



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: 2016 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 Services or Consultants	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)											0

