2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	lata ma	,	
Full Name Edward F. PATCI+	Work Address	2 Wheeler Rd.	BOW, NH 03304
Primary Occupation Refired (2 years) e-mail *optional edps	tch33@gmail.com	Bow, NH 03394 Cell Work Phone 603-724-1305
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	(workers') Comp	ensotion Appeals	Board
A. List below the name, address, and type of any proprietor, or employee, or served in any other calendar year. Sources of retirement benefits other	professional or advisory capacity, and fro	n which any income in excess of	\$10,000 was derived during the preceding
1. (My wife Julie S.	St., Manchester, NH	in New Houpshire	(dested teacher).
4. 1650 Felm	St. Manchester, NH	03104	
If you have no qualifying income indicate by writin			
B. Indicate below whether you or a family member reportable special interest in an item on this list if a discipline a licensee or permittee, or other decision financial effect on you or a family member than it was a sec	change in law, a change in administrative by government affecting the listed busine yould on the general public:	rule, a decision whether or not to a ess, profession, occupation, group,	award a contract, grant a license or permit,
profession, occupation, or category of business	ess licensed or certified by the State of New siness:	Hampsnire. List each such	
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. RetirementSystem 8. Current assessment	1.4	10. Sale and distribut beverages	ion of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other of gambling	legal forms 14. Education	15. Water Resources
To 16. Agriculture 17. N.H. taxes:			pecify any other area in which you have a Il interest
I have read RSA 15-A and hereby swear or affirm the person who knowingly fails to comply with the pro-			
Date 7/29/15		Godward F.	AUG 0 3 2015
		Signature of Reporting Individ	DEPAR AENT OF STATE