



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

STATE OF HAWAII
STATE ETHICS COMMISSION



**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

Choy Daniel 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
 (813) 206-5709 daniel.cupchoy.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)											Total Expenditures	0

REC'D BY email

