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

	Type or Print Clearly								
	Full Na	me Matthew G	erald Mari	······································		33 Capitol S	+., (ancord, "	NH 03301	
	Primary	Occupation Atte	ney	e-mail Matthe	w. Mav rogeorge (doj.nh.gov. Wo	rk Phone 603	-271-1274	
	director	he office, position, board rs, etc. or employmen ment held by you.							
	A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)								
Me	1 State of NH								
wife	Dartmath Hitchcock Medical Center; Parkland Medical Conter								
(Meliss		If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify							
	financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Radiological Technologits4 Image: Comparison of the state of New Hampshire. List each such profession, occupation, or category of business: Radiological Technologits4 Image: Comparison of the state of New Hampshire, county, or the stat								
		7. N.H. Retirement	8. Current use l	11	taurants/	10. Sale and distribut	ion of alcoholic	oyment 11. Practice of	
	System								
		Utilities Commission Image: Commission Image: Commission Image: Commission 16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax Interest and Dividends Tax Image: Commission							
	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 faise statement shall be guilty of a misdemeanor.								
•	Date	1/11	121	<u> </u>	Maan	ure of Reporting Individ	1 mg	RECEIVED	
		Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301						JAN 15 2021 NEW HAMPSHIRE	
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