



17HAMB33E8

**Virginia Conflict of Interest and Ethics Advisory Council**  
**LOBBYIST REGISTRATION FORM (Rev. 4/26/2016)**

Please send the original and a copy with a \$100.00 registration fee, made  
Payable to the Treasurer of Virginia to:

*Secretary of the Commonwealth*  
*Attn: Lobbyist Specialist*  
*1111 E. Broad St*  
*4<sup>th</sup> Floor*  
*Richmond, Virginia 23219*

**FOR OFFICE USE ONLY**  
**Principal Notification Date** \_\_\_\_\_  
**Date Received** \_\_\_\_\_  
**Fee Paid: Check #** \_\_\_\_\_ **Cash** \_\_\_\_\_

(1) **PRINCIPAL:** \_\_\_\_\_ WellCare Health Plans, Inc.

(1a) **What type of business is the principle engaged in:**

Health Insurance

Officer of Principal authorizing your employment as a lobbyist, or to whom your expenditures will be reported. *The same name may not appear in items 2 and 5 of this form.*

(2) **Name:** \_\_\_\_\_ Heather Morris

(2a) **Business Address:** \_\_\_\_\_ 8735 Henderson Road Ren 1, Floor 2, Tampa, FL 22314

(2b) **Business Telephone:** \_\_\_\_\_ (813) 206-4220

Officer of Principal who will retain **ALL** records, in behalf of the principal, with respect to your lobbying activities for their organization. If records are physically stored in another location, please so indicate in the space provided by item 3c.

(3) **Name:** \_\_\_\_\_ Heather Morris

(3a) **Business Address:** \_\_\_\_\_ 8735 Henderson Road Ren 1, Floor 2, Tampa, FL 22314

(3b) **Business Telephone:** \_\_\_\_\_ (813) 206-4220

(3c) **Business Address/Telephone number of location where records are stored:**

\_\_\_\_\_  
\_\_\_\_\_

(4) **Please list the full name(s), business address(es), and telephone number(s) of all other individual(s) that are registered to lobby in behalf of the PRINCIPAL listed in item 1 of your registration form.**

May H. Fox, 919 E. Main Street, Suite 1300, Richmond, VA 23219 (804-788-7740)

SECRETARY OF THE COMMONWEALTH  
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(5) **LOBBYIST:** Julia C. Hammond

(5a) **Business Address:** 919 E. Main Street Suite 1300, Richmond, VA 23219

(5b) **Business Telephone:** 804-788-7740

(5c) **E-Mail Address:** jhammond@eckertseamans.com

Individual who will retain ALL records, on behalf of the lobbyist, with respect to your lobbying activities for the afore-designated principal. If records are physically stored in another location, please so indicate in the space provided in item 7d.

(6) **Name:** Julia C. Hammond

(6a) **Business Address:** 919 E. Main Street Suite 1300, Richmond, VA 23219

(6b) **Business Telephone:** 804-788-7740

(6c) **Business Address/Telephone number of location where records are stored:**

\_\_\_\_\_  
\_\_\_\_\_

(7) **Matters and purpose for which you expect to lobby:** (be as specific as possible in this response)  
All matters relating to the health care industry.

(8) **As a lobbyist, you are:** (check one)

☐ **Employed** (Lobbyist is on payroll of principal)

☒ **Retained** (Lobbyist is not on payroll of principal, but is compensated)

☐ **Not Compensated** (Lobbyist is not compensated, but expenses may be reimbursed)

(9) **If you are *employed* either part-time or full-time by the principal, please give your job title:**

\_\_\_\_\_

**I, the undersigned lobbyist, do state that the information furnished on this registration statement and on any and all accompanying statements attached thereto, is to the best of my knowledge and belief, complete and accurate.**

Date: 09/06/2016 Lobbyist's Signature: Julia C. Hammond (Electronically Signed: 9/6/2016 7:08:29 PM UTC)