

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: (808) 587-0460 FAX: (808) 587-0470
 email: ethics@hawaiiethics.org
 Web site: www.hawaii.gov/ethics

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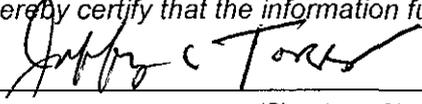
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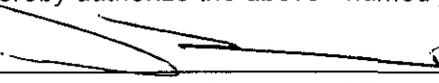
LOBBYIST REGISTRATION FORM STATE OF HAWAII
 HAWAII STATE ETHICS COMMISSION
 (Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Torres	Jeffrey		808-675-7428
MAILING ADDRESS (Street)			FAX
94-450 Mokuola St Ste 106			EMAIL
			Jeffrey.Torres@wellcare.com
(City)	(State)	(Zip Code)	
Waipahu	Hawaii	96797	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan		813-206-2984
MAILING ADDRESS (Street)		FAX
Plaza at Mill Town 94-450 Mokuola Street #106		EMAIL
		lindsey.parks@wellcare.com
(City)	(State)	(Zip Code)
Waipahu	Hawaii	96797
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lindsey Parks		813-206-2983
MAILING ADDRESS (Street)		FAX 813-490-3977
8735 Henderson Road, REN 1 3rd Floor Government Affairs		EMAIL
		lindsey.parks@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.	
	01/08/13
(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	
Plaza at Mill Town 94-450 Mokuola Street # 106	(813) 865-6580	
	EMAIL	
	Wendy.Morriarty@wellcare.com	
(City)	(State)	(Zip Code)
Waipahu	Hawaii	96797
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
	01/08/13	
(Signature of Authorizing Officer or Person Represented)	(Date)	