

**COMMITTEE ON NATURAL RESOURCES**  
**113<sup>th</sup> Congress Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

***Management of Red Snapper in the Gulf of Mexico under the Magnuson-Stevens Fishery Conservation and Management Act- Thursday, June 27, 2013***

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

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For Witnesses Representing Organizations:

1. Name: *Harlon H. Pearce, Jr.*
2. Name of Organization(s) You are Representing at the Hearing:  
*Gulf South Seafood Marketing Coalition*
3. Business Address:  
*5401 W. Kennedy Blvd. Suite 740 Lincoln Center*  
*Tampa, Florida 33609*
4. Business Email Address:  
*GulfSouthFdn@ATT.NET*
5. Business Phone Number:  
*813-286-8390*

For all Witnesses

Mr. Harlon Pearce, Gulf Coast Marketing Coalition  
*Management of Red Snapper in the Gulf of Mexico under the Magnuson-Stevens Fishery Conservation  
and Management Act- Thursday, June 27, 2013*

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Active Participant in the Seafood Processing & Distribution  
business for over 45 yrs.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member Gulf of Mexico Fishery Management Council  
Gulf Seafood Marketing Coalition  
Past Chairman for 11 yrs LA Sfd Promotion Board

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Harlon's LA Fish, LLC

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Commerce that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NONE

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

NONE

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

NONE

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

As an active member of the Gulf of Mexico Fishery Management Council, I have been actively involved in the development of the fishery plans you are questioning. I am also aware of the tweaks I believe are needed to The Magnuson-Stevens Act, to help the Council in the future. 2

## Witnesses Representing Organizations

Mr. Harlon Pearce, Gulf Coast Marketing Coalition  
*Management of Red Snapper in the Gulf of Mexico under the Magnuson-Stevens Fishery Conservation  
and Management Act- Thursday, June 27, 2013*

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Executive Committee, Gulf Seafood Marketing Coalition

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of Commerce that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Please see below.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

N/A

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

i. Grants

11.477 Fisheries Disaster Relief

NOAA Award #NA10NMF4770481

GSMFC Subaward #DPM-925-027-2011-GSAFF

\$4,781,468 (5 years)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>GULF &amp; SOUTH ATLANTIC FISHERIES FOUNDATION, INC.</b> <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5401 W. KENNEDY BLVD. 740</b> City or town, state or country, and ZIP + 4 <b>TAMPA, FL 33609</b> <b>F Name and address of principal officer: JUDY L. JAMISON</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>59-1684802</b> <b>E Telephone number</b> <b>813-286-8390</b> <b>G Gross receipts \$</b> <b>1,023,139.</b> <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ <b>WWW.GULFSOUTHFOUNDATION.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1977</b> <b>M State of legal domicile:</b> <b>FL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE GULF &amp; SOUTH ATLANTIC FISHERIES FOUNDATION (FOUNDATION) IS A FLORIDA NOT-FOR-PROFIT</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>15</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>15</b>
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>		<b>4</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>0</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>596,375.</b>	<b>1,018,457.</b>	
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>	
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>7,770.</b>	<b>3,146.</b>	
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>604,145.</b>	<b>1,023,139.</b>	
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>324,041.</b>	<b>729,143.</b>	
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>	
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>382,957.</b>	<b>405,458.</b>	
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>	
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>154,938.</b>	<b>203,589.</b>	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>861,936.</b>	<b>1,338,190.</b>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-257,791.</b>	<b>-315,051.</b>	
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	
<b>21</b>	Total liabilities (Part X, line 26)	<b>1,533,016.</b>	<b>1,357,587.</b>	
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>77,589.</b>	<b>217,211.</b>	
		<b>1,455,427.</b>	<b>1,140,376.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <i>Judy L. Jamison</i> <b>JUDY L. JAMISON, EXECUTIVE DIRECTOR</b> Type or print name and title	Date: <b>11/9/2011</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>MICHAEL HELTON</b> Preparer's signature: <i>Michael Helton</i> Date: <b>11/8/11</b> Check if self-employed: <input type="checkbox"/> PTIN:	Firm's name: <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b> Firm's address: <b>P. O. BOX 172359 TAMPA, FL 33672</b> Firm's EIN: ▶ Phone no.: <b>(813) 875-7774</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form **990**

