



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

**FORM LOB**

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

For lobbying reporting period:  
 January 1 - last day of February  
 March 1 - April 30  
 May 1 - December 31  
 Year of Report 20 13

Lobbyist Christine Karamatsu Phone 808-675-7629  
 Organization WellCare Health Insurance of AZ, Inc. dba 'Ohana Health Plan  
 Mailing Address Plaza at Mill Town 94-450 Mokuhoa Street #106  
Waipahu, Hawaii 96797

**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 wellCare Health Insurance of Arizona, Inc. dba
- No. 2 'Ohana Health Plan
- 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         |                |                |                |                |                |
| <b>TOTAL EXPENDITURES</b>     | <b>\$0.00</b>  |                |                |                |                |                |

**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

*Christi KH*

(Signature of Lobbyist)

*5/22/13*

(Date)