



County of Los Angeles

INSTRUCTIONS FOR

LOBBYIST EMPLOYER REGISTRATION STATEMENT

FORM LOB 3

Chapter 2.160 of the
Los Angeles County Code

The **Lobbyist Employer Registration Statement** is used for:

- The registration of a person or entity that employs one or more **in-house** lobbyist(s).
- The registration of a person or entity, other than a lobbying firm, that contracts with a lobbying firm or individual lobbyist.

FILER REQUIREMENTS:

Any person or entity, other than a lobbying firm, who employs or contracts with one or more lobbyists for economic consideration, other than reimbursement for reasonable travel expenses, for the purpose of influencing official county action must file the **Lobbyist Employer Registration Statement** (Form LOB 3), pursuant to Section 2.160.040 of the Los Angeles County Code.

DEADLINE FOR FILING REGISTRATION:

A lobbyist employer required to register with the Executive Officer of the Board of Supervisors must do so within ten (10) days of becoming a lobbyist employer.

REGISTRATION REQUIREMENTS:

In addition to the **Lobbyist Employer Registration Statement** (Form LOB 3), submit the following:

- A **\$75 Registration Fee**, made payable to the County of Los Angeles, if registration is filed between January 1st and September 30th. If registering between October 1st and December 31st, the cost of registration is \$56.
- A **Lobbyist Certification Statement** (Form LOB 4) completed by each in-house employee lobbyist, if applicable.

ACCEPTABLE METHODS OF REGISTRATION PAYMENT:

You may submit your registration payment to this office by way of cash, check, money order or through the use of our online payment system. To access our electronic payment system, go to: <http://bos.co.la.ca.us/Categories/TermAcknowledge.html>

AMENDMENT TO THE LOBBYIST EMPLOYER REGISTRATION STATEMENT:

In the future, if there is any change in the information contained in this **Lobbyist Employer Registration Statement** (Form LOB 3) an **Amendment to Registration Statement** (Form LOB 5) must be filed within ten (10) days of the change.

VERIFICATION:

The **Lobbyist Employer Registration Statement** (Form LOB 3) must be verified and signed by the responsible officer of the organization. The signature of an attorney or a certified public accountant on behalf of the organization will also be accepted.

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
Lobbyist Employer Registration Statement
Form LOB 3

OFFICIAL USE ONLY

Enter Date Qualified As Lobbyist Employer:

Lobbyist Employer Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address: _____

(If different than Business Address)

City: _____ **State:** _____ **Zip Code:** _____

Area Code & Telephone Number: _____ **Extension:** _____ **Area Code & Fax Number:** _____

(No Dashes)

(No Dashes)

Electronic Notice to File Quarterly Lobbying Reports

Registered Lobbyist Employers and their In-house Lobbyists are required to file quarterly lobbying activity reports. At least three week prior to the filing deadline the Executive Office of the Board of Supervisors will mail you the necessary reports, or you may choose to receive an electronic reminder notice to file. The electronic reminder notice to file will be sent to the electronic mail address you provide. It will be your responsibility to notify our office of any change to your electronic mailing address.

Upon receiving the reminder notice to file, you must click on the appropriate link to access the required report(s). Once you complete the report(s) you must **print, sign** and **mail** the report(s) with an original signature, along with the required filing fee to our office.

If you would like to receive your reminder notice to file and lobbyist reports via electronic mail please check the box below and provide a primary and alternate electronic mail address.

Electronic Notice to File **Primary E-Mail Address:** _____

Alternate E-Mail Address: _____

Part (A) Lobbyist and Lobbying Firms Employed

List the full name of each **in-house lobbyist** employed and each **lobbying firm** with which you contract. Each in-house lobbyist listed must attach a signed **Lobbyist Certification Statement** (Form LOB 4).

In-house Employee Lobbyist:

Lobbying Firm (Including Sole Proprietorships):

Name of In-house Lobbyist:

Name of Lobbying Firm:

Name of In-house Lobbyist:

Name of Lobbying Firm:

Name of In-house Lobbyist:

Name of Lobbying Firm:

County of Los Angeles

Lobbyist Employer Registration Statement
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LOBBYIST EMPLOYER NAME: _____

Part (B) Description of Employer's Lobbying Interests:

Check one box to describe you or your organization:

1. INDIVIDUAL BUSINESS ENTITY
(Complete description below)

Description of Business Activity:

2. INDUSTRY, TRADE OR PROFESSIONAL ASSOCIATION
(Complete description below)

Description of Industry, Trade or Professional Association:

Specific description of any portion or faction of the industry, trade or profession which the association exclusively or primarily represents:

Number of members in association (*check appropriate box*)

- Less Than 50 (Attach List of Members) More Than 50

3. OTHER
(Complete description below)

Statement of Nature and Purpose:

Description of any trade or profession or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

Part (C) - 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.

Date Executed: City: State:

Name of Responsible Officer:

Signature of Responsible Officer: _____