**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

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STATE OF HAWAII
STATE ETHICS COMMISSION

NOTE: This is a public document.

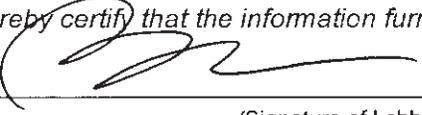
LOBBYIST REGISTRATION FORM

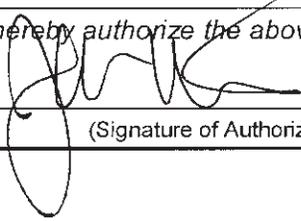
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last) Wilson	(First) Brooke	(Middle) M.	TELEPHONE 528-5557
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor			FAX 528-0421
			EMAIL bwilson@prp-hawaii.com
(City) Honolulu	(State) HI	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Hawaii Carpenters Market Recovery Fund dba: The Pacific Resource Partnership			TELEPHONE 528-5557
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor			FAX
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813	

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) The Pacific Resource Partnership	TELEPHONE 528-5557
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor	FAX
	EMAIL
(City) Honolulu	(State) HI (Zip Code) 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Paul Marx	TELEPHONE 841-7575
MAILING ADDRESS (Street) 200 North Vineyard Blvd	FAX 841-2900
	EMAIL
(City) Honolulu	(State) HI (Zip Code) 96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input checked="" 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 checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" 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>	
	5/14/2014
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
John White			
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
The Pacific Resource Partnership		528-5557	
MAILING ADDRESS (Street)		FAX 528-0421	
1100 Alakea Street, 4th Floor		EMAIL	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		5-8-14	
(Signature of Authorizing Officer or Person Represented)		(Date)	