2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			
Full Name JAMES H. ALDEN	Work Address	43 MAINST,	CITTLE TON, NIT USSE!
Primary Occupation 0 W N GA	e-mail THALDON	@ YA Ho	(603) 616-9418
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	STATE WONKE	INCE INNOVATO	ON BOARD
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional 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
1. CHUHERS LLC 2. ALDON BOHL HOLDEN	43 MAIN ST, LE	TICTON NH 0	3561
2. ALDON BOAL HOLDEN	ls Si	920 F	
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income does not quali	ý
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 to the special spe	law, a change in administrative rule, a comment affecting the listed business, profile general public: Or certified by the State of New Hamps CHUTTHS LLC - FOOD	ecision whether or not to award a cession, occupation, group, or matter hire. List each such	ontract, grant a license or permit, r would potentially have a greater
1 / Health Care II 14 Inclinance II I	sate, including brokers, 5. B velopers, and landlords service	- 1	tate of New Hampshire, county, or icipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	holic 11. Practice of law
	 Horse or dog racing, or other legal for gambling 	ms 14. Education 15	5. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest and Enterprise Tax		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly falls to comply with the provisions of t			
Date 3/28/2022	Signature of Filer		RECEIVED
1 5/08/ 350	<	1	APR 04 2022
Return to: Office of Secretary of St	ate, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW P MPSHIRE DEPARTMENT OF STATE