- |                                     |                          |                 |
|-------------------------------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Form 700</u> |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |

Completed by: Linda Wong

Date October 4, 2010

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-7714**

**Application for Boards, Commissions and Committees**

Application for Appointment to: San Francisco Health Plan

Name of Board, Commission, Committee, or Task Force

Seat # or Category (if applicable): Seat 7

District: \_\_\_\_\_

Name: Randall Low MD

Home Address: Anza Street

Zip: 94118

Home Phone: 415 \_\_\_\_\_

Occupation: Medical Doctor

Work Phone: 415-956-8339

Employer: self-employed

Business Address: 728 Pacific Ave, Suite 501

Zip: 94133

Business E-Mail: randalllow@yahoo.com

Home E-Mail: \_\_\_\_\_@aol.com

**Check All That Apply:**

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco  Yes:  No: (Place of Residence): \_\_\_\_\_

**Please state your qualifications (attach supplemental sheet if necessary)**

Physician in San Francisco for over 25 years. Board certified Internal Medicine and Cardiology. Medical Staff at St. Francis Memorial Hospital and Chinese Hospital.

**Education:**

AA-City College of San Francisco 1969

BA-UC Berkeley 1971; MD-UC Davis-1975

**Business and/or professional experience:**

Board of Directors of CCHCA; Board of Directors of SFMS; Board of Directors-Chinese Hospital;

**Civic Activities:**

Ethnicity: (optional) Chinese

Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once Completed, this form, including all attachments, become public record)

Date: \_\_\_\_\_ Applicant's Signature: (required) 

Please Note: Your application will be retained for one year.

**FOR OFFICE USE ONLY:**

Appointed to Seat # \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_

OCT/01/2010/FRI 12:03 PM

FAX No.

P. 001

12/02/99 11:59 FAX 415 561 0833

SF MEDICAL SOCIETY

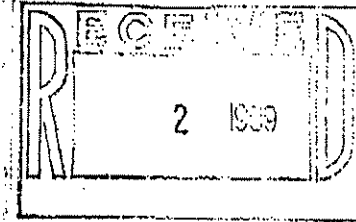
001



SAN  
FRANCISCO  
MEDICAL  
SOCIETY

*An advocate for  
Physicians  
and  
their Patients*

*Var B*



December 2, 1999

Shahnaz Nikpay, PhD  
Chief Executive Officer  
San Francisco Health Authority  
568 Howard Street, 5<sup>th</sup> Floor  
San Francisco, CA 94105

FAX: 415-547-7824

Dear Dr. Nikpay:

Thank you for your letter concerning the appointment of a member of the San Francisco Medical Society (SFMS) to the Governing Board of the San Francisco Health Authority to replace Judith L. Mates, MD.

On behalf of SFMS, and in accordance with Section 14087.36(k) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, I would like to designate Randall Low, MD to serve on the Board. Dr. Low is a distinguished physician and member of both the SFMS Board of Directors and the SFMS Executive Committee. I know he will be an excellent addition to the Governing Board of the San Francisco Health Authority.

Sincerely,

William H. Goodson III, MD  
President  
San Francisco Medical Society

cc: Randall Low, MD

1409 Sutter Street  
San Francisco  
California  
94109  
415-561-0850  
FAX 415-561-0833

**COVER PAGE**

FILED

A Public Document

2010 MAR 22 PM 2:34

Please type or print in ink.

NAME (LAST) <u>LOW.</u>	(FIRST) <u>RANDALL</u>	(MIDDLE)	ETHNICITY <u>SPANISH</u>	PHONE NUMBER <u>(415) 956-8339</u>
MAILING ADDRESS (Business Address Acceptable) <u>ANZA ST.</u>	STREET	CITY <u>SAN FRANCISCO</u>	STATE <u>CA</u>	ZIP CODE <u>94118</u>
				OPTIONAL E-MAIL ADDRESS

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
S.L. HEARD Authority / SF. Community

Division, Board, District, if applicable:  
HARBOR AUTHORITY

Your Position:  
BOARD OF GOVERNORS

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

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

State

County of SAN FRANCISCO

City of \_\_\_\_\_

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

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

Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-OR-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: \_\_\_\_\_

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Gifts - Travel Payments*

-OR-

No reportable interests on any schedule

**5. Verification**

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 MARCH 4, 2010  
(month, day, year)

Signature [Signature]  
(File the originally signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY  
CHEVRON - TEXACO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
STOCK

