



County of Los Angeles

**INSTRUCTIONS FOR
AMENDMENT TO LOBBYING QUARTERLY REPORTS
FORM LOB 10**

Chapter 2.160 of the
Los Angeles County Code

An **Amendment to Lobbying Quarterly Reports** (Form LOB 10) is used to amend information on the following lobbying quarterly reports that have been previously filed:

- Form LOB 6 – Lobbyist Quarterly Report
- Form LOB 7 – Lobbying Firm Quarterly Report
- Form LOB 8 – Lobbyist Employer Quarterly Report
- Form LOB 9 – Report of Person or Entity Spending \$5,000 or More to Influence Official County Actions

If the information being amended affects the lobbying quarterly reports filed by a lobbyist and by his or her employer or firm, a separate Form LOB 10 must be filed by each.

If the Form LOB 10 is being filed to amend information contained on the Form LOB 6, the Amendment must be verified and signed by the Lobbyist.

IMPORTANT: A late filing fee of \$25 per day will be assessed for the first ten days an amendment is filed beyond the due date. The late filing fee will then increase to \$50 per day for the second ten days; and thereafter, the late filing fee will be \$75 per day until the filer comes into compliance with the provisions of the lobbyist ordinance or the date that other sanctions or penalties are imposed, which may include, but are not limited to, a civil liability in the amount of up to \$5000, an administrative fine of up to \$5000 and a noncompliance fee of up to \$5000.

VERIFICATION:

If the Form LOB 10 is being filed to amend information contained on the Form LOB 7 the Amendment must be verified and signed by the person designated on the lobbying firm's registration statement as the responsible officer of the firm.

In the case of a lobbyist employer (Form LOB 8) the Amendment must be verified and signed by the employer or,

In the case of an organization, by a responsible officer of the organization or an attorney or a certified public accountant.

No fee is required for filing a Form LOB 10.

NOTE: The Form LOB 10 should not be used to amend information contained on a Registration Statement (Form LOB 1 or Form LOB 3) or the Lobbyist Certification Statement (Form LOB 4). Instead, a Form LOB 5 (Amendment to Registration Statement) must be filed.

FILE THIS FORM WITH ORIGINAL SIGNATURE WITH THE:

Executive Officer of the Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration
500 W. Temple Street, Room 383
Los Angeles, California 90012
(213) 974-1093

INTERNET ACCESS

The Los Angeles County Lobbyist Ordinance, rules, operational procedures, registration/reporting forms, and information on registrants and their quarterly activity reports are accessible at:

<http://bos.co.la.ca.us/>



COUNTY OF LOS ANGELES

Amendment to Lobbying Quarterly Reports
Form LOB 10

OFFICIAL USE ONLY

Firm

Employer/Client

Page _____ of _____

Type or Print in Ink

| | | |
|--|-------|-------------------------------------|
| NAME OF EMPLOYER OR FIRM: (Please check box above to describe type of filer) | | Telephone Number & Extension () |
| NAME OF LOBBYIST: (If amendment to Form LOB 6) | | E-Mail Address (Optional) |
| BUSINESS ADDRESS: (Number, Street & Suite) | | Fax Number () |
| City | State | Zip Code |
| MAILING ADDRESS (Number, Street & Suite) (If different than above) | | |
| City | State | Zip Code |

1. The following information amends Lobbying Quarterly Report:

Form LOB 6 Form LOB 7 Form LOB 8

executed on: _____ for the period of:
(Month/Day/Year)

January – March April – June July – September October – December _____
(Enter Year)

2. Amended information affects items on Part(s) _____ Section(s) _____.

3. Describe changes below or attach the page(s) you have amended:

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) | At (City and State) | By (Signature of Responsible Officer) |
| Name of Responsible Officer (Type or Print) | | Title |