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(Rev. 5/2013)

STATE OF HAWAII
STATE ETHICS COMMISSION



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2014 Amended Statement

For Lobbying Reporting Period: January 1 - last day of February March 1 - April 30 May 1 - December 31

ORGANIZATION INFORMATION

WellCare Health Insurance of Arizona, Inc., dba 'Ohana Health Plan Wendy Morriarty
Organization Name Contact Person

949 Kamokila Boulevard

3rd floor, Suite 300

Mailing Address (Number and Street or P.O. Box)

Kapolei

City

HI
State

96707
Zip Code

(808) 675-7333

Telephone

Extension

wendy.morriarty@wellcare.com

Email Address

PART I. TOTAL EXPENDITURES

		Total Amount
1	Preparation & Distribution of Lobbying Materials.....	0.00
2	Media Advertising.....	0.00
3	Postage.....	0.00
4	Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
	Lobbyist Name	Compensation Paid
A.	<u>Willaim Kaneko</u>	0.00
B.	<u>Susan Fujimura</u>	0.00
C.	<u>Chrystn Eads</u>	0.00
D.	<u>Daniel Cup Choy</u>	1,277.00
E.	<u>Christine Karamatsu</u>	0.00
F.	<u>Wendy Morriarty</u>	1,926.00
G.	Total from Additional Attached Sheet(s).....	0.00
	Add lines A through G.....Total Compensation Paid ▶	3,203.00
5	Fees Paid to Consultants (other than to Lobbyists).....	0.00
6	Entertainment & Events.....	0.00
7	Receptions, Meals, Food & Beverages.....	0.00
8	Gifts.....	0.00
9	Loans.....	0.00
10	Other Disbursements.....	0.00
	Add lines 1 through 10.....Total Expenditures ▶	3,203.00

REC'D BY email

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value
N/A	

Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value
N/A	

Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value
N/A	

Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|---|---|
| <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 checked="" 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 | |

AUTHORIZED PERSON

Wendy Morriarty State President 5/13/2014
 Print Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

CERTIFICATION: By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.