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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 [x] 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 Boulevard
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

Table with columns: 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 EXPENDITURES. Row 1: Wellcare Health Insurance of Arizona Inc., dba 'Ohana Health Plan, all values 0.

16. Total Expenditures from Additional Attached Sheet(s)
Add Total Expenditures (lines 1 through 16) Total Expenditures 0

