



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

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
 STATE ETHICS COMMISSION

NOTE: This is a public document.

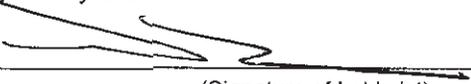
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Morriarty	Wendy		808-675-7334
MAILING ADDRESS (Street)			FAX 813-865-6580
949 Kamokila Boulevard, Suite 350			EMAIL wendy.morriarty@wellcare.com
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
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
949 Kamokila Boulevard, Suite 350			EMAIL
(City)	(State)	(Zip Code)	
Kapolei	HI	96707	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Carrie Castro			703-684-1110
MAILING ADDRESS (Street)			FAX 703-684-7912
MultiState Associates Inc., 515 King Street, Suite 300			EMAIL ccastro@multistate.com
(City)	(State)	(Zip Code)	
Alexandria	VA	22314	

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 checked="" 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>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
	12/22/14
(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	808-675-7334	
MAILING ADDRESS (Street)	FAX	
949 Kamokila Boulevard, Suite 350	813-865-6580	
	EMAIL	
	wendy.morriarty@wellcare.com	
(City)	(State)	(Zip Code)
Kapolei	HI	96707
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>		
	12/22/14	
(Signature of Authorizing Officer or Person Represented)	(Date)	