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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 [x] March 1 - April 30 [ ] May 1 - December 31

LOBBYIST INFORMATION

Karamatsu Christine 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) 675-7629 christine.karamatsu@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

Table with columns: 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. Row 1: WellCare Health Insurance of Arizona, Inc., dba 'Ohana Health Plan, 0.00. Row 16: Total Expenditures from Additional Attached Sheet(s), 0.00. Total Expenditures (lines 1 through 16), 0.00.

REC'D BY email

