



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) Aaron Chalek

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. 58713 (Telephone) ( ) (Fax) e-mail aaron\_chalek@tufts-health.com

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.

Signature of lobbyist: Aaron Chalek Date: 7/19/16

(Print Name of lobbyist) Aaron Chalek

*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)

7/19/16  
(Date)

Aaron Chaluk  
(Print Name of lobbyist)