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FORM
LOB
(Rev. 3/2015)

STATE OF HAWAII
STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION
LOBBYIST'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2016 Amended Statement

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

LOBBYIST INFORMATION

Morriarty

Wendy

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 300

Mailing Address (Number and Street or P.O. Box)

Kapolei

HI

96707

City

State

Zip Code

(808) 675-7334

wendy.morriarty@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 & Beverages	Meals, Food	Gifts	Loans	Other Disbursements	EXPENDITURES	TOTAL
1. Wellcare Health Insurance of	0	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)												

Add Total Expenditures (lines 1 through 16) Total Expenditures 0

