## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Signature of Reporting Individual	Signatu	1	001	1606/51/1	Date
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  On the person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	rue and complete to the ngly files a false staten	going Information is t f this chapter or knowli	y swear or affirm that the fore omply with the provisions of	e read RSA 15-A and hereb on who knowingly fails to c	Pers
	Dividends Tax	Enterprise Tax	17. N.H. Business taxes: Profits Tax	16. Agriculture	긔
14. Education 15. Water Resources	g, or other legal lottis	of gambling		12. Any business regulated by the Public Utilities Commission	
10. Sale and distribution of alcoholic 11. Practice of beverages law		9. Restaurants/ lodging	B. Current use land     assessment program	7. N.H. Retirement System	7
employment	7	<ol> <li>Real Estate, including brokers, agent, developers, and landlords</li> </ol>	3. Insurance	2. Health Care 📋 3. li	X
Lawy	ate of New Hampshire	Pharmocut [	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:    Photomocust NH 3901 + 500456	<ol> <li>Any profession, or profession, occupation</li> </ol>	X
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:	e following businesses nistrative rule, a decisk ed business, professio	clal Interest in any of th I law, a change in admin I ment affecting the list the general public:	B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public.	dicate below whether you rtable special interest in an pline a licensee or permitte icial effect on you or a fami	ß in Repo
My income does not qualify	ng statement	lals next to the followin	If you have no qualifying income indicate by writing your initials next to the following statement	a have no qualifying incom	If you
350 manst malely MA 02148 - Species	der (contracts	por of Paoi	Combridge Health Alliance. Director of Previder Contracts	Cambridge Heal	2.
moun services - Self	ordirector Pha	S - S480 IN	CIS Health, I cus Dr., Woorlooket PCI 03895 - Sidiricular Pharmouch Services	CYS Health,	-
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	ganization in which yo , and from which any bility benefits shall be ir	, business, or other on it or advisory capacity, if retirement and/or disa	s, and type of any profession ved in any other professiona nent benefits other than federa	<ul> <li>A. List below the name, addresproprietor, or employee, or ser calendar year. Sources of retires</li> </ul>	prop caler
			NO ACRONYMS	government held by you. NO ACRONYMS	gove
ommissioner. NH Board of Pharmacu	NH Board	Sworls inno	or commission, board of	Name the office, position, board or commission, board of	Nam
e-mail Inicole. harringtone Cushealth. Com Work Phone (CC3-657-832)6	harringtonecus		Primary Occupation S. Director, Place macy Services	ary Occupation   St Diff	Prim
Work Address I CVS Drive Weensechot, RIC2895	Work Address IC		Harrington	Full Name   NICOLE	Full
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301