2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	nt Clearly					
Full Name	Nicole Brassard Jordan		Work Address	50 Storrs Street, Conco	rd, NH 03301	
Primary Occ	cupation Deputy Commissioner	e-mail nicole.bra	ssard-jordan@liqu	or.nh.gov V	Vork Phone 60	03-230-7046
directors, e	office, position, board or commission, board etc. or employment with state or cour t held by you. NO ACRONYMS		Commission			
proprietor,	ow the name, address, and type of any profest or employee, or served in any other profest. Sources of retirement benefits other than	essional or advisory capacity	, and from which	any income in excess	of \$10,000 was o	lerived during the preceding
1. GF	PI, Inc.					
2.						-
lf you have r	no qualifying income indicate by writing yo	ur initials next to the followir	ng statement.	My income do	es not qualify	
reportable s discipline a l financial effo 	below whether you or a family member has special interest in an item on this list if a char licensee or permittee, or other decision by cect on you or a family member than it would have profession, occupation, or business liconscion, occupation, or category of busines	nge in law, a change in admit government affecting the list don the general public: tensed or certified by the Sta	nistrative rule, a d ed business, profe te of New Hamps	ecision whether or not t ession, occupation, grou	o award a contrac	t, grant a license or permit,
2. He		Real Estate, including brokers ent, developers, and landlord		anking or financial ces		f New Hampshire, county, or employment
7. N.I Syste	H. Retirement 8. Current use l	and		10. Sale and distrib beverages	ution of alcoholic	11. Practice of law
	y business regulated by the Public Commission	 13. Horse or dog racing of gambling 	, or other legal fo	14. Education	15. Wat	er Resources
16. A	griculture 17. N.H. Busin taxes: Profits	ess Business Tax Enterprise Tax	Interest and Dividends T		Specify any other cial interest	area in which you have a
person who	RSA 15-A and hereby swear or affirm that th knowingly fails to comply with the provisio	e foregoing information is tr ns of this chapter or knowin	ue and complete gly files a false sta	to the best of my knowled tement shall be guilty o	edge and belief. f a misdemeanor	RSA 15-A:9 Penalty. Any
Date	Return to: Office of Secretar	ov of State 107 North Main S		azure of Reporting Indiv	DED	JAN 16 2020 IEW HAMPSHIRE ARTMENT OF STATE