

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

Type or Print Clearly

Full Name Martha T. Gooze Work Address \_\_\_\_\_

Primary Occupation retired Physical Therapist e-mail \*optional mtgooze@comcast.net Work Phone \_\_\_\_\_

Name of office, appointment, or employment with government \_\_\_\_\_

**RECEIVED**

AUG 08 2007

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.

NEW HAMPSHIRE  
SECRETARY OF STATE

1. Jay B. Gooze, MD (ophthalmologist) 21 Gonic Rd Rochester, NH 03824
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Medical license

|  |  |  |   |   |
|--|--|--|---|---|
| <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. N.H. Retirement System   | <input type="checkbox"/> 8. Current use land assessment program                    | <input type="checkbox"/> 9. Restaurants/ lodging   | <input type="checkbox"/> 10. Sale/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 type="checkbox"/> 14. Education                                | <input type="checkbox"/> 15. Water Resources  |
| <input type="checkbox"/> 16. Agriculture   | <input type="checkbox"/> 17. N.H. taxes  | <input type="checkbox"/> Business Profits Tax  | <input type="checkbox"/> Business Enterprise Tax                      | <input type="checkbox"/> Interest and Dividends 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.

Martha T. Gooze  
Signature of Reporting Individual

6 August 2007  
Date