



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)	(First)	(Middle)	TELEPHONE
Karamatsu	Christine		808-675-7629
MAILING ADDRESS (Street)			FAX 813-865-6580
949 Kamokila Boulevard, Suite 350			EMAIL christine.karamatsu@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 hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Christy [Signature]

(Signature of Lobbyist)

12/18/14

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Wendy Morriarty

State President

NAME OF ORGANIZATION (if applicable)

WellCare Health Insurance of Arizona, Inc. dba 'Ohana Health Plan

TELEPHONE

808-675-7334

MAILING ADDRESS (Street)

949 Kamokila Boulevard, Suite 350

FAX 813-865-6580

EMAIL
wendy.morriarty@wellcare.com

(City)

Kapolei

(State)

HI

(Zip Code)

96707

I hereby 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)