

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Koretz Paul

1. Office, Agency, or Court

Agency Name
Council District 5
Division, Board, Department, District, if applicable
Your Position
Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of Los Angeles
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
- Assuming Office:** Date assumed _____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
 - The period covered is January 1, 2012, through the date of leaving office.
 - The period covered is _____, through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 6
- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
 None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. The information herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that I have used all reasonable diligence in preparing this statement. I have signed this statement and the attached schedules, and I have signed this statement with my filing official.

Date Signed 3/6/13
(month, day, year)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Paul Koretz

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Kaiser Permanente	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) 4841 Hollywood Blvd., LA, CA 90027	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE Hospital/Health Plan	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Gov't & Community Relations Manager	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <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 checked="" type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <input type="checkbox"/> Other _____ <small>(Describe)</small>

▶ 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	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	
_____	<small>Street address</small>	
HIGHEST BALANCE DURING REPORTING PERIOD	<small>City</small>	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> \$10,001 - \$100,000	<small>(Describe)</small>	
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D
Income – Gifts

Name
Paul Koretz

▶ NAME OF SOURCE (Not an Acronym)
Consumer Attorney's Association of Los Angeles

ADDRESS (Business Address Acceptable)
800 W. 6th St., Suite 700, Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 21 / 12	\$ 300	2 Tickets to Event
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Marcia Selz

ADDRESS (Business Address Acceptable)
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 12	\$ 354	Ticket to Event
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
American Israeli Public Affairs Committee

ADDRESS (Business Address Acceptable)
6310 S. San Vicente Blvd., Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 12	\$ 135	Ticket to Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Central City Association

ADDRESS (Business Address Acceptable)
626 Wilshire Blvd., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 12	\$ 32	Tix to Monthly Lunch
05 / 17 / 12	\$ 50	Tix to Luncheon
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Directors Guild of America

ADDRESS (Business Address Acceptable)
7920 Sunset Blvd., Los Angeles, CA 90046

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor/Employee Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 28 / 12	\$ 175	Ticket to Dinner
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Southland Regional Association of Realtors

ADDRESS (Business Address Acceptable)
7232 Balboa Ave., Van Nuys, CA 91406

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 12	\$ 100	Ticket to Event
	\$	
	\$	

Comments: Page 1; Continued on next page

SCHEDULE D
Income – Gifts

Name
Paul Koretz

▶ NAME OF SOURCE (Not an Acronym)
Found Animals

ADDRESS (Business Address Acceptable)
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Based Animal Adoption Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 12	\$ 200	Tickets to Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Greg Martayan

ADDRESS (Business Address Acceptable)
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 12	\$ 75	Anniversary Party
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AIDS Healthcare Foundation

ADDRESS (Business Address Acceptable)
6255 W. Sunset Blvd., Fl 21, LA, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
AIDS/HIV Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 29 / 12	\$ 100	2 Tickets to Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Christopher Street West

ADDRESS (Business Address Acceptable)
8235 Santa Monica Blvd., Suite 302, W. Hollywood

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LA Pride Celebration Producers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 03 / 12	\$ 150	Tix to Garden Party
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Yashiva Gedolah

ADDRESS (Business Address Acceptable)
5444 W. Olympic Blvd., Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Synagogue

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 23 / 12	\$ 50	Ticket to Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
AEG

ADDRESS (Business Address Acceptable)
800 W. Olympic., Suite 305, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Sports and Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 28 / 12	\$ 100	Celebration Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: Page 2; Continued on next page

SCHEDULE D Income – Gifts

Name
Paul Koretz

▶ NAME OF SOURCE (Not an Acronym)
Dave Benson

ADDRESS (Business Address Acceptable)
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 05 / 12	\$ 90	Dodger Ticket
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles Police Protective League

ADDRESS (Business Address Acceptable)
1308 W. Eighth St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Labor/Employee Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 12	\$ 60	2 Tickets to Event
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Fabian Nunez

ADDRESS (Business Address Acceptable)
Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 12	\$ 100	Dinner Ticket
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)
Apartment Association of Greater Los Angeles

ADDRESS (Business Address Acceptable)
621 S. Westmoreland Ave., LA, CA 90005

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 07 / 12	\$ 88	2 Tickets to Event
	\$	
	\$	

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments: Page 3

IN

ETHICS
2013
SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
9015 Cynthia St., #1

CITY
West Hollywood, CA 90069

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 / / 11 DISPOSED / / 11

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Brett and Michelle Levisohn

* You are not required to report loans from commercial lending institutions 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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

Guarantor, if applicable

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____

CITY _____

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 / / 11 DISPOSED / / 11

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Comments:

Filer's Verification

Print Name Paul Koretz

Office, Agency or Court City of Los Angeles, Council District 5

Statement Type 2011/2012 Annual Assuming Leaving
 _____ Annual 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 3/7/13

Filer's Signature _____

ETHICS COMMISSION
 2013 MAR 11 AM
SCHEDULE D
Income, T Gifts

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE VD BY
 Apartments Association of Los Angeles
 ADDRESS (Business Address Acceptable)
 621 S. Westmoreland Ave. LA, CA 90005
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 2 / 11	\$ 88.00	2 Tickets to Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 Los Angeles Police Protective League
 ADDRESS (Business Address Acceptable)
 1308 W. Eighth Street, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Employee Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 11	\$ 60	2 Tickets to Event
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Filer's Verification

Print Name Paul Koretz

Office, Agency or Court Los Angeles City Council District 5

Statement Type 2011/2012 Annual Assuming Leaving
 _____ Annual 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 February 20, 2013

Filer's Sign 

Comments: _____