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

Type or Print Clearly				<del></del>
Full Name LOCKE A RUNG		154 Region	V Drue	unit #5
Primary Occupation Describe Application of formal e-ma	il brie.a.rudis@o	AS. M. gou Worl	Phone 603-	9071-3359
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	exter Division	of Personne	<u> </u>	
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or advicalendar year. Sources of retirement benefits other than federal retirement	isory capacity, and from which	n any income in excess or	\$10,000 was delived o	ding the preceding
1. Shannon Royce - Adul	sory Committee	e PFML/f	FL	
2.				
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 interested reportable special interest in an item on this list if a change in law, a condiscipline a licensee or permittee, or other decision by government a financial effect on you or a family member, than it would on the general	change in administrative rule, a ffecting the listed business, pro eral public:	decision whether of not to fession, occupation, group,	awaru a contract, grant	a license of permits
Any profession, occupation, or business licensed or cert profession, occupation, or category of business:	ified by the State of New Ham	oshire. Tist each such.		
2. Health Care 3. Insurance 4. Real Estate, incapent, developer		Banking or financial vices	6. State of New H municipal employ	
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribute beverages	on of alcoholic	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 17. NH Rusiness 17. Rusiness 17. Rusiness 18. Optional: Specify any other area in which you have a				
16. Agriculture taxes: Profits Tax E	usiness Interest a nterprise Tax Dividends	Tax specia	l interest —	<u> </u>
I have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this cha	formation is true and complet pter or knowingly files a false s	e to the best of my knowled tatement shall be guilty of a	ge and belief. RSA 15 misdemeanor.	-A:9 Penalty. Any
Date December 27th, 2022	Signature of Filer	Losse at	(unles)	RECEIVED
LEWINDER & / JOSES	<u>L</u>	15		DEC 27 2022

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

NEW HAMPSHIRE
DEPARTMENT OF STATE