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

Type or Print Clearly			
Full Name Nicole Quartulli	Work Address	37 Jackson Ridge Rd Danbury NH	
Primary Occupation Occupational Therpay Assistant	e-mail Nikklyn@gmail.com	Work Phone	978-257-4202
Name the office, position, board or commission, board directors, etc. or employment with state or coun government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profesoroprietor, or employee, or served in any other profesorollendar year. Sources of retirement benefits other than it	sional or advisory capacity, and from which	h any income in excess of \$10,000 w	vas derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing you	r initials next to the following statement.	My income does not qualify	,
reportable special interest in an item on this list if a char discipline a licensee or permittee, or other decision by g financial effect on you or a family member than it would  1. Any profession, occupation, or business licensees or profession, occupation, or business licensees or profession, occupation are category of business.	overnment affecting the listed business, profeson the general public:	ession, occupation, group, or matter w	ntract, grant a license or permit, would potentially have a greater
profession, occupation, or category of business			<u> </u>
	eal Estaté, including brokers, nt, developers, and landlords		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use la assessment programment	14 1	<ol><li>Sale and distribution of alcoholected</li></ol>	nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	<ul> <li>13. Horse or dog racing, or other legal fo of gambling</li> </ul>	rms 14. Education 15.	Water Resources
17. N.H. Busine taxes: Profits			other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provision	foregoing information is true and complete as RECEIVE mglyfiles a false sta	to the best of my knowledge and beli atement shall be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date 1/11/21	JAN 12 2024 ture of Filer Nic	ole Quartulli	

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301