



COUNTY OF LOS ANGELES

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

Form LOB 9

Page 1 of 3

Quarterly Report Covers from 7/1/2024 through 9/30/2024

Type or Print in Ink

Name of Filer:

Chamber of Progress

Telephone Number & Extension

(218) 413-6418

Business Address: (Number, Street & Suite) 1390 Chain Bridge Rd #A108

City McLean

State VA

Zip Code 22101

OFFICIAL USE ONLY

Vertical stamp: RECEIVED... 10/31/24

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Activity Expenses (from Part I, Section A).....\$ _____

B. Total Other Payments to Influence (from Part I, Section B).....\$ 53,580.00

TOTAL (A + B above).....\$ 53,580.00

CAMPAIGN 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)

10/31/24

At (City and State)

McLean, VA

By (Signature of Responsible Officer)

Handwritten signature of Adam Kovacevich

Name of Responsible Officer (Type or Print)

Adam Kovacevich

Title

CEO

COUNTY OF LOS ANGELES

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

Form LOB 9

Page 2 of 3

NAME OF FILER: Chamber of Progress PERIOD COVERED: 6/1/2024 - 9/30/2024

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
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$

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: Chamber of Progress

PERIOD COVERED 7/1/2024 - 9/30/2024

PART I – PAYMENTS MADE THIS PERIOD

B. OTHER PAYMENTS TO INFLUENCE OFFICIAL COUNTY ACTION (See instructions)

Summary Description of Payments:	Payment for digital advertising regarding	\$	53,580.00
	lawmakers meetings with the Digital Restaurant Association.	\$	
		\$	
		\$	
		\$	
	TOTAL	\$	53,580.00

Also 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.