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

Full Na	ame Jennie Vivian Duval	Work Address OCMÉ 2	OCMÉ 246 Pleasant St. Ste. 218, Concord, NH 03301		
Primar	ry Occupation Chief Medical Examiner	e-mail jennie.v.duval@doj.nh.gov	Work Phone	603-271-1235	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS		Department of Justice Office of Chief Medical Exam	niner		
- A. List proprie	t below the name, address, and type of any profesector, or employee, or served in any other profess	I! sion, business, or other organization in which you o ional or advisory capacity, and from which any inco deral retirement and/or disability benefits shall be includ	ome in excess of \$10,000 w	as derived during the preceding	
1.	Department of Justice Office of Chief Medical Ex	aminer 246 Pleasant St. Ste. 218, Concord, NH 03301 (	(self)		
2.	Department of Transportation Bureau of Highwa	epartment of Transportation Bureau of Highway Design 7 Hazen Dr., Concord, NH 03301 (spouse Gerard R. Bedard, PE)			
f you h	nave no qualifying income indicate by writing your	initials next to the following statement.	My income does not qualify	1 Table 10	
inanci ———— —	Any profession, occupation, or business licer profession, occupation, or business:	nsed or certified by the State of New Hampshire. List of Physician, Professional Engineer	each such	÷	
	2. Health Care   3. Insurance   agen	al Estate, including brokers, t, developers, and landlords  5. Banking or services		te of New Hampshire, county, or ipal employment	
Y	7. N.H. Retirement System  8. Current use lan assessment progra	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging beverages law			
	12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources				
	16. Agriculture  17. N.H. Business Business Interest and Dividends Tax Special interest — 18. Optional: Specify any other area in which you have a special interest —				
have i person	read RSA 15-A and hereby swear or affirm that the f who knowingly fails to comply with the provisions	oregoing information is true and complete to the bes of this chapter or knowingly files a false statement sl	t of my knowledge and belie hall be guilty of a misdemear	ef. RSA 15-A:9 Penalty. Any nor.	
Date	1/15/2021	Deix	Doul	RECEIVE	
		Signature of R	leporting Individual	JAN 1 5 2021	
	Return to: Office of Secretary	of State, 107 North Main Street, State House Room 20	4, Concord, NH 03301	NEW HAMDSHIE	