

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813  
 or P.O. BOX 616, HONOLULU, HAWAII 96809  
 TEL: (808) 587-0460 FAX: (808) 587-0470  
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 Web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

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NOTE: This is a public document.

**LOBBYIST REGISTRATION FORM** STATE OF HAWAII  
 STATE ETHICS COMMISSION  
 (Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
O'Brien	Kelly	J.	(808) 695-3300
MAILING ADDRESS (Street)			FAX (808) 441-4604
810 Richards Street, Suite 650			EMAIL kobrien@firstwind.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
First Wind Energy, LLC			(617) 960-2888
MAILING ADDRESS (Street)			FAX (617) 960-2889
179 Lincoln Street, Suite 500			EMAIL dwilby@firstwind.com
(City)	(State)	(Zip Code)	
Boston	MA	02111	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Jennifer Chapman			(617) 960-2888
MAILING ADDRESS (Street)			FAX (617) 960-2889
179 Lincoln Street, Suite 500			EMAIL jchapman@firstwind.com
(City)	(State)	(Zip Code)	
Boston	Boston	02111	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input 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 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	_____

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
<u>Kelly D. Brue</u>	<u>2/11/2013</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Carol Grant	Senior Vice President, External Affairs	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
First Wind Energy, LLC	(617) 960-2888	
MAILING ADDRESS (Street)	FAX	(617) 960-2889
179 Lincoln Street, Suite 500	EMAIL	cgrant@firstwind.com
(City)	(State)	(Zip Code)
Boston	MA	02111
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>		
<u>Carol Grant</u>	<u>2/11/13</u>	
(Signature of Authorizing Officer or Person Represented)	(Date)	