2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pi	rint Clearly								
Full Name	Do	nnalee	Lozeau			Work Address	40 Pine S	St., Manchester,	NH 03103
Primary O	ccupation	Execu	tive Direct	or	e-mail	dlozeau@snhs.org		 Work Phone	603-668-8010
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					Community College System of New Hampshire Board of Trustees				
proprietor	r, or employ	ee, or se	rved in any o	ther profession	nal or advisor	or other organization in w ry capacity, and from whi and/or disability benefits sh	ch any income in e	excess of \$10,000 was	cer, director, associate, partner, s derived during the preceding necessary.)
1. 2.	Souther	n New	Hampshi	re Service	s, Inc.				
If you have	e no qualify	ing incom	e indicate by	writing your in	itials next to t	he following statement.	My inco	me does not qualify	
reportable discipline financial e	e special into a licensee of effect on you 1. Any pro	erest in an r permitte u or a fami fession, oc	item on this lee, or other de ly member the	ist if a change i cision by gove an it would on ousiness license	n law, a chan rnment affect the general p	ge in administrative rule, a ing the listed business, pro	decision whether o fession, occupation	or not to award a contr or, group, or matter wo	or matters. A person has a act, grant a license or permit, uld potentially have a greater
	/ Health (are 1) 3 incurance 1)			state, including brokers, 5. Banking or levelopers, and landlords services				of New Hampshire, county, or all employment	
1 _	N.H. Retire stem	ment	11	rrent use land ment program	Г	9. Restaurants/ lodging	10. Sale and beverages	distribution of alcohol	ic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources								ater Resources	
<u> </u>	16. Agriculture 17. N.H. Business Profits Tax			Business Interest and Enterprise Tax Dividends Tax 18. Optional: Special interest			er area in which you have a		
person wh	no knowing	ly fails to c	omply with th	rm that the for ne provisions o	egoing inforn of this chapter	nation is true and complet or knowingly files a false s	e to the best of my l tatement shall be g	knowledge and belief. uilty of a misdemeano	RECHIVED
Pate 70.30, 2021 Return to: Office of Secretary of S					State, 107 No	Sign street, State House	U .	g Individual ord, NH 03301	DEC 0.3.2021 NEW PLANTSHIRE DEPARTMENT OF STATE