



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

Cup Choy Daniel M.I.
Last Name First Name
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	EXPENDITURES	TOTAL
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

