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

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ull Nam	e Thoma	as P. Mullins		Work Address	City of Keene, 3 W	ashington Stree	et, Keene, NH 03431	
rimary (Occupation	City Attorney	e-mail tmullins	@ci.keene.nh.us	<u> </u>	Work Phone	603-357-9806	
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS			Department of Secur	rity Appellate Bo	ard			
oprieto	r, or emplo	me, address, and type of any profess yee, or served in any other profession was of retirement benefits other than fed	onal or advisory capacity	y, and from whic	h any income in exce	ss of \$10,000 w	as derived during the preceding	
	City of Kee	ity of Keene - Employee						
	Kathryn E. I	athryn E. Mullins - NH Retirement Income						
you hav	e no qualify	ing income indicate by writing your in	nitials next to the followi	ng statement.	My income o	does not qualify		
scipline ancial	a licensee of effect on you	erest in an item on this list if a change or permittee, or other decision by gove u or a family member than it would or fession, occupation, or business licens occupation, or category of business:	ernment affecting the list the general public:	ted business, prof	ession, occupation, gro	oup, or matter w	ould potentially have a greater	
2.	Health Care		Estate, including broker developers, and landlor		Banking or financial		te of New Hampshire, county, or ipal employment	
Sy	N.H. Retire stem	assessment program	11 1	urants/	10. Sale and distr beverages	ibution of alcoho	olic 11. Practice of law	
	Any busines ies Commis		13. Horse or dog racing of gambling	g, or other legal fo	orms 14. Education	on [] 15.\	Water Resources	
16	. Agriculture	17. N.H. Business taxes: Profits Ta		Interest an Dividends		al: Specify any or pecial interest —	ther area in which you have a	
ave rea	d RSA 15-A a ho knowing	and hereby swear or affirm that the fo ly fails to comply with the provisions	regoing information is tr of this chapter or knowir	rue and complete ngly files a false st	to the best of my know atement shall be guilty	vledge and belie of a misdemean	f. RSA 15-A:9 Penalty. Any nor.	
ate	01/04/2020	0			Talle		RECEIVE	
1				/ Sign	nature of Reporting Ind	Midual	JAN 0 6 202	

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

NEW HAMPSHIRE DEPARTMENT OF STATE