



HAWAII STATE ETHICS COMMISSION
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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 528-0421
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813	

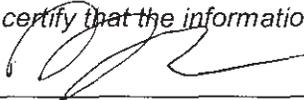
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Carpenters Market Recovery Fund, dba: The Pacific Resource Partnership			TELEPHONE 528-5557
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor			FAX 528-0421
			EMAIL
(City) Honolulu	(State) HI	(Zip Code) 96813	
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 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 checked="" type="checkbox"/> Tourism & Recreation |
| <input 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

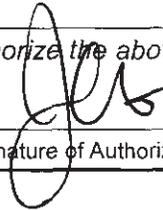


(Signature of Lobbyist)

1/6/2015

(Date)

PART V AUTHORIZATION TO LOBBY

NAME John White		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director	
NAME OF ORGANIZATION (if applicable) Hawaii Carpenters Market Recovery Fund, dba: The Pacific Resource Partnership		TELEPHONE 528-5557	
MAILING ADDRESS (Street) 1100 Alakea Street, 4th Floor		FAX 528-0421	
(City) Honolulu	(State) HI	EMAIL	
		(Zip Code) 96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
		1/6/2015	
(Signature of Authorizing Officer or Person Represented)		(Date)	