



Michael Hurschmann <[REDACTED]>

Conflict of Interest Form--Dr. Ochoa-Rea

1 message

Michael Hurschmann <[REDACTED]>

Fri, Jul 14, 2023 at 11:35 AM

To: Maria Perry <[REDACTED]>

Cc: Ron Oberstein <[REDACTED]>

Maria: I checked and the only one where Dr. Ochoa-Rea states his conflicts is 2017, which I think was his first year.

All the following years say "same as last year/previous year".

I have attached the 2017 one. Talk soon.

Michael Hurschmann, MA*OAA Office Manager***Life Chiropractic College West**

E: [REDACTED]

P: 510-780-4500, ext. [REDACTED]

A: 25001 Industrial Blvd, Hayward, CA 94545

Visit & Connectwww.lifewest.edu**Ochoa Rea _LCCW Conflict of Interest Form 8 3 17.pdf**

75K

Conflict of Interest Disclosure Statement

This form is to be completed annually, no later than the second in-person Board meeting, in accordance with the LCCW's Conflict of Interest Policy and the definitions set forth therein.

1. Are you aware of any Business Relationship or other relationships between LCCW, its service partners, vendors or suppliers and yourself or a member of your Family as defined by the letter or spirit of LCCW's Conflict of Interest Policy that may represent a conflict of interest?

☒ No ☐ Yes

If yes, please list such relationships and the details of annual or potential financial benefit as you can best estimate them.

2. During the past 12 months, did you or a member of your Family receive any gifts or loans from any source from which LCCW purchases goods or services or otherwise has significant business dealings?

☒ No ☐ Yes

If yes, please list them, their source, and their approximate value.

Source	Item	Approximate Value
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3. Do you or a member of your Family hold any investments, or have any Business Relationship or Financial Interest, as defined by the letter or spirit of this policy that may represent a conflict of interest?

☒ No ☐ Yes

If yes, please list such investments and the details of actual or potential financial benefit or Financial Interest as you can best estimate them.

4. Are you aware of any other disclosures of actual or potential conflicts of interest you may have?

☐ No ☒ Yes

(If there are any, please describe below.)

Hands for Life, National Gay & Lesbian Chiropractic Association

I certify that I have read and understand LCCW's Conflict of Interest Policy for Board Members and I have agreed to comply with such policy and that the foregoing information is true and complete to the best of my knowledge.

I further acknowledge and agree that I have a continuing obligation to update this disclosure form, should an actual or potential conflict of interest arise.

Angel Ochoa, DCS
Name (please print)


Signature

8/3/17
Date



Michael Hurschmann <[REDACTED]>

Re: Conflict of Interest Forms needed for auditors

1 message

Maria Perry <[REDACTED]>

Fri, Jul 14, 2023 at 11:30 AM

To: Michael Hurschmann <[REDACTED]>

Cc: Ron Oberstein <[REDACTED]>

Okay. Thank you.

I will leave that to Dr. Ron to address.

Meanwhile, do you happen to have a previous year's form from Dr. Ochoa-Rea - where I can see the nature of the conflict of interest relationship?

On Fri, Jul 14, 2023 at 10:09 AM Michael Hurschmann <[REDACTED]> wrote:

Maria: I brought this up previously with Dr. Ochoa-Rea and Dr. Nanda about needing to be more specific on the forms, but I was informed by Dr. Nanda that it was fine to have the form that way.

If this is an issue, Dr. Oberstein may need to be the one to follow-up on it. Talk soon. Thank you.

On Fri, Jul 14, 2023 at 9:59 AM Maria Perry <[REDACTED]> wrote:

Hi Michael,

It looks like Angel Ochoa-Rea did not complete his form correctly. It needs to clearly state what the relationship is that is being disclosed, and describe the potential financial benefit.

Even though this apparently has been disclosed in previous years, it still has to be disclosed in full each year.

Could you please contact him and ask him to complete the details for question #1?

