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

Type or Print Clearly

Full Name: Snow, Joseph Robert, MD

Work Address: Suite 1350, Concord Hospital, 250 Pleasant St., Concord, NH

Primary Occupation: physician

e-mail*optional: joesnow@me.com

Work Phone: 603-230-1970

The office, position, appointment, or employment with state government held by you. NO ACRONYMS: Physician Member, Pesticide Control Board, Dept of Agriculture, Markets, and Food

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. Medical Director, Wound Healing Center at Concord Hospital, Concord, NH - self — Retirement income - Dartmouth Hitchcock Medical Center
2. Dental Director, State of NH, Dept of Health and Human Services, Brown Bldg., State Office Grounds, Pleasant St., Concord, NH - wife

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

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:

- [x] 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: physician (me), dentist (wife)
- [x] 2. Health Care
- [ ] 3. Insurance
- [ ] 4. Real Estate, including brokers, agent, developers, and landlords
- [ ] 5. Banking or financial services
- [x] 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.

RECEIVED
JAN 11 2013
NEW HAMPSHIRE DEPARTMENT OF STATE

Date: 8 January 2013

Signature of Reporting Individual

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