

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
 or P.O. BOX 616, HONOLULU, HAWAII 96809
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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 |
| Pavlicek | Melissa | T | 808-447-1840 |
| MAILING ADDRESS (Street) | | | FAX 808-523-3712 |
| 841 Bishop Street, Suite 2100 | | | EMAIL mpavlicek@hawaiipublicpolicy.com |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| Hawaii Public Policy Advocates, LLC | | | 808-447-1840 |
| MAILING ADDRESS (Street) | | | FAX 808-523-3712 |
| 841 Bishop Street, Suite 2100 | | | EMAIL mpavlicek@hawaiipublicpolicy.com |
| (City) | (State) | (Zip Code) | |
| Honolulu | Hawaii | 96813 | |

| 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 checked="" 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.

Wendy Morriarty

1/5/15

(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 813-865-6580 | |
| 949 Kamokila Boulevard, Suite 350 | | EMAIL | |
| | | wendy.morriarty@wellcare.com | |
| (City) | (State) | (Zip Code) | |
| Kapolei | HI | 96707 | |

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

Wendy Morriarty

1/5/15

(Signature of Authorizing Officer or Person Represented)

(Date)