



**HAWAII STATE ETHICS COMMISSION
REGISTERED LOBBYIST'S EXPENDITURES
AND CONTRIBUTIONS REPORT**

FORM LOB

HAWAII STATE ETHICS COMMISSION
1001 Bishop Street, Suite 970
Honolulu, Hawaii 96813
(P.O. Box 616, Honolulu, Hawaii 96809)
Telephone: (808) 587-0460
Fax: (808) 587-0470
email: ethics@hawaiiethics.org
Web site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

13 APR -1 P2:24

STATE OF HAWAII
STATE ETHICS COMMISSION

For lobbying reporting period:	Lobbyist	<u>Wendy Morriarty</u>	Phone	<u>808-675-7317</u>
<input checked="" type="checkbox"/> January 1 - last day of February	Organization	<u>WellCare Health Insurance of AZ, Inc. dba 'Ohana Health Plan</u>		
<input type="checkbox"/> March 1 - April 30	Mailing Address	<u>Plaza at Mill Town 94-450 Mokuloa Street #106</u>		
<input type="checkbox"/> May 1 - December 31		<u>Waipahu, Hawaii 96797</u>		
Year of Report 20 <u>13</u>				

PART I. TOTAL EXPENDITURES

Note: Expenditures for which the lobbyist is reimbursed by an organization or expenditures which are paid for by an organization are reported on the organization's expenditures statement. See instructions for further explanation.

The total sum or value of all expenditures for the purpose of lobbying made by the lobbyist during the statement period was:

\$ \$0.00

	ORGANIZATION'S NAMES (as they appear on lobbyist registration form)
No. 1	<u>wellCare Health Insurance of Arizona, Inc. dba</u>
No. 2	<u>'Ohana Health Plan</u>
No. 3	_____
No. 4	_____
No. 5	_____
No. 6	_____

EXPENDITURES MADE BY LOBBYIST FOR EACH ORGANIZATION

Category	Organization 1	Organization 2	Organization 3	Organization 4	Organization 5	Organization 6
1. Preparation & Distribution	\$0.00					
2. Media Advertising	\$0.00					
3. Telecommunications	\$0.00					
4. Postage	\$0.00					
5. Fees Paid by Lobbyist	\$0.00					
6. Entertainment & Events	\$0.00					
7. Food & Beverages	\$0.00					
8. Gifts	\$0.00					
9. Loans	\$0.00					
10. Other Disbursements	\$0.00					
TOTAL EXPENDITURES	\$0.00					

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List in this section all expenditures incurred by lobbyist for the purpose of lobbying of \$25 or more per person per day during the statement period.

- This section is not applicable
 Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons.

Name & Address	On behalf of ORG#	Amount or value

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List in this section all expenditures incurred by lobbyist for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- This section is not applicable
 Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	On behalf of ORG#	Amount or value

PART II. CONTRIBUTIONS RECEIVED BY LOBBYIST

List in this section all contributions received by lobbyist for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- This section is not applicable
 Contributions in the total sum of \$25 or more per person were received from the following persons

Name & Address	Amount or value

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" 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 checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

 (Signature of Lobbyist) 3/28/2013
(Date)