



**FORM
LOB**
(Rev. 5/2013)



**HAWAII STATE ETHICS COMMISSION
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT**

MAY 28 P 4:38

REPORT YEAR: _____ Amended Statement

For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - June 30

STATE OF HAWAII
ETHICS COMMISSION

LOBBYIST INFORMATION

Wallsgrove
Last Name

Richard
First Name

M.I.

Blue Planet Foundation
Lobbyist Firm/Employer
55 Merchant Street, 17th Floor

Mailing Address (Number and Street or P.O. Box)

Honolulu
City

HI
State

96813
Zip Code

(808) 954-6161
Telephone

Extension

richard@blueplanetfoundation.org
Email Address

PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)

EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Fees Paid to Lobbyist	Postage	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. Blue Planet Foundation											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16. Total Expenditures from Additional Attached Sheet(s)											0
Add Total Expenditures (lines 1 through 16)											0

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY*List all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.*

Name	On Behalf of ORG	Amount or Value

 Check here if additional sheets are attached**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON***List all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value

 Check here if additional sheets are attached**PART II. CONTRIBUTIONS RECEIVED***List all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.*

Name	On Behalf of ORG	Amount or Value

 Check here if additional sheets are attached**PART III. SUBJECT AREAS OF LOBBYING***Legislative and/or administrative action in the following areas was supported or opposed during the statement period:*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): _____ |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

AUTHORIZED PERSON

<u>Richard Wallsgrove</u>	<u>Programs Director</u>	<u>5/15/2013</u>
Print Name of Authorized Person (First M.I. Last)	Title	Date (m/d/yyyy)

 CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.