



**RECEIVED**

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

JUL 22 2016

NEW HAMPSHIRE  
DEPARTMENT OF REVENUE

PLEASE PRINT

**I. Name of Lobbyist(s)** Christine Chilingenan

**II. Name of lobbyist's partnership, firm or corporation, if any:**

Tufts Asscoated 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 X59986 ( ) e-mail \_\_\_\_\_  
 (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.

Christine Chilingenan  
 (Signature of lobbyist)

7/18/2016  
 (Date)

Christine Chilingenan  
 (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

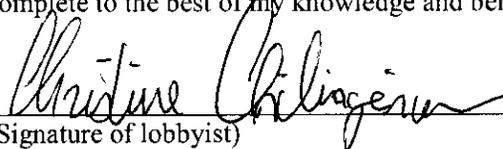
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and  
the following Addendums submitted with that Statement (insert the number of Addendum forms being  
submitted):

\_\_\_\_\_ 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.

  
(Signature of lobbyist)

7/18/2016  
(Date)

Christine Crilingerian  
(Print Name of lobbyist)