



FORM  
**LOB**  
(Rev. 5/2013)



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

REPORT YEAR: 2014  Amended Statement

For Lobbying Reporting Period:  January 1 - last day of February  March 1 - April 30  May 1 - December 31

**LOBBYIST INFORMATION**

Morriarty Wendy M.I.  
Last Name First Name  
Wellcare Health Insurance of Arizona, Inc., dba 'Ohana Health Plan  
Lobbyist Firm/Employer  
949 Kamokila Boulevard  
Floor 3, Suite 300  
Mailing Address (Number and Street or P.O. Box)  
Kapolei HI 96707  
City State Zip Code  
(808) 675-7334 wendy.morriarty@wellcare.com  
Telephone Extension Email Address

**PART I. TOTAL EXPENDITURES (Attached Additional Sheets As Needed)**  
EXPENDITURES (ROUND TO THE NEAREST DOLLAR) MADE BY LOBBYIST FOR EACH ORGANIZATION REPRESENTED

Organization's Names	Preparation & Distribution of Lobbying Materials	Media Advertising	Postage	Fees Paid to Lobbyist	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL EXPENDITURES
1. Wellcare Health Insurance of Arizona, Inc., dba 'Ohana Health Plan	0	0	0	0	0	0	0	0	0	0	0
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16. Total Expenditures from Additional Attached Sheet(s)											
Add Total Expenditures (lines 1 through 16)											0

REC'D BY email

