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

Type or Pri	int Clearly			
Full Name	Calice Ducey	Work Address	33 Capitol Street, Concord, NH	03301
Primary Oc	cupation Investigator	e-mail calice.ducey@ doj.nh.gov	Work Pho	one 603-271-2066
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				<u></u>
proprietor.	ow the name, address, and type of any profess or employee, or served in any other profess car. Sources of retirement benefits other than fec	onal or advisory capacity, and from whic	th any income in excess of \$10,	000 was derived during the preceding
1. N	/A			· · · · · · · · · · · · · · · · · · ·
2,			· · · · · · · · · · · · · · · · · · ·	
# you have	no qualifying income indicate by writing your	initials next to the following statement.	My income does not a	ualify cd
reportable discipline a	below whether you or a family member has a s special interest in an item on this list if a chang licensee or permittee, or other decision by gov fect on you or a family member than it would o	e in law, a change in administrative rule, a ernment affecting the listed business, pro	decision whether or not to award	i a contract, grant a license or permit,
	Any profession, occupation, or business licer rofession, occupation, or category of business:	sed or certified by the State of New Hamp	shire_List each such	
Г 2. H	ashb (sva li 3 inchranda li)	· · · · · · · · · · · · · · · · · · ·		6. State of New Hampshire, county, or municipal employment
7. N Syst	H. Retirement B. Current use land em assessment program	51 11	. 10. Sale and distribution of beverages	alcoholic 11. Practice of law
	ny business regulated by the Public	13. Horse or dog racing, or other legal for of gambling	orms 🔽 14. Education 🕻	15. Water Resources
Г 16. <i>1</i>	Agriculture 17. N.H. Busines: taxes: D Profits T	ax Tr: Business Interest ar Enterprise Tax Dividends	11 · · · · · · · · · · · · · · · · · ·	/ any other area in which you have a rest
I have read	RSA 15-A and hereby swear or affirm that the fi	pregoing information is true and complete	to the best of my knowledge an	d belief. RSA 15-A:9 Penalty. Any

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 falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date January 14, 2021 Signature of Reporting Individual

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

