



HAWAII STATE ETHICS COMMISSION
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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) Cup Choy	(First) Daniel	(Middle)
MAILING ADDRESS (Street) 949 Kamokila Boulevard, Suite 350		TELEPHONE 808-265-6954
		FAX 813-865-6580
		EMAIL daniel.cupchoy@wellcare.com
(City) Kapolei	(State) HI	(Zip Code) 96707
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) N/A		TELEPHONE
MAILING ADDRESS (Street)		FAX
		EMAIL
(City)	(State)	(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) WellCare Health Insurance of Arizona, Inc. dba "Ohana Health Plan		TELEPHONE 813-206-2984
MAILING ADDRESS (Street) 949 Kamokila Boulevard, Suite 350		FAX
		EMAIL
(City) Kapolei	(State) HI	(Zip Code) 96707
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Carrie Castro		TELEPHONE 703-684-1110
MAILING ADDRESS (Street) MultiState Associates Inc., 515 King Street, Suite 300		FAX 703-684-7912
		EMAIL ccastro@multistate.com
(City) Alexandria	(State) VA	(Zip Code) 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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

12/22/14

(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

Thereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

12/22/14

(Date)