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
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

'14 JAN 17 P2:25

STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Kua	Crystal	L.	(808) 695-3300
MAILING ADDRESS (Street)			FAX (808) 441-4604
810 Richards Street, Suite 650			EMAIL ckua@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)

PART II ORGANIZATION

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	MA		02111

REC'D BY HAND DELIVERY

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

☑ 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) Renewable Energy
☑ Ecology, Energy Environmental Protection	☐ Housing	☐ Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

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

(Signature of Lobbyist) — (Date) 1/7/14

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 hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented) — (Date) 1/7/14