

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

Type or Print Clearly

Full Name Eric D Martin Work Address One Medical Center Dr Lebanon, NH 03756

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Name the office, position, board or commission, board of directors, etc or employment with state or county government held by you Chair of the Trauma Medical Review Committee
NO ACRONYMS

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. _____

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify EDM

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 _____

<input checked="" type="checkbox"/> 2 Health Care	<input type="checkbox"/> 3 Insurance	<input type="checkbox"/> 4 Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5 Banking or financial services	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/> 7 NH Retirement System	<input type="checkbox"/> 8 Current use land assessment program	<input type="checkbox"/> 9 Restaurants/lodging	<input type="checkbox"/> 10 Sale and distribution of alcoholic beverages	<input type="checkbox"/> 11 Practice of law
<input type="checkbox"/> 12 Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13 Horse or dog racing, or other legal forms of gambling	<input checked="" type="checkbox"/> 14 Education	<input type="checkbox"/> 15 Water Resources	
<input type="checkbox"/> 16 Agriculture	<input type="checkbox"/> 17 NH taxes	<input type="checkbox"/> Business Profits Tax	<input type="checkbox"/> Business Enterprise Tax	<input type="checkbox"/> 18 Optional 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 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

Date 2/01/2021 _____
 Signature of Reporting Individual 