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

Type or Print Clearly			
Full Name Roudph W. Oyden TTT	Work Address	95 Pleusal Street	Cencer) NH 03301
Primary Occupation Depty Commission	e-mail Nubph. w out @	ddinh.yw Work Phone	603 271 8496
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	New Humpstine Deputin	and of Labor	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	l or advisory capacity, and from which any	income in excess of \$10,000 was	derived during the preceding
	her Nushin High School	North - 8 Titus u	Vm Nichou NH 03063
If you have no qualifying income indicate by writing your init	•	My income does not qualify	
B. Indicate below whether you or a family member has a spec reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on t	law, a change in administrative rule, a decision ment affecting the listed business, profession	on whether or not to award a contra	act, grant a license or permit,
1. Any profession, occupation, or business licensed profession, occupation, or category of business:	A.s		4 (spuse)
T 7 1114 Casa 11 3 Incurance 11	tate, including brokers, 5. Banki evelopers, and landlords services	J	of New Hampshire, county, or all employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	 Sale and distribution of alcoholic peverages 	11. Practice of law
	Horse or dog racing, or other legal forms gambling	14. Education 15. W	ater Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any oth special interest —	er area in which you have a
I have read RSA:15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete to th this chapter or knowingly files a false statem	e best of my knowledge and belief. ent shall be guilty of a misdemeano	RSA 15-A:9 Penalty. Any r.
Date 1./7/2021	My	1 Ogd 111	RECEIVED
1 17 11 2021	Signatur	e of Reporting Individual	JAN 1 1 2021

www.medianship (Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE