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

Type o	or Print Clearly				•
Full Na	ame Benjamin C. Baroody	Work Address	1175 Bridge St Manche	ester NH, 0310	1 4
Primai	ry Occupation Realtor	e-mail baroodyrealestate@comcas	it.net. V	Vork Phone	603-627-1122
directo	the office, position, board or commission, board or ors, etc. or employment with state or county nment held by you. NO ACRONYMS			***	
proprie	t below the name, address, and type of any profese etor, or employee, or served in any other profess lar year. Sources of retirement benefits other than fe	sional or advisory capacity, and from which	h any income in excess	of'\$10,000 w	vas derived during the preceding
1.	Baroody Real Estate & Associates				· · · · · · · · · · · · · · · · · · ·
2.	Tri State Mediation		<u> </u>	·	
lf you l	have no qualifying income indicate by writing your	initials next to the following statement.	My income do	es not qualify	
discipl	able special interest in an item on this list if a chang line a licensee or permittee, or other decision by go ial effect on you or a family member than it would o 1. Any profession, occupation, or business licen profession, occupation, or category of business:	vernment affecting the listed business, profe on the general public: nsed or certified by the State of New Hamps	ession, occupation, grou hire. List each such	o award a cor p, or matter w	ntract, grant a license or permit, yould potentially have a greater
Γ		al Estate, including brokers, nt, developers, and landlords 5. E	Banking or financial ices		ate of New Hampshire, county; or cipal employment
	7. N.H. Retirement 8. Current use lan assessment progra		10. Sale and distrib beverages	ution of alcoh	nolic 11. Practice of law
	12. Any business regulated by the Public tilities Commission	 Horse or dog racing, or other legal for of gambling 	rms 14. Education	1 [15.	Water Resources
<u> </u>	16. Agriculture 17. N.H. Busines taxes: Profits T	,		Specify any ocial interest —	other area in which you have a
have i person	read RSA 15-A and hereby swear or affirm that the newhork knowingly fails to comply with the provision	foregoing information is true and complete s of this chapter or knowingly files a false sta	to the best of my knowle atement shall be guilty o	edge and beli f a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date	Jan. 12, 2021	15 PZ			RECEIVED
	•	Sign	nature of Reporting Indiv	ridual	JAN 2 0\2021
	Return to: Office of Secretary	of State, 107 North Main Street, State House	Room 204, Concord, Ni	1 03301	NEW HAMPSHIRE DEPARTMENT OF STAT