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

# 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>GULF &amp; SOUTH ATLANTIC FISHERIES FOUNDATION, INC.</b>		<b>D</b> Employer identification number  <b>59-1684802</b>
		Doing Business As		<b>E</b> Telephone number  <b>813-286-8390</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5401 W. KENNEDY BLVD. 740</b>	<b>G</b> Gross receipts \$ <b>604,145.</b>	
		City or town, state or country, and ZIP + 4 <b>TAMPA, FL 33609</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>JUDY L. JAMISON</b> <b>5401 W. KENNEDY BLVD STE. 740 TAMPA, FL 33609</b>				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ <b>WWW.GULFSOUTHFOUNDATION.ORG</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>FL</b>				

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE GULF &amp; SOUTH ATLANTIC FISHERIES FOUNDATION (FOUNDATION) IS A FLORIDA NOT-FOR-PROFIT</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 828,342.	<b>Current Year</b> 596,375.
	<b>9</b> Program service revenue (Part VIII, line 2g)		
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,929.	7,770.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	875,271.	604,145.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	567,404.	324,041.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	354,973.	382,957.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	150,745.	154,938.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,073,122.	861,936.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<197,851.>	<257,791.>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 1,796,363.	<b>End of Year</b> 1,533,016.
	<b>21</b> Total liabilities (Part X, line 26)	83,145.	77,589.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,713,218.	1,455,427.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ *Judy L Jamison* | **5-12-11**  
 Signature of officer Date

**JUDY L. JAMISON, EXECUTIVE DIRECTOR**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <i>Max D. Loxton</i>	Date 5/11/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RIVERO, GORDIMER &amp; COMPANY, P.A. P. O. BOX 172359 TAMPA, FL 33672</b>	EIN ▶ <b>59-3040705</b>	Phone no. ▶ <b>(813) 875-7774</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GULF &amp; SOUTH ATLANTIC FISHERIES FOUNDATION, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5401 W. KENNEDY BLVD. 740</b> City or town, state or country, and ZIP + 4 <b>TAMPA, FL 33609</b>		<b>D</b> Employer identification number  <b>59-1684802</b>
	<b>F</b> Name and address of principal officer: <b>JUDY L. JAMISON</b> <b>SAME AS C ABOVE</b>		<b>E</b> Telephone number <b>813-286-8390</b>
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>1,945,228.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>J</b> Website: ▶ <b>WWW.GULFSOUTHFOUNDATION.ORG</b>		<b>H(c)</b> Group exemption number ▶
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE GULF &amp; SOUTH ATLANTIC FISHERIES FOUNDATION (FOUNDATION) IS A FLORIDA NOT-FOR-PROFIT</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	0
	7	<b>a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,018,457.	Current Year 1,933,252.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,146.	1,976.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,536.	10,000.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,023,139.	1,945,228.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	729,143.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	405,458.	408,558.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	203,589.	208,540.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,338,190.	2,094,156.	
19	Revenue less expenses. Subtract line 18 from line 12	<315,051.>	<148,928.>	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 1,357,587.	End of Year 1,168,018.
	21	Total liabilities (Part X, line 26)	217,211.	176,570.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,140,376.	991,448.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer: <i>Judy L. Jamison</i>	Date: <b>11/3/12</b>		
	<b>JUDY L. JAMISON, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SAM A. LAZZARA</b>	Preparer's signature <i>Sam A. Lazzara</i>	Date <b>11/3/12</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01342929</b>
	Firm's name ▶ <b>RIVERO, GORDIMER &amp; COMPANY, P.A.</b>			Firm's EIN ▶ <b>59-3040705</b>
	Firm's address ▶ <b>P. O. BOX 172359 TAMPA, FL 33672</b>			Phone no. <b>(813) 875-7774</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No