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FORM LOB (Rev. 7/2016)

STATE OF HAWAII STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2016 [] Amended Statement

[] Special Session #1 [x] Special Session #2

LOBBYIST INFORMATION

Coleman Stuart H Last Name First Name M.I.

Surfrider Foundation Lobbyist Firm/Employer 2121 Algaroba St. #1107

Mailing Address (Number and Street or P.O. Box) Honolulu HI 96826 City State Zip Code (808)381-6220 Extension Telephone scoleman@surfrider.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

Table with columns: Organization's Names, Preparation & Distribution of Lobbying Materials, Media Advertising, Compensation Paid to Lobbyists, Fees Paid to Services, Entertainment & Consultants, Receptions, Meals, Food & Beverages, Gifts, Loans, Other Disbursements, EXPENDITURES, TOTAL. Row 1: Surfrider Foundation, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0.

16 Total Expenditures from Additional Attached Sheet(s) ... Add Total Expenditures (lines 1 through 16) ... Total Expenditures 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:

- Agriculture
- Education
- Human Services
- Science, Technology & Economic Development
- Communications & Public Utilities
- Government Operation & Finance
- Intergovernmental Relations, International Affairs
- Tourism & Recreation
- Consumer Protection & Commerce
- Hawaiian Affairs
- Labor & Employment
- Transportation
- Culture, Arts, Historic Preservation
- Health
- Planning, Land & Water Use Management
- Other (indicate below)
- Ecology, Energy Environmental Protection
- Housing
- Public Safety & Corrections
- Coastal Protection

AUTHORIZED PERSON

<u>Staley Prom</u>	<u>Legal Associate</u>	<u>8/1/2016</u>
Type Name of Authorized Person (First M.I. Last)	Title	Date (m/d/yyyy)

CERTIFICATION: By checking this box or signing your name on this form, 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.