



FORM
LOB
(Rev 3/2015)

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

STATE OF HAWAII
STATE ETHICS COMMISSION

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

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 & Consultants	Receptions, Meals, Food & Beverages	Gifts	Other Disbursements	Loans	EXPENDITURES	TOTAL
1. WellCare Health Insurance of	0	0	0	0	0	0	0	0	0	0	0
2. Arizona, Inc. dba 'Ohana											
3. Health Plan											
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

