

Date 1/15/2021

Signature of Filer

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.

16. Agriculture	17. N.H.	Business taxes:	Profits Tax	Business Enterprise Tax	Interest and Dividends Tax
					18. Optional: Specify any other area in which you have a special interest ---
Utilities Commission					
12. Any business regulated by the Public Utilities of gambling					
13. Horse or dog racing, or other legal forms					
14. Education					
15. Water Resources					
System					
7. N.H. Retirement	8. Current use land assessment program	lodging	10. Sale and distribution of alcoholic beverages	11. Practice of law	
2. Health Care	3. Insurance	4. Real Estate, including brokers, agents, developers, and landlords	services	municipal employment	
Professional occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or business:					

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 administration, 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, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or business:

My income does not qualify

[b]

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, partner, proprietor, or employee, or served in any 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 disability benefits shall be included. (Use additional sheets as necessary.)
Name the office, position, board or commission, board of directors, etc., or employer with state or county government held by you. NO ACRONYMS
Primary Occupation Manufactured Home Installation Board
Full Name James Baird
Type or Print Clearly 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

If you have no qualifying income indicate by writing your initials next to the following statement.

2.

1.