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

Type or Print Clearly			
Full Name Elaine S. Forst	**Address 62 Colo	ny Rd. Pittsfi	eld NH 03263
Primary Occupation Retired e-mail none	a management of the second control	-Work Phone (03-464-9952
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	terinary Medicine	, Public Per	Son
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.)			
1.			
2.		1	· ·
If you have no qualifying income indicate by writing your initials next to the followi	ng statement. My ind	ome does not qualify	ESF
reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the Stapprofession, occupation, or category of business:	ted business, profession, occupati	on, group, or matter would	i potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		The state of the s	f New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restational lodging	urants/ 10. Sale an beverages	d distribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources			
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	Optional: Specify any other special interest	area in which you have a
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.			
person who knowingly fails to comply with the provisions of this endpter of knowing	60	0 1	RECEIVED
Date Jan. 18, 2021	Signature of Report	ing Individual	JAN 21 2021
Poturn to: Office of Secretary of State 107 North Main 9	Street State House Room 204, Con	cord. NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE