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

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| Type or Prin <u>t Clea</u> | arly | | | | | | | | | |
|---|---|--|--|--|---|----------------------------|--|----------------------------------|---------------------------------|----------------------------|
| Full Name J. Chr | ristopher Mar | shall | | · · · | Work Addre | ss 33 C | apitol Street, Conc | ord, NH 0330 |)1 | |
| Primary Occupatio | on Assistant | Attorney Gene | eral | e-mail j.c.mar | rshall@doj.nh.gov | , | v | Vork Phone | 603.271.121 | 0 |
| Name the office, position, board or commission, board of lirectors, etc. or employment with state or county povernment held by you. NO ACRONYMS | | | Office of Attorney General | | | | | | | |
| proprietor, or emp | ployee, or se | rved in any ot | her professio | on, business, or othe nal or advisory capa eral retirement and/or | acity, and from v | which any | income in excess | of \$10,000 v | vas derived du | |
| State of N | New Hampsh | ire, Departmer | t of Justice, 3 | 3 Capitol Street, Con | cord, NH 03301 | | | | | |
| 2. McLane I | Law Firm Reti | rement Plan, 9 | 00 Elm Street, | Manchester, NH 03 | 105 (retiree) | <u> </u> | | | | |
| f you have no qua | lifying incom | e indicate by v | riting your in | itials next to the follo | owing statement | | My income do | es not qualify | , [] | |
| eportable special discipline a license financial effect on 1. Any p | interest in an ee or permitte you or a fami profession, oo | item on this li ee, or other dec ly member tha | st if a change ision by gove n it would on usiness licens | ecial interest in any (in law, a change in a croment affecting the the general public: ed or certified by the | dministrative rule e listed business, | e, a decisio profession | n whether or not t , occupation, grou | to award a co | ntract, grant a l | icense`or permit, |
| 2. Health Ca | <u>-</u> | nsurance | 4. Real | Estate, including bro developers, and land | | 5. Bankir services | g or financial | | ate of New Har cipal employm | npshire, county, or ent |
| 7. N.H. Ret | tirement | | rent use land nent program | 9. Re | estaurants/ | I 1 | 0. Sale and distrib everages | | | 11. Practice of law |
| 12. Any busi | | d by the Publi | | 13. Horse or dog ra of gambling | icing, or other leg | al forms | 📑 14. Educatio | n [; 15 | . Water Resour | ces |
| 16. Agricult | | 17, N.H. taxes: | Business Profits Ta: | Business | ax C Intere | it and nds Tax | 18. Optional spe | : Specify any cial interest - | other area in w | hich you have a |
| have read RSA 15 person who know | 5-A and hereb ringly fails to o | by swear or affi comply with th | rm that the fo e provisions | regoing information of this chapter or kno | o is true and comp owingly files a fal | lete to the so-stateme | e best of my knowl ent shall be guilty of | edge and bel of a misdemea | ief. RSA 15- A anor. | :9 Penalty. Any |
| Date January 1 | 14, 2021 | | , | - | | <u>)</u> Signature | of Reporting Indi | vidual | | RECEI |

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

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