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 of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
GENERAL ELECTRIC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
STOCK

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 of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
6/10/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
MIGHTY GOLD MOUNTAIN WARRANTS

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
STOCK CLUB

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 of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
GAN

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
SOFTWARE GATEWAY INDUSTRY

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 of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY  
YAHOO

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
6/10/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 of \$0 - \$500  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_/\_\_\_\_\_/09    \_\_\_\_\_/\_\_\_\_\_/09  
 ACQUIRED    DISPOSED

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION  
 Name \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**  
RANDALL LOW M.D.  
 Name \_\_\_\_\_  
720 PACIFIC AVE #501  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

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 \_\_\_\_\_/\_\_\_\_\_/09 DISPOSED \_\_\_\_\_/\_\_\_\_\_/09

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other \_\_\_\_\_

YOUR BUSINESS POSITION OWNER

**▶ 1. BUSINESS ENTITY OR TRUST**  
 Name \_\_\_\_\_  
 Address (Business Address Acceptable)  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

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 \_\_\_\_\_/\_\_\_\_\_/09 DISPOSED \_\_\_\_\_/\_\_\_\_\_/09

NATURE OF INVESTMENT  
 Sole Proprietorship  Partnership  Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

MEDICARE - OLDWAGE INSP, ST FINANCIAL INSP,  
CCAPP

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)**

\_\_\_\_\_

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity or \_\_\_\_\_  
 Street Address or Assessor's Parcel Number of Real Property \_\_\_\_\_

Description of Business Activity or \_\_\_\_\_  
 City or Other Precise Location of Real Property \_\_\_\_\_

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 \_\_\_\_\_/\_\_\_\_\_/09 DISPOSED \_\_\_\_\_/\_\_\_\_\_/09

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity or \_\_\_\_\_  
 Street Address or Assessor's Parcel Number of Real Property \_\_\_\_\_

Description of Business Activity or \_\_\_\_\_  
 City or Other Precise Location of Real Property \_\_\_\_\_

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 \_\_\_\_\_/\_\_\_\_\_/09 DISPOSED \_\_\_\_\_/\_\_\_\_\_/09

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership  
 Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
CHINESE COMMUNITY HEALTHCARE ASSOCIATION

ADDRESS (Business Address Acceptable)  
JPA - PHYSICIAN ASSOCIATION

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
ADVISORY - TO BOARD

YOUR BUSINESS POSITION  
 \_\_\_\_\_

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 Other CONSULTING FEE  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
SAN FRANCISCO HORTON DOMESTIC

ADDRESS (Business Address Acceptable)  
CONSULTING PHYSICIAN

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

GROSS INCOME RECEIVED  
 \$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  
 Loan repayment  
 Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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: _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____		
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_



**Board of Supervisors  
City and County of San Francisco  
1 Dr. Carlton B. Goodlett Place, Room 244  
(415) 554-5184 FAX (415) 554-7714**

**Application for Boards, Commissions and Committees**

Application for Appointment to: San Francisco Health Authority

Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Consumer Representative , seat 10

District:

Name: Maria Luz Torre

Home Address: 21st St #205, San Francisco, CA

Zip: 94114

Home Phone: (415) \_\_\_\_\_

Occupation: Community Organizer/Advocate

Work Phone: (415) 343-3383

Employer: Children's Council of San Francisco (for Parent Voices)

Business Address: 445 Church St, San Francisco, CA

Zip: 94114

Business E-Mail: parentvoices@childrenscouncil.org

Home E-Mail: \_\_\_\_\_ @aol.com

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco  Yes:  No: (Place of Residence):

Please state your qualifications (attach supplemental sheet if necessary)

I Co-Chair Members Advisory Committee of the SF Health Plan, I am a parent of children enrolled in Healthy Kids

Education:

Bachelor of Laws

AB Social Science (Political Science, Psychology, Community Development)

Business and/or professional experience:

Community Organizer, Parent Voices, Children's Council of San Francisco - 1996-current

Advocacy and Networking Coordinator, Haribon Foundation 1989-1992

Civic Activities:

Board President, Coleman Advocates for Children and Youth, current

Board Member, Action Alliance for Children, current ; Member, Parent Leadership Action Network (Bay Area PLAN)

Ethnicity: (optional) Filipino

Sex: (optional)  M  F

Have you attended any meetings of the Board/Commission to which you wish appointment?  Yes  No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

(Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once Completed, this form, including all attachments, become public record)

Date: \_\_\_\_\_ Applicant's Signature: (required)

*Maria Luz Torre*

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: \_\_\_\_\_ Term Expires: \_\_\_\_\_ Date Seat was Vacated: \_\_\_\_\_



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

Date Received  
Official Use Only

Please type or print in ink.

