

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name **Jennie V. Duval** Work Address **246 Pleasant St. Ste 218, Concord, NH 03301**

Primary Occupation e-mail **jennie.v.duval@doj.nh.gov** Work Phone **6032711235**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **Chief Medical Examiner**
 NO ACRONYMS

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.)*

1. **NH Department of Justice, 33 Capitol Street, Concord, NH (state govt)**
2. **NH Department of Transportation, 7 Hazen Dr., Concord, NH (state govt)**

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

<input checked="" type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	Physician, Professional Engineer		
<input checked="" type="checkbox"/>	2. Health Care	<input type="checkbox"/>	3. Insurance	<input type="checkbox"/>
<input checked="" type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/>	8. Current use land assessment program	<input type="checkbox"/>
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/>
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>	17. N.H. taxes: Business Profits Tax	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest ---	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	14. Education	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	15. Water Resources	<input type="checkbox"/>
<input type="checkbox"/>		<input checked="" type="checkbox"/>	6. State of New Hampshire, county, or municipal employment	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	5. Banking or financial services	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	9. Restaurants/lodging	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>	11. Practice of law	<input type="checkbox"/>

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 false statement shall be guilty of a misdemeanor.

Date **1/11/2022** Signature of Filer