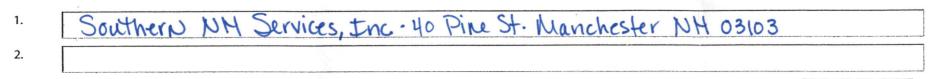
## 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Clearly   | Work Address 40 Pine St. Manchester NH |            |         |  |  |  |
|---|--|------------|---------|--|--|--|
| Full Name Donnalec Lozcare<br>Primary Occupation Executive  | e-mail dlozeaup SNhs.org               | Work Phone |         |  |  |  |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |  | New Har    | npshire |  |  |  |

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.)



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, oc   profession, occupation     | ccupation, or business<br>n, or category of busin |  | tified by the State of I              | lew Hampshir                  | e. List each such                |                                     |                                     |
|--|---|--|---------------------------------------|-------------------------------|----------------------------------|-------------------------------------|-------------------------------------|
| 2. Health Care 3. In:                              | curance II I                                      | the second s | cluding brokers,<br>rs, and landlords | 5. Ban<br>services            | king or financial                | 6. State of Ne<br>municipal emp     | w Hampshire, county, or<br>bloyment |
| 7. N.H. Retirement<br>System                       | 8. Current use assessment pro                     | S1595  | 9. Restaurants/<br>lodging            |                               | 10. Sale and distribut beverages | ion of alcoholic                    | 11. Practice of<br>law              |
| 12. Any business regulated<br>Utilities Commission | l by the Public                                   | 13. Hors<br>of gambli  | e or dog racing, or otl<br>ng         | ner legal form                | 5 14. Education                  | 15. Water R                         | esources                            |
| 16 Agriculture                                     |   |  |                                       | Interest and<br>Dividends Tax |                                  | pecify any other are<br>al interest | a in which you have a               |

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.

lune 22-2022 Date

Signature of Filer

male JUN 24 2022 NEW HAMPSHIRE DEPARTMENT OF STAT

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