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

| Full Name   | e Alisa Druzba   |  |   | Work Address 29 H  |   | azen Drive, Concord, NH  |  |
|---|--|--|---|--|---|--|--|
| Primary Occi  |  | Administrator  | e-mail  | alisa.druzba@dhhs.nh   | .gov w  | ork Phone  | 603-271-5934   |
|   |  | n, board or commission, board of<br>Noyment with state or county   | Vic   | ce Chair, Commission on  | Primary Care Worl   | xforce Issues  |  |
| government held by you. NO ACRONYMS   |  | Ch   | Chair, Board of Directors, NH Children's Health Foundation  |  |   |  |  |
| proprietor, o   | or employee  | e, address, and type of any professi<br>e, or served in any other profession<br>of retirement benefits other than fede   | ion, business, oi<br>onal or advisory   | r other organization in which<br>y capacity, and from which a  | h you or a family meml<br>any income in excess o  | ber was an office<br>of \$10,000 was o   | derived durina the p   |
| 1.  |  | State of NH, DHHS - 29 Haze  | en Drive, Con   | cord, NH 03301   |   |  |  |
| 2.  |  | Loftware Inc - 249 Corporate   | Dr, Portsmoi  | uth, NH 03801  |   |  |  |
| lf you have n   | no qualifying  | income indicate by writing your in   | nitials next to th  | e following statement.   | My income doe   | es not qualify   |  |
| reportable sp<br>discipline a li<br>financial effe  | pecial intere<br>licensee or p<br>ect on you or  | ner you or a family member has a sp<br>est in an item on this list if a change<br>permittee, or other decision by gove<br>r a family member than it would on   | in law, a change<br>ernment affectin<br>h the general pu  | e in administrative rule, a dec<br>ng the listed business, profess<br>ublic:   | ision whether or not to<br>sion, occupation, group  | award a contrac  | t, grant a license or p  |
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