## 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	int Clearly					
Full Name	Donnalee	lozeau	Work Add	ress 40 Pine	St. Man	chester NH 03103
Primary Oc	cupation Exe	cutive	e-mail dozeau@	Snhs.org	Work Phone	603-668-8010 × 6013
directors, o governmer	etc. or employmen nt held by you.	d or commission, board of t with state or county NO ACRONYMS	State Workforce			The second secon
proprietor.	or employee, or ser	ved in any other profession	ion, business, or other organization anal or advisory capacity, and from eral retirement and/or disability benef	which any income in exce	ss of \$10,000 was	derived during the preceding
1.	Southern	NH Services	s, Inc			
2. If you have	no qualifying incom	e indicate by writing your ir	nitials next to the following statemen	nt. My income	does not qualify	
reportable discipline	e special interest in a a licensee or permitt	n item on this list if a change	special interest in any of the followin e in law, a change in administrative r vernment affecting the listed busine on the general public:	ule, a decision whether or n	ot to award a contr	act, grant a license or permit,
		ccupation, or business licer n, or category of business:	nsed or certified by the State of New	Hampshire. List each such		
2. H	lealth Care 3. lu	SCHEADCE II I	Estate, including brokers, , developers, and landlords	5. Banking or financial services		of New Hampshire, county, or al employment
7. N Syst	I.H. Retirement tem	8. Current use land assessment program		10. Sale and dist beverages	ribution of alcohol	11. Practice of law
	ny business regulate es Commission		13. Horse or dog racing, or other loof gambling	14. Educat		ater Resources
16.	Agriculture	17. N.H.  taxes:  Business  Profits Ta			al: Specify any oth pecial interest —	er area in which you have a
I have read person wh	RSA 15-A and hereb to knowingly fails to o	y swear or affirm that the fo comply with the provisions	oregoing information is true and con of this chapter or knowingly files a f	nplete to the best of my kno alse statement shall be guilt	wledge and belief. y of a misdemeano	RSA 15-A:9 Penalty. Any or.
Date	May 16-	2012	Signature of Filer	madee	toran	RECEIVED
1	13.000	111		() Notes	0	MAY 2 0 2022

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