



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 Plans of Arizona Inc., dba 'Ohana Health Plan
 Lobbyist Firm/Employer
 949 Kamokilila 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, Meals, Food & Beverages	Gifts	Loans	Other Disbursements	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) ▶

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

