# 2016 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

**Type or Print Clearly**

Full Name: Connie Roy-Czyzowski

Work Address: Northeast Delta Dental, One Delta Drive, Concord NH 03302

Primary Occupation: Vice President, Human Resources

e-mail*optional: connierc@nedelta.com

Work Phone: 603 223 1279

The office, position, appointment, or employment with state government held by you. NO ACRONYMS: Member, NH Employment Security Advisory Council

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. Employee of Northeast Delta Dental (Delta Dental Plan of NH), One Delta Drive, Concord NH 03302

2. receive retirement benefits from City of Manchester NH Retirement System, 1045 Elm Street, #403, Manchester NH 03101

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:

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|---|---|---|---|---|
| ☐ 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.** A 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

Date: December 4, 2015

Signature of Reporting Individual

DEC 07 2015

NEW HAMPSHIRE DEPARTMENT OF STATE

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