



Filed date: Apr 04, 2019 04:26 PM

## Contact Information

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## Reported Compensation:

Date	Type	Value	Paid By
No Compensation reported.			

## Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expenditures reported.					

## Reported Anything of Value:

Date	Type	Value	Paid To	Beneficiary	Title	Office	Location
No Anything Of Value reported.							

## Reported Contributions:

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contributions reported.					

## Reported Subjects:

### Health Care Affordability

BENJAMIN CHANDHOK on behalf of ARTHRITIS FOUNDATION

### Health Care Plans/Services

BENJAMIN CHANDHOK on behalf of ARTHRITIS FOUNDATION

### Health Insurance

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

## Reported Bills:

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### **H5806**

H5806

Promote

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

### **S0137**

S0137

Promote

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

## Reported Public Bodies:

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### **Governor, Office of**

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

### **Health Insurance Commissioner, Office of the**

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

### **Health and Human Services, Rhode Island Executive Office of**

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

## Reported Executive Officials:

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### **Director of Department of health**

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

### **Governor**

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION

### **Health Insurance Commissioner**

**BENJAMIN CHANDHOK** on behalf of ARTHRITIS FOUNDATION