2013 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name: John F. Prochilo

Work Address: Northeast Rehab Hospital, 70 Butler Street Salem, NH 03079

Primary Occupation: Hospital Administrator

e-mail*optional: jprochilo@northeastrehab.com

Work Phone: 603.893.2900 ext 3001

The office, position, appointment, or employment with state government held by you. NO ACRONYMS: Appointed as a Member of the New Hampshire Medicaid Enhancement Tax Commission

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. Northeast Rehabilitation Hospital -employed as Hospital Network CEO, 70 Butler Street Salem, NH 03079

2. ---

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: Rehabilitation Hospitals and licensed employees of same

☒ 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 use land assessment program	☐ 9. Restaurants/ lodging	☐ 10. Sale and distribution of alcoholic beverages	☐ 11. Practice of law
☐ 12. Any business regulated by the Public Utilities Commission	☐ 13. Horse or dog racing, or other legal forms of gambling	☐ 14. Education	☐ 15. Water Resources	
☐ 16. Agriculture	17. N.H. taxes: ☒ Business Profits Tax ☒ Business Enterprise Tax ☒ Interest and Dividends Tax	☐ *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: August 12, 2013

Signature of Reporting Individual

AUG 13 2013

NEW HAMPSHIRE DEPARTMENT OF STATE

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301