2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			1.
Full Name Patricia Weathers by	Work Address P.O. Bol	4 (085, Rep. No	# 03870_
Primary Occupation awyer	e-mail *optional	Work Phone	603 957143
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	Evaluation Commi	Hee - public	member
A. List below the name, address, and type of any profession, but proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal retirement.	advisory capacity, and from which any inc	come in excess of \$10,000 was d	erived during the preceding
1. Weathersby Law, PLLC			
2. <u>Sonome Information Tech</u> 3. 18 Neptune Drive LLC If you have no qualifying income indicate by writing your initials n	ext to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a special in reportable special interest in an item on this list if a change in law, discipline a licensee or permittee, or other decision by governmen financial effect on you or a family member than it would on the ge	a change in administrative rule, a decision v t affecting the listed business, profession, o	whether or not to award a contract	, grant a license or permit,
Any profession, occupation, or business licensed or comprofession, occupation, or category of business:	ertified by the State of New Hampshire. List	t each such	
I Z Mealin Care II 3 Insurance II	including brokers, pers, and landlords 5. Banking of services	I	f New Hampshire, county, or employment
7. N.H. RetirementSystem 8. Current use land assessment program	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sale and distribution of alcoholic erages	11. Practice of law
T 12. Any business regulated by the Public T 13. He Utilities Commission T 13. He	orse or dog racing, or other legal forms bling	14. Education	er Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. 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 person who knowingly fails to comply with the provisions of this comply with the provisions.			RSA 15-A:9 Penalty. Any
Date 12/28/2016	Jours M Wice	<u> </u>	
	Signature of	Reporting Individual	LANEO O COAT

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