

## LOBBYIST REGISTRATION STATEMENT

You must file this statement with the Office of the County Clerk if you are an individual who for pay or other consideration engages in lobbying on behalf of another person, or organization, for more than five (5) hours in any month or spends more than \$750 lobbying during any reporting period (January 1 through pecember 31st of the previous year). NOTE THAT THIS IS A PUBLIC DOCUMENT.

	(Type or Prin	t Clearly)						
NAME Last Heaps Jill Witkowski	Fir	est	Middle					
BUSINESS MAILING ADDRESS	Street	City	State	Zip Code				
PO Box 73550 San Clemente, 6	CA 92673							
TELEPHONE NO. 949-492-8170	E-MAIL jheaps@surfr	E-MAIL jheaps@surfrider.org						
NAME OF PERSON OR ORGANIZA Surfrider Foundation	ATION YOU LOBBY	FOR (do not al	breviate)					
BUSINESS MAILING ADDRESS PO Box 73550 San Clemente, (	Street CA 92673	T						
BUSINESS TELEPHONE NO. 949-492-8170	is it.							

## SUBJECT AREAS OF LOBBYING (Bill/Resolution Number(s), Agenda Item(s), and/or Topic(s)) clean water, permits, beach access, public trust, ocean protection, plastic pollution, coasts & climate

CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

| S | 7 | 2 5 |
| (Signature of Lobbyist) (Date)

	AUTHO	RIZATION	TO LOBE	BY				
NAME Jill Witkowski Heaps	TITLE OF AUTHORIZING OFFICER OF PERSON REPRESENTED Senior Legal Director							
NAME OF ORGANIZATION (if applicable) Surfrider Foundation				TELEPHONE NO. 949-492-8170				
ADDRESS OF ORGANIZATION OR R PO Box 73550 San Clemente, CA 9267		Street	City	State	Zip Code			
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.								
			August 7, 2025					
(Signature of Authorizing Officer)			(Date)					

06/24/16