

June 22, 2026

The Honorable City Council
c/o Patrice Lattimore, City Clerk
200 North Spring Street
City Hall – 3rd Floor
Los Angeles CA 90012

**Re: Council File Number 26-1200-S33
Reappointment of Myrna Cabanban to the
Commission on Disability**


FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Myrna Cabanban was reappointed by the Mayor to the Commission on Disability on June 8, 2026. The Ethics Commission received notice of the reappointment on June 9, 2026. The Ethics Commission notified Ms. Cabanban on June 10, 2026 of their filing requirement and received Ms. Cabanban's pre-confirmation financial disclosure statement on June 16, 2026. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Cabanban's financial disclosure statement is enclosed.

If you have questions, please feel free to contact me at (213) 978-1960.

Sincerely,


Nicole Enriquez
Ethics Program Analyst

Enclosures:

Form 700

Form 60

cc: Mayor Karen Bass

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 06/16/2026 04:04 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) Cabanban (FIRST) Myrna (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Disability, Commission on

Division, Board, Department, District, if applicable

Your Position

Commissioner

► 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)

State

Judge (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Los Angeles

Other _____

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

Annual: The period covered is January 1, 2025, through December 31, 2025.

Leaving Office: Date Left ____/____/_____
(Check one circle below.)

-or-

The period covered is ____/____/_____, through December 31, 2025.

The period covered is January 1, 2025, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/_____
 Candidate: Date of Election 06/08/2026 and office sought, if different than Part 1: _____

The period covered is ____/____/_____, through the date of leaving office.

4. Schedule Summary (required)

► Total number of pages including this cover page: 1

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

Schedule B - Real Property – schedule attached

Schedule E - Income – Gifts – Travel Payments – schedule attached

Attachment 700-P - Prospective Employment (87200 Filers Only) – 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)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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 06/16/2026 04:04 PM
(month, day, year)

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

FORM
60

Restricted Source Financial Disclosure Statement

Los Angeles City
ETHICS COMMISSION

Elected City officials, general managers and chief administrative officers of City agencies, members of City boards and commissions, and individuals nominated to positions subject to City Council approval must file this form in conjunction with the state Form 700. Please refer to the attached instructions for additional information.

Original Filing Amendment (original filed on ____/____/20____) Total pages, including this cover: 1

General Information

Name (Last, First, Middle) Cabanban, Myrna	
Agency Disability, Commission on	
Position Commissioner	
Email Address [REDACTED]	Phone Number [REDACTED]
Type of Statement: <input checked="" type="checkbox"/> Pre-confirmation Date of nomination: <u>06</u> / <u>08</u> / 20 <u>26</u> <input type="checkbox"/> Assuming Office First day in position: ____ / ____ / 20____ <input type="checkbox"/> Annual ____ / ____ / 20____ through December 31, 20____ <input type="checkbox"/> Leaving Office Last day in office: ____ / ____ / 20____	

Schedule Summary *(check attached schedules)*

<input type="checkbox"/> 1. REAL PROPERTY Interests in real property leased from or to, co-owned by, purchased from, or sold to a restricted source.
<input type="checkbox"/> 2. INVESTMENTS Investments (other than real property) co-owned by, purchased from, or sold to a restricted source.
<input type="checkbox"/> 3. INCOME Income received from a restricted source.
<input type="checkbox"/> 4. GIFTS Gifts, cumulatively valued at \$50 or more, received from a restricted source.
<input type="checkbox"/> 5. BOARD POSITIONS Positions held on the board of a restricted source.
<input checked="" type="checkbox"/> NO REPORTABLE INTERESTS

Certification

I declare under penalty of perjury under the laws of the City of Los Angeles and the state of California that I have read the instructions for this form, and the information I have provided is true and complete.

[REDACTED]
Signature

06/16/2026 04:05 PM
Date