2018 NEW H/	AMPSHIKE STATEMENT OF FINANCIAL INTERE	:515-K5A 15-A
Type or Print Clearly	of the Harding	ial Branch Administrative offices
Full Name Jason Richard J.	ordanhazy Work Address I Granit	e place, Suite N400 Concord, NH 033
Primary Occupation Security 1	Panager e-mail *optional	Work Phone (603) 271 - 9905
Name the office, position, board or commission directors, etc. or employment with state or couby you. NO ACRONYMS		on Emergency Preparedness and Securit (ACEPS)
proprietor, or employee, or served in any other	ny profession, business, or other organization in which yor r professional or advisory capacity, and from which any er than federal retirement and/or disability benefits shall be in	ou or a family member was an officer, director, associate, partner, income in excess of \$10,000 was derived during the preceding included. (Use additional sheets as necessary.)
1. Andrea Jordanhazy Dec	t of Safety Division of Motor	Vehicles 23 Hazen Drive
2.	/ ·	Unicles 23 Hazen Prive
If you have no qualifying income indicate by writ	ing your initials next to the following statement.	My income does not qualify
discipline a licensee or permittee, or other decision	on by government affecting the listed business, profession to would on the general public:  ness licensed or certified by the State of New Hampshire.	on whether or not to award a contract, grant a license or permit, n, occupation, group, or matter would potentially have a greater  List each such
☐ 2. Health Care ☐ 3. Insurance ☐	4. Real Estate, including brokers, agent, developers, and landlords 5. Banking services	ng or financial  6. State of New Hampshire, county, or municipal employment
11	1	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	14. Education
16. Agriculture 17. N.H. taxes:	Business Business Interest and Profits Tax Enterprise Tax Dividends Tax	18. Optional: Specify any other area in which you have a special interest —
	that the foregoing information is true and complete to the rovisions of this chapter or knowingly files a false statement	
Date 122018		JAN 9 5 2018
Return to: Office of S	ecretary of State, 107 North Main Street, State House Roo	NEW HAMPSHIRE DEPARTMENT OF STATE