A Public Document

2010 MAR 30 PM 4:54

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
TORRE	MARIA LUIZ	LAGASCA	(415) 343-3383
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE
445 Church St	San Francisco, CA	94114	OPTIONAL E-MAIL ADDRESS parent@ccpsa.org childrenscouncil.org

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:  
San Francisco Health Authority

Division, Board, District, if applicable:  
San Francisco

Your Position:  
Governing Board

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Child Care Planning Advisory Council

Position: Member

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

State

County of San Francisco

City of San Francisco

Multi-County \_\_\_\_\_

Other \_\_\_\_\_

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

Assuming Office/Initial Date: \_\_\_\_\_

Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

The period covered is 1/1/2009 through December 31, 2009

Leaving Office Date Left: \_\_\_\_\_ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-OR-

The period covered is \_\_\_\_\_ through the date of leaving office.

Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

▶ Total number of pages including this cover page: \_\_\_\_\_

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1  Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2  Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B  Yes - schedule attached  
*Real Property*

Schedule C  Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D  Yes - schedule attached  
*Income - Gifts*

Schedule E  Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

No reportable interests on any schedule

**5. Verification**

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 March 30, 2010  
(month, day, year)

Signature Maria Lagasca  
(File the originally signed statement with your filing official.)

San Francisco  
BOARD OF SUPERVISORS

Date Printed: October 4, 2010

Date Established: December 15, 1994

Active

**HEALTH AUTHORITY - SAN FRANCISCO**

**Contact and Address:**

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor  
San Francisco, CA 94103

Phone: (415) 615-4235

Fax: (415) 547-7824

Email: vhuggins@sfhp.org

**Authority:**

Welfare and Institutions Code Sec. 14087.36; Added by Ordinance No. 408-94, approved 12/15/94; Administrative Code 69.1 et seq.

**Board Qualifications:**

The Health Authority-San Francisco consists of nineteen members, 14 voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board are as follows: one member of the board or any other person designated by the Board; one shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California; one senior manager, San Francisco General Hospital; one senior manager, St. Luke's Hospital; two employees in senior management of either private nonprofit community clinics or a community clinic consortium, nominated by San Francisco Community Clinic Consortium; two physicians nominated by San Francisco Medical Society; one nominee of San Francisco Labor Council; two persons nominated by the beneficiary committee of health authority, one of whom shall be a Medi-Cal beneficiary; two persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or activities of the Health Authority nominated by program committee of the Health Authority; one person nominated by San Francisco Pharmacy Leadership Group. In addition, one of the members appointed must also be a registered nurse [See Sec.14087.36(k)(1)(A),(G), or (H) of the California Welfare and Institutions Code-also Administrative Code Section 69.1]

The composition of the other five members consist of the following: The Mayor shall appoint

"R Board Description" (Screen Print)

San Francisco  
BOARD OF SUPERVISORS

one voting member to serve at the pleasure of the Mayor. The Director of Public Health, the Director of Mental Health, and the Chancellor of the University of California at San Francisco shall each serve as a voting member or appoint a designee to serve at his or her pleasure. The Health Commission shall appoint a non-voting member to serve at its pleasure. Each member throughout their term shall be a resident or be employed within the geographic boundaries of the county.

The term of office for each member appointed by the Board shall be three years commencing at 12:00 noon January 15, 1995; provided that at the initial meeting the members appointed by the Board shall draw lots to determine seven members whose initial terms of office shall be for two years and the member or representative of the Board of Supervisors shall serve at the pleasure of the Board. Each member shall remain in office at the conclusion of that member's term until a successor member has been nominated and appointed. Following the initial staggering of terms, each of those members shall be appointed to a term of three years except the member who shall be a member of the Board or any other person designated by the Board. The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority for the vacant position and upon receipt of the nomination schedule a hearing before the appropriate Committee of the Board for consideration of an appointment.

The Health Authority has been established as the Local Initiative under the Medi-Cal program. The Health Authority is to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate, and to ensure preservation of the safety net. The Powers and Responsibilities are stated in Section 69.3 of the Administrative Code.

Reports: None specified.

Sunset Clause: None