STATE OF NEW HAMPSHIRE
2016 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED
JUL 22 2016
NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Adam Martignetti

II. Name of lobbyist's partnership, firm or corporation, if any:
Tufts Associated Health Plans, Inc
(Name of partnership, firm or corporation)

705 Mount Auburn St. | Watertown | MA | 02140
Business Address: (Street) (Town/City) (State) (Zip Code)

(617) 972-9400 ext. 52402 ( ) _____ e-mail adam_martignetti@tufts-health.com
(Telephone) (Fax)

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

☐ All reportable transactions occurring in the months prior to the reporting date relative to the following client:

_____
(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

☒ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 27, 2016 ☐ July 27, 2016 ☒
Reports cover: ***activity from date of registration to 3/31/16*** ***activity from 4/1/16 to 6/30/16***
October 27, 2016 ☐ January 25, 2017 ☐
activity from 7/1/16 to 9/30/16 ***activity from 10/1/16 to 12/31/16***

V. There have been no fees received and no reportable transactions made since the last report. ☒
If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

☐ If you have received fees or made expenditures, you must file **Addendum A**– Fees and Expenses

☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**– Report of Honorariums or Expense Reimbursement

☐ If you, your firm, or your family has made political contributions, you must file **Addendum C**– Political Contributions

Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Adam Martignetti 7/19/16
(Signature of lobbyist) (Date)

Adam Martignetti
(Print Name of lobbyist)

State of New Hampshire

Signature Form for Associated Lobbyist

RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Tufts Associated Health Plans, Inc.

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Tufts Health Freedom Insurance Co.

Date of Report (check one):

April 27, 2016 ☐ July 27, 2016 ☒ October 27, 2016 ☐ January 25, 2017 ☐

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

_____ Addendum A(s).

_____ Addendum B(s).

_____ Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

Adam Martignetti
(Signature of lobbyist)

7/19/16
(Date)

Adam Martignetti
(Print Name of lobbyist)