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STATE OF HAWAII  
STATE ETHICS COMMISSION



FORM  
ORG  
(Rev. 9/2015)



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

REPORT YEAR: 2015  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 dba 'Ohana Health Plan

Wendy Morriarty

Organization Name

Contact Person

949 Kamokila Blvd.

Floor 3, Suite 300

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

Kapolei

HI

96707

City

State

Zip Code

(808) 675-7374

wendy.morriarty@wellcare.com

Telephone

Extension

Email Address

**PART I. TOTAL EXPENDITURES**

		Total Amount
1	Preparation & Distribution of Lobbying Materials.....	0.00
2	Media Advertising.....	0.00
3	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>Daniel Cup Choy</u>	<u>3,458.33</u>
B.	<u>Christine Karamatsu</u>	<u>0.00</u>
C.	<u>Wendy Morriarty</u>	<u>2,166.66</u>
D.	<u>Melissa Pavlicek</u>	<u>7,800.00</u>
E.	_____	_____
F.	_____	_____
G.	Total from Additional Attached Sheet(s).....	0.00
	Add lines A through G..... Total Compensation Paid ▶	13,424.99
4	Fees Paid to Consultants or Services.....	0.00
5	Entertainment & Events.....	0.00
6	Receptions, Meals, Food, & Beverages.....	0.00
7	Gifts.....	0.00
8	Loans.....	0.00
9	Other Disbursements.....	0.00
	Add lines 1 through 9..... Total Expenditures ▶	13,424.99

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 \_\_\_\_\_ President, 'Ohana Health Plan \_\_\_\_\_ 3/27/2015  
 Type Name of Authorized Person (First M.I. Last) Title Date (m/d/yyyy)

**CERTIFICATION:** By checking this box or signing your name on this form, 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.