2021 NEW HAMPSHIRE STATEMENT OF I. ... ANCIAL INTERESTS - RSA 15-A

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ull Name	Jill Shein	g		<u></u>			Work Addre	ss Strain	ord County - 259 C				
rimary Oc	ccupation	Human Re	source Coord	inator	e-mail	jsheing@co	o.strafford.nh	.us	W	ork Phone	603-51	6-7104	
Name the office, position, board or commission, board of lirectors, etc. or employment with state or county government held by you. NO ACRONYMS			Board Member - HealthTrust, Inc. on, business, or other organization in which you or a family member was an officer, dir										
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