



COUNTY OF LOS ANGELES

**REPORT OF PERSON OR ENTITY
SPENDING \$5000 OR MORE
TO INFLUENCE OFFICIAL
COUNTY ACTION**

Form LOB 9

Page 1 of 3Quarterly Report Covers from 07/01/23 through 09/30/23

Type or Print in Ink

Name of Filer:

Los Angeles County Business Federation

Telephone Number & Extension

(310) 213-8742

Business Address: (Number, Street & Suite)

City

State

Zip Code

1150 South Olive Street, Floor 10

Los Angeles

CA

90015

OFFICIAL USE ONLY

COI/LOBBYIST

OCT 31 '23 3:24PM

SUMMARY OF PAYMENTS THIS PERIODA. Total Activity Expenses (from Part I, Section A).....\$ 0B. Total Other Payments to Influence (from Part I, Section B).....\$ 8,866.94TOTAL (A + B above).....\$ 8,866.94CAMPAIGN CONTRIBUTIONS: ☐ Part II completed and attached ☒ No Campaign Contributions made this period**VERIFICATION**

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 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.

Executed on (Date)

10/31/23

At (City and State)

Los Angeles, CA

By (Signature of Responsible Officer)

David Englin

David Englin (Oct 31, 2023 10:37 PDT)

Name of Responsible Officer (Type or Print)

David Englin

Title

President

COUNTY OF LOS ANGELES

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Page 2 of 3

NAME OF FILER: Los Angeles County Business Federation PERIOD COVERED: 07/01/23-09/30/23

PART I – PAYMENTS MADE THIS PERIOD

A. ACTIVITY EXPENSES (See instructions)

Date	Name, Position, and Address of Payee (If different than Beneficiary)	Name and Position Of County officials (Beneficiary) Amount Benefiting Each	Description of Consideration	Total Amount of Activity Expense
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.				
TOTAL SECTION A (Activity Expenses) Also enter the total of Section A on Line A of the "Summary of Payments" section on page 1.				\$

NAME OF FILER: Los Angeles County Business Federation PERIOD COVERED 07/01/23-09/30/23**PART I – PAYMENTS MADE THIS PERIOD****B. OTHER PAYMENTS TO INFLUENCE OFFICIAL COUNTY ACTION** (See instructions)

Summary Description of Payments:

Printing \$ 2,372.94Digital Advertising \$ 6,350.00Parking and Volunteer Expenses \$ 144.00\$ **TOTAL** \$ 8,866.94Also enter the **TOTAL** OF Section B on Line B of the "Summary of Payments" section on page 1**PART II – CAMPAIGN CONTRIBUTIONS MADE:** Monetary and non-monetary campaign contributions of \$100 or more made to County candidates, elected County officials and any of their controlled committees, or committees supporting such candidates or officials must be reported below.

Date	Name of Recipient (County Officials Only)	Amount
		\$
		\$
		\$
		\$
		\$
		\$

☐ If more space is needed, check box and attach continuation sheets.