



HAWAII STATE ETHICS COMMISSION
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 '14 FEB -4 P12 :44
 STATE OF HAWAII
 STATE ETHICS COMMISSION

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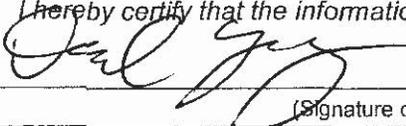
LOBBYIST REGISTRATION FORM

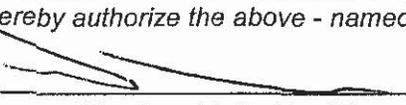
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Cup Choy	Daniel		808.675.7417
MAILING ADDRESS (Street)			FAX
949 Kamokila Boulevard, Suite 350			EMAIL
			daniel.cupchoy@wellcare.com
(City)	(State)	(Zip Code)	
Kapolei	Hawaii	96707	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan			813.206.5709
MAILING ADDRESS (Street)			FAX
949 Kamokila Boulevard, Suite 350			EMAIL
(City)	(State)	(Zip Code)	
Kapolei	Hawaii	96707	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan		813.206.5709
MAILING ADDRESS (Street)		FAX
949 Kamokila Boulevard, Suite 350		EMAIL
(City)	(State)	(Zip Code)
Kapolei	Hawaii	96707
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Kimberly Berfield		813.206.5709
MAILING ADDRESS (Street)		FAX
8735 Henderson Road, REN-1, Floor-3, Government-Affairs		813.490.3977
		EMAIL
		kim.berfield@wellcare.com
(City)	(State)	(Zip Code)
Tampa	Florida	33634

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
	2/3/14
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Wendy Morriarty	State President	
NAME OF ORGANIZATION (if applicable)	TELEPHONE	
WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan	808.221.0327	
MAILING ADDRESS (Street)	FAX	
949 Kamokila Boulevard, Suite 350	813.865.6580	
	EMAIL	
	wendy.morriarty@wellcare.com	
(City)	(State)	(Zip Code)
Kapolei	Hawaii	96707
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	2/3/14	
(Signature of Authorizing Officer or Person Represented)	(Date)	