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

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Full Name	Matthew Mailloux		Work Address	107 N Main St, Concor	d, NH 03033	non man menonomene man access representation of the first first
Primary Oc	cupation Budget Director	e-mail Matthew.	.Mailloux2@nh.go	v	Vork Phone	603-271-8796
directors, etc. or employment with state or county		Budget Director				
		Office of the Governor				
roprietor,	ow the name, address, and type of any profession or employee, or served in any other profession.  Sources of retirement benefits other than federal.	onal or advisory capacit	ty, and from which	h any income in excess	of \$10,000 w	as derived during the preceding
Se	ee attached sheet.			ale su promonomo a mante de come e e e e e e e e e e e e e e e e e e		and the second state of th
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you nave	no qualifying income indicate by writing your ir	illiais fiext to the followi	ing statement.	My income do	es not quality	Annual management and a second a
, 1	fect on you or a family member than it would on  . Any profession, occupation, or business licens rofession, occupation, or category of business:	868	ate of New Hamp:	hire. List each such		
		Estate, including broker, developers, and landlo	3	Banking or financial ices		ite of New Hampshire, county, or including in the county, or including including in the county, or including includi
7. N Syst	.H. Retirement 8. Current use land assessment program	ı Lilodging		10. Sale and distrib beverages	ution of alcoh	olic 11. Practice of law
	tos una destructura de la companya del companya de la companya de la companya del companya de la companya del la companya de l	13. Horse or dog racin of gambling	g, or other legal fo	[ 14. Education	Accessed.	Water Resources
16.	Agriculture 17. N.H. Business taxes: Profits Tax	11	Dividends	e II sne	cial interest	ther area in which you have a
have read erson who	RSA 15-A and hereby swear or affirm that the foo o knowingly fails to comply with the provisions	oregoing information is t of this chapter or knowi	rue and complete ngly files a false st	to the best of my knowl atement shall be guilty o	edge and belio of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date 01	1/07/21	Signatur	e of Filer	West,	Mes	JAN 1 5 202
	Return to: Office of Secretary o	f State, 107 North Main :	Street, State Hous	e Room 204, Concord, NI	d 03301	DEPARTMENT OF

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## **Matthew Mailloux**

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.)

Self

 State of New Hampshire, Office of Strategic Initiatives, 107 Pleasant St, Johnson Hall, Concord, NH 03301

**Immediate Family** 

- 2. Charter Communications, 301 Barber Ave, Worcester, MA 01606
- 3. Anderson Power Products, 13 Pratts Junction Rd, Sterling, MA 01564
- 4. CVS Pharmacy, 32 S Main St, Manchester, NH 03102