

October 24, 2022

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

**Re: Council File Number 22-1200-S60 - REVISED
Appointment of Marty Shelton to the
West Los Angeles Area Planning Commission**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Marty Shelton was appointed by the Mayor to the West Los Angeles Area Planning Commission on October 11, 2022. The Ethics Commission received notice of the appointment from the Mayor's Office on October 17, 2022. The Ethics Commission notified Mr. Shelton on October 17, 2022 of their filing requirement and received Mr. Shelton's completed pre-confirmation financial disclosure statement on October 20, 2022. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Shelton's financial disclosure statement is enclosed.

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

Sincerely,



Carlos Patzi
Ethics Program Analyst

Enclosures:

Form 700

Form 60

cc: Mayor Eric Garcetti

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 10/17/2022 05:05 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Shelton Marty

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Planning Department

Division, Board, Department, District, if applicable

Your Position

Member, Area Planning Commission

► 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, 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, **2021**, through
December 31, **2021**.

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

-or-

The period covered is ____/____/_____, through
December 31, **2021**.

☐ The period covered is January 1, **2021**, 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 10/11/2022 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► 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

-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 10/17/2022 05:05 PM
(month, day, year)

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

AMENDMENT

COVER PAGE

Filed Date: 10/20/2022 03:54 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Shelton Marty

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Planning Department

Division, Board, Department, District, if applicable

Your Position

Member, Area Planning Commission

► 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, 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, 2021, through December 31, 2021.
- or-**
- The period covered is _____, through December 31, 2021.
- ☐ **Assuming Office:** Date assumed _____
- ☒ **Candidate:** Date of Election 10/11/2022 and office sought, if different than Part 1: _____
- ☐ **Leaving Office:** Date Left _____ (Check one circle.)
- ☐ The period covered is January 1, 2021, through the date of leaving office.
- or-**
- ☐ The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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
- 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 E-MAIL 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 10/20/2022 03:54 PM

(month, day, year)

Signature _____

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

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

▶ NAME OF SOURCE OF INCOME	▶ NAME OF SOURCE OF INCOME
Radha MFH CAL LLC	
ADDRESS (Business Address Acceptable) [REDACTED]	ADDRESS (Business Address Acceptable) [REDACTED]
BUSINESS ACTIVITY, IF ANY, OF SOURCE Hotel Operator	BUSINESS ACTIVITY, IF ANY, OF SOURCE [REDACTED]
YOUR BUSINESS POSITION Consultant	YOUR BUSINESS POSITION [REDACTED]
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <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
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input checked="" type="checkbox"/> Other Consulting on a real estate project _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)

Comments: _____

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

* You are not required to report loans from a commercial lending institution, 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
[REDACTED]	_____ % <input type="checkbox"/> None
ADDRESS (Business Address Acceptable) [REDACTED]	TERM (Months/Years) _____
BUSINESS ACTIVITY, IF ANY, OF LENDER [REDACTED]	SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ Street address City <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)
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	

Filer's Verification

Print Name Marty Shelton Office, Agency or Court Planning Department

Statement Type ☐ 2021/2022 Annual ☐ _____ Annual ☐ Assuming ☐ Leaving ☒ Candidate
(yr)

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 10/20/2022 03:54 PM Filer's Signature [REDACTED]
(month, day, year)



Ethics Commission
200 N Spring Street
City Hall — 24th Floor
Los Angeles, CA 90012
(213) 978-1960
ethics.lacity.org

Restricted Source Financial Disclosure Statement Form 60

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** ☐ **Amended Filing** (original filed on ____/____/20____)

Total Pages: 1

Name: **Shelton, Marty**

(Last, First, Middle)

Agency: **Planning Department**

Position: **Member, Area Planning Commission**

Phone: [REDACTED]

Email: [REDACTED]

Type of Statement: ☒ **Pre-confirmation** Date of nomination: 10 / 11 / 2022
 Assuming Office First day in position: ____ / ____ / 20____
 Annual ____ / ____ / 20____ through December 31, 20____
 Leaving Office Last day in office: ____ / ____ / 20____

I had the following interests associated with restricted sources during this reporting period:

1. REAL PROPERTY — section attached.

Interests in real property leased from or to, co-owned by, purchased from, or sold to a restricted source.

2. INVESTMENTS — section attached.

Investments (other than real property) co-owned by, purchased from, or sold to a restricted source.

3. INCOME — section attached.

Income received from a restricted source.

4. GIFTS — section attached.

Gifts, cumulatively valued at \$50 or more, received from a restricted source.

5. BOARD POSITIONS — section attached.

Positions held on the board of a restricted source.

- Or -

☒ **6. NO INTERESTS**

I had no interests in real property, investments, income, gifts, or board positions associated with restricted sources during this reporting period.

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.

10/17/2022 05:10 PM

Date

[REDACTED]
Signature