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

Type or Print Clearly		
Full Name Nathalie Forher	Work Address 25 Walker Stre	et Concord, NH
Primary Occupation CF50	e-mail nfortier@future insight. Work Phone	603-565-2422
Name the office, position, board or commission, board of directors, etc. or employment with state or county r		
government held by you. NO ACRONYMS	member	

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. 25 Walker St.; Concord, NH Non-pr uture I 2.

If you have no qualifying income indicate by writing your initials next to the following statement.

Date

My income does not qualify

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:

	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:														
	2. Health Care	Health Care 73. Insurance 4. Real Estate, in agent, develope					-	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment				
J	7. N.H. Retirement System 8. Current use land assessment program						9. Resta lodging	urants/	10. Sale and distributi beverages			ion of alcoholic		11. Practice of law	
12. Any business regulated by the Public I 13. Horse or dog racing, or other legal forms I 14. Education I 15. Water Resources															
	16. Agriculture	17. N taxe			usiness rofits Tax		Business nterprise Tax		nterest a vividend			18. Optional: Specia	pecify any other are l interest	a in w	hich 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.

RECEIVER Signature of Filer 12/22/21 DEC 2 3 2021 **NEW HAMPSHIRE** Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Conce fd, NH 03301 DEPARTMENT OF STATE