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

Type or Print Clearly		
Full Name BETSEY L PATTEN	Work Address	
Primary Occupation Retired	e-mail *optional bl patten @hotma	(. com/Work Phone
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	e-mail*optional bloatten @hotmai essing Standards	Board
A. List below the name, address, and type of any profession, busi proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal retired.	dvisory capacity, and from which any income in e	excess of \$10,000 was derived during the preceding
1.		
2.		
If you have no qualifying income indicate by writing your initials ne	xt to the following statement. My incor	me does not qualify be P
B. Indicate below whether you or a family member has a special intreportable special interest in an item on this list if a change in law, a discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the ger	change in administrative rule, a decision whether o affecting the listed business, profession, occupation	r not to award a contract, grant a license or permit,
Any profession, occupation, or business licensed or ce profession, occupation, or category of business:	rtified by the State of New Hampshire. List each suc	h
I / Health (are II & Insulrance II	ncluding brokers, 5. Banking or financia services	6. State of New Hampshire, county, or municipal employment
7. N.H. RetirementSystem 8. Current use land assessment program	9. Restaurants/ 10. Sale and beverages	distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Ho	oling '	ucation 15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Dividends Tax 18. Op	tional: Specify any other area in which you have a special interest
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 ch		
Date Dec. 4, 2014	Betsey L to	Here RECEIVED
	Signature of Reporting	g Individual DEC 5 2014

NEW HAMPSHIRE DEPARTMENT OF STATE