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

Type or Pr	int Clearly		<u> </u>					
Full Name	Marie Antoine	tte Mullen		Work Add	ress 7 Hazen	Drive Conrod, NH (03301	
Primary Oc	cupation Director	of Finance	e-mail	marie.a.mullen@	dot.nh.gov	Work Phone	603-271-6829	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			nty	State of New Hampshire, Department of Transportation-Director of Finance				
proprietor.	or employee, or set	ved in any other prof	essional or adviso	ory capacity, and from	which any incom	family member was an of in excess of \$10,000 v (Use additional sheets of	officer, director, associate, partner, vas derived during the preceding as necessary.)	
1.	Donald K. Mullen	, spouse, Director	of Guidance,	Trinity High School	ol Manchester	, NH	· magnety and in a company of	
2.		. v. n. n.n	14-14-1		- 0 0		1	
If you have	no qualifying incom	e indicate by writing yo	our initials next to	the following statemer	nt. My	income does not qualify	9809XXXII (657)/ 85	
discipline financial e	a licensee or permitt effect on you or a fam 1. Any profession, o	ee, or other decision by illy member than it wo ccupation, or business n, or category of busine	government affeuld on the general	cting the listed busines I public:	ss, profession, occu	pation, group, or matter	ntract, grant a license or permit, would potentially have a greater	
	lealth Care 3.1	ACHTANCA	Real Estate, includent, developers,		5. Banking or fir		ate of New Hampshire, county, or cipal employment	
1000	v.H. Retirement tem	8. Current use assessment pro	land	9. Restaurants/ lodging	10. Sale beverag	and distribution of alcoles	nolic, 11. Practice of law	
	iny business regulate es Commission	d by the Public	13. Horse o of gambling	r dog racing, or other le		"ـــا	. Water Resources	
16.	Agriculture	- 2	A THE RESERVE OF THE PERSON NAMED IN COLUMN 1		est and 1 ends Tax	8. Optional: Specify any special interest -	other area in which you have a	
I have read person wh	d RSA 15-A and hereb no knowingly falls to c	y swear or affirm that to comply with the provisi	he foregoing infor ons. of this chapte	rmation is true and comer or knowingly files a f	plete to the best o alse statement shal	f my knowledge and beli I be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any	
Date	anuary 2, 2022			Signature of Filer	Marie	a. Mulle	in;	

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

JAN 06 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE