



FORM
LOB
(Rev. 3/2015)



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

REPORT YEAR: 2015 Amended Statement

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

LOBBYIST INFORMATION

Choy Daniel C.
Last Name First Name M.I.
WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan
Lobbyist Firm/Employer
949 Kamokila Blvd.
Floor 3, Suite 350
Mailing Address (Number and Street or P.O. Box)
Kapolei HI 96707
City State Zip Code
(808) 265-6954 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	Compensation Paid to Lobbyists	Fees Paid to Consultants or Services	Entertainment & Events	Receptions, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	TOTAL EXPENDITURES
1. WellCare Health Insurance of Arizona dba 'Ohana Health Plan	0	0	0	0	0	0	0	0	0	0.00
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16. Total Expenditures from Additional Attached Sheet(s)										0.00

Add Total Expenditures (lines 1 through 16) _____ Total Expenditures ▶ 0.00

