

August 7, 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-S41
Appointment of Heter Ochoa to the
Commission on Disability**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Hector Ochoa was appointed by the Mayor to the Commission on Disability on July 30, 2026. The Ethics Commission received notice of the appointment on July 31, 2026. The Ethics Commission notified Mr. Ochoa on August 3, 2026 of their filing requirement and received Mr. Ochoa's pre-confirmation financial disclosure statement on August 3, 2026. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Ochoa's financial disclosure statement is enclosed.

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

Sincerely,

Nicole Enriquez
Nicole Enriquez
Ethics Program Analyst

Enclosures:

Form 700

Form 60

cc: Mayor Karen Bass

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 08/03/2026 12:20 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ochoa Hector

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 ____/____/____

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

☒ **Candidate:** Date of Election 07/30/2026 and office sought, if different than Part 1: _____

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 08/03/2026 12:20 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)

Ochoa, Hector

Agency

Disability, Commission on

Position

Commissioner

Email Address

Phone Number

Type of Statement:

☒ **Pre-confirmation** Date of nomination: 07 / 30 / 2026

☐ **Assuming Office** First day in position: ____ / ____ / 20____

☐ **Annual** ____ / ____ / 20____ through December 31, 20____

☐ **Leaving Office** Last day in office: ____ / ____ / 20____

Schedule Summary (check attached schedules)

- ☐ 1. **REAL PROPERTY**
Interests in real property leased from or to, co-owned by, purchased from, or sold to a restricted source.
- ☐ 2. **INVESTMENTS**
Investments (other than real property) co-owned by, purchased from, or sold to a restricted source.
- ☐ 3. **INCOME**
Income received from a restricted source.
- ☐ 4. **GIFTS**
Gifts, cumulatively valued at \$50 or more, received from a restricted source.
- ☐ 5. **BOARD POSITIONS**
Positions held on the board of a restricted source.
- ☒ **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.

Signature

08/03/2026 12:23 PM

Date