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

| Туре о | or Print Clearly | | | | | <u></u> | | | | |
|---|---|------------------|--------------------------|---|--|---------------------|------------------------------|--|-----------------------------------|---------------------------------|
| Full Na | № 1992 998 | | | _ Mullin-, | San'dei* | Work Addres | | | | ra, NH 03301 |
| Primar | ry Occupation | Pres | ident | _ | e-mail gn | rullinsa | wicki Code | ' Work Phone | # 60 | 3-271-6484 X 4223 |
| directo govern | the office, posit ors, etc. or en nment held by y | mploymen /òu. | nt with state NO ACRO | e or county | Commun | mustee | ge system | i'cid mg New t | | |
| proprie | etor, or employ | vee, or ser | rved in any o | other professiona | al or advisory capac | icity, and from w | hich any income ir | mily member was an in excess of \$10,000 t Use additional sheets | was derived du | ring the preceding |
| 1. | 1 | Ya | | 74 | | | 62% | | | |
| 2. | | 1 | | | | | | | | |
| If you h | nave no qualifyi | ing incom | e indicate by | writing your initi | tials next to the follo | wing statement. | My in | ncome does not qualif | у | Sm5 |
| | ial effect on you 1. Any prof | or a famil | ily member th | nan it would on ti business licensed | the general public: d or certified by the Ma | Mafiro | rll helav. | tion, group, or matter v | Would passen | |
| Г | 2. Health Care | | nsurance - | | state, including brok levelopers, and land | | 5. Banking or finan services | | tate of New Har icipal employm | mpshire, county, or nent |
| 1000000 | 7. N.H. Retirer System | ment | 1 | urrent use land sment program | | staurants/ | 10. Sale an beverages | nd distribution of alco | holic | 11. Practice of law |
| Tax. Any business regulated by the Public Utilities Commission Tax. Horse or dog racing, or other legal forms of gambling Tax. Horse or dog racing, or other legal forms tax. Tax. Education Tax. Water Resources | | | | | | | | | | |
| T | 16. Agriculture | | 17. N.H. taxes: | Profits Tax | Business Enterprise Ta | Interest Dividen | | Optional: Specify any special interest - | other area in w | hich you have a |
| 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. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. | | | | | | | | | | |
| Nate | <u> </u> | 19-2 | , , | | | | 1.MI | ullin - Caus | ch | RECEIVED |
| Date | [] | 1 4 | 1 | Tight | | | Signature of Report | ting Individual | | JAN 25 2021 |
| (4499 | | ····Ref | turn to: Office | of Secretary of S | State, 107 North Mai | in Street, State Ho | ouse Room 204, Cor | ncord; NH 03301 | DE | NEW HAMPSHIRE PARTMENT OF STATE |