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

Type or Print Clearly					
Full Name Tina Pottle	/ Saulelle	Work Ade	Iress 93 Nort	h Rner Rd 1	.ee, NH 03861
Primary Occupation farm	J	e-mail thatsautell		Work Phone	603 234 7908
Name the office, position, board directors, etc. or employment government held by you.	or commission, board of WHA with state or county NO ACRONYMS	griculture Adi	risory Board	Struffork	d County Socit
A. List below the name, address proprietor, or employee, or serv calendar year. Sources of retirem	red in any other professional or	advisory capacity, and from	which any income in	excess of \$10,000 was	derived during the preceding
1. Pinewads	Yankee farm,	13 North Row	er Rd., Le	e, NH 038	les Farming
If you have no qualifying income	indicate by writing your initials r	next to the following stateme	nt. My inco	me does not qualify	TO SEE LOOK OF THE PERSON OF T
B. Indicate below whether you or reportable special interest in an id discipline a licensee or permittee financial effect on you or a family	tem on this list if a change in law, , or other decision by governmer	, a change in administrative r nt affecting the listed busines	ule, a decision whether o	or not to award a contra	ct, grant a license or permit,
Any profession, occupation,	upation, or business licensed or c or category of business:	certified by the State of New	Hampshire. List each suc	h	
2. Health Care 3. Ins		, including brokers, ppers, and landlords	5. Banking or financia services		of New Hampshire, county, or al employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and beverages	distribution of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	by the Public — 13. H of gan	orse or dog racing, or other abling	egal forms 14. Edu	ucation	iter Resources
10 16 Agricultura	17. N.H. Business Caracterist Tax		rest and 18. Op	tional: Specify any other special interest	er area in which you have a
I have read RSA 15-A and hereby person who knowingly fails to co	swear or affirm that the foregoin mply with the provisions of this	g information is true and cor chapter or knowingly files a	nplete to the best of my alse statement shall be g	knowledge and belief. guilty of a misdemeanor	RSA 15-A:9 Penalty. Any
Date 1/10/2026	<u>)</u>	\mathcal{J}	mg J. Lee	stell	RECEIVED
/ /			signature of Reportin	9 maividuai	JAN 2 2 2020

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