



FORM
ORG
(Rev. 3/2015)



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, Inc. dba 'Ohana Health Plan

Wendy Morriarty
Contact Person

Organization Name

949 Kamokila Boulevard

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..... 1 | 0.00 |
| 2 Media Advertising..... 2 | 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> | A. <u>3,729.50</u> |
| B. <u>Christine Karamatsu</u> | B. <u>0.00</u> |
| C. <u>Wendy Morriarty</u> | C. <u>2,204.08</u> |
| D. <u>Melissa Pavlicek</u> | D. <u>9,000.00</u> |
| E. _____ | E. _____ |
| F. _____ | F. _____ |
| G. Total from Additional Attached Sheet(s)..... G. _____ | |
| Add lines A through G..... Total Compensation Paid ▶ 3 | 14,933.58 |
| 4 Fees Paid to Consultants or Services..... 4 | 0.00 |
| 5 Entertainment & Events..... 5 | 0.00 |
| 6 Receptions, Meals, Food, & Beverages..... 6 | 0.00 |
| 7 Gifts..... 7 | 0.00 |
| 8 Loans..... 8 | 0.00 |
| 9 Other Disbursements..... 9 | 0.00 |
| Add lines 1 through 9..... Total Expenditures ▶ | 14,933.58 |

REC'D BY email