Thank you,
Maria

On Fri, Jul 14, 2023 at 9:41 AM Michael Hurschmann <[REDACTED]> wrote:

Maria: Here you go. Thank you.

On Fri, Jul 14, 2023 at 9:34 AM Maria Perry <[REDACTED]> wrote:

Hi Michael,

Can you please send me the conflict of interest forms recently completed by the board members?

I need them for the auditors.

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Thanks,

Maria

Maria Perry, MBA*Chief Financial and Business Officer***Life Chiropractic College West**

P: 510-780-4500, ext [REDACTED]

A: [25001 Industrial Blvd, Hayward, CA 94545](#)**Visit & Connect**www.lifewest.edu



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Michael Hurschmann, MA

OAA Office Manager

Life Chiropractic College West

E: [REDACTED]

P: 510-780-4500, ext. [REDACTED]

A: [25001 Industrial Blvd, Hayward, CA 94545](#)

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Michael Hurschmann, MA

OAA Office Manager

Life Chiropractic College West

E: [REDACTED]

P: 510-780-4500, ext. [REDACTED]

A: [25001 Industrial Blvd, Hayward, CA 94545](#)

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Michael Hurschmann <[REDACTED]>

Re: Conflict of Interest Form

1 message

Dr. Nanda <[REDACTED]>
To: Angel Ochoa-Rea <[REDACTED]>
Cc: Michael Hurschmann <[REDACTED]>

Thu, Jun 15, 2023 at 12:06 PM

Yes I confirmed with our attorney that it is alright to do that and say same as last year.

On Thu, Jun 15, 2023, 2:35 p.m. Angel Ochoa-Rea <[REDACTED]> wrote:

Hi Michael this is how's it always been done. I've taken Ron off the email and added Jimmy as he is chair I filled out the form as we have in the past I was never told it was a different policy and nothing has come thought in governance regarding a policy change.

On Wednesday, June 14, 2023, Michael Hurschmann <[REDACTED]> wrote:
Dr. Ochoa-Rea: I recently received your Conflict of Interest Form.

Based on my discussion with Dr. Oberstein this week, we need you to please fill out this form fully and not use the "Same as last year/2022" response.

You can then sign, scan and send it back to me as soon as possible.

Thank you.

Michael Hurschmann, MA*OAA Office Manager***Life Chiropractic College West**

E: [REDACTED]

P: 510-780-4500, ext. [REDACTED]

A: [25001 Industrial Blvd, Hayward, CA 94545](#)**Visit & Connect**www.lifewest.edu

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☐ No ☒ Yes

If yes, please list such relationships and the details of annual or potential financial benefit as you can best estimate them.

Same as before

2. During the past 12 months, did you or a member of your Family receive any gifts or loans from any source from which LCCW purchases goods or services or otherwise has significant business dealings?

☒ No ☐ Yes

If yes, please list them, their source, and their approximate value.

Source	Item	Approximate Value
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3. Do you or a member of your Family hold any investments, or have any Business Relationship or Financial Interest, as defined by the letter or spirit of this policy that may represent a conflict of interest?

☐ No ☒ Yes

If yes, please list such investments and the details of actual or potential financial benefit or Financial Interest as you can best estimate them.

Same as before

4. Are you aware of any other disclosures of actual or potential conflicts of interest you may have?

☒ No ☐ Yes

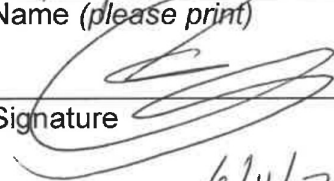
(If there are any, please describe below.)

I certify that I have read and understand LCCW's Conflict of Interest Policy for Board Members and I have agreed to comply with such policy and that the foregoing information is true and complete to the best of my knowledge.

I further acknowledge and agree that I have a continuing obligation to update this disclosure form, should an actual or potential conflict of interest arise.

Angel Ochoa - ACS

Name (please print)



Signature

6/11/20

Date