

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name

David Eric Strang

Work Address

20 Highland St, Lebanon, NH 03246

Primary Occupation

Emergency Physician

e-mail*optional

davidstrang@orange.com

Work Phone

603-527-2819

Name of office, appointment, or employment with government

State of NH EMS Coordinating Board - NH Medical Society Representative.

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.

1. Partner in Central NH E.E. Associates, P.A., 174 Philbrook Rd, Sanborn, NH (since 1999)

2. (20 member Emergency Medicine Group)

JAN 02 2009

NEW HAMPSHIRE SECRETARY OF STATE

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

8. 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: NO special interest for any items listed below

<input type="checkbox"/>	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 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"/>	18. Optional: Specify any other area in which you have a special interest	<input type="checkbox"/>	19. Business Profits Tax	<input type="checkbox"/>	20. Business Enterprise Tax	<input type="checkbox"/>	21. Interest and Dividends Tax	<input type="checkbox"/>

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.

David E Strang MD
Signature of Reporting Individual

12-30-08
Date



JOHN H. LYNCH
Governor

State of New Hampshire

OFFICE OF THE GOVERNOR

107 North Main Street, State House - Rm 208

Concord, New Hampshire 03301

Telephone (603) 271-2121

www.nh.gov/governor

governorlynch@nh.gov

December 29, 2008

David E. Strang, MD
14 Copp Road
Gilmanton, NH 03237

Dear Dr. Strang:

I am pleased to reappoint you to the New Hampshire Emergency Medical and Trauma Services Coordinating Board, representing the Medical Society. Your term will expire on January 31, 2012.

State laws require individuals appointed to boards and commissions to file a statement of financial disclosure. Enclosed you will find a notification regarding financial disclosure requirements and a financial disclosure form. This form must be filed with the Secretary of State's Office within 14 days. We have enclosed a mailing envelope for your convenience.

New Hampshire's tradition of citizen involvement is one of our state's most treasured attributes. I appreciate your willingness to serve your fellow citizens as a member of this board.

Sincerely,

A handwritten signature in black ink that reads "John Lynch". The signature is stylized and written over a circular stamp that also contains the name "John Lynch".

John Lynch

JL/ems

cc: Kathy Doolan, Field Services Coordinator
Rick Mason, Director, Fire Standards and Training