



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

**RECEIVED**

PLEASE PRINT

APR 25 2016

**I. Name of Lobbyist(s)** Aaron Chalek

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

NEW HAMPSHIRE  
DEPARTMENT OF STATE

(Name of partnership, firm or corporation)

705 Mount Auburn St.                      Watertown                      MA                      02472  
 Business Address: (Street)                      (Town/City)                      (State)                      (Zip Code)

(617) 972-9400 ext 58713 ( )                      e-mail aaron\_chalek@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.

Aaron Chalek  
 (Signature of lobbyist)

4/8/16  
 (Date)

Aaron Chalek  
 (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

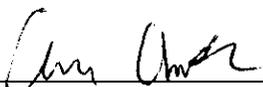
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

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)

4/8/16  
(Date)

Aaron Chasick  
(Print Name of lobbyist)



**STATE OF NEW HAMPSHIRE**  
**Lobbyists Report of Honorariums or**  
**Expense Reimbursement**  
**Addendum B**  
**(RSA Chapter 15:6)**

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I. Name of Lobbyist(s) Aaron Chalek

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

III. Name of Client TUFIS Health Freedom Insurance Co. Date 7/12/16

State the full name of the person receiving the honorarium or expense reimbursement:

Chalek                      Aaron                      M  
Last Name                      First Name                      Middle Name/Initial

What is the value of the honorarium or expense reimbursement? \$ 200.00

Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event).

Travel reimbursement (mileage) to and from Concord, N.H.  
Aggregate amount since January 2016

(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.)

**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.

*Aaron Chalek*  
(Signature of lobbyist)

7/12/16  
(Date)

Aaron Chalek  
(Print Name of lobbyist)