2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	_	_			
Full Name Jill Sheing			259 County Farm Road Suit	arm Road Suite 204 - Dover, NH 03820	
Primary Occupation Human Resource Coord	e-mail*optional		Work	Phone	603-516-7104
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	Board Member - HealthTrust,	Inc.			
A. List below the name, address, and type of any proprietor, or employee, or served in any other proceed and the calendar year. Sources of retirement benefits other the	ofessional or advisory capacity	y, and from which	n any income in excess of \$	10,000 wa	s derived during the preceding
1. Granite State Analytical - Curt Sheing					
2. Strafford County - Self					
If you have no qualifying income indicate by writing y	your initials next to the followi	ng statement.	My income does no	ot qualify	
B. Indicate below whether you or a family member have reportable special interest in an item on this list if a clidiscipline a licensee or permittee, or other decision be financial effect on you or a family member than it work. 1. Any profession, occupation, or business profession, occupation, or category of business.	nange in law, a change in admi y govemment affecting the list uld on the general public: licensed or certified by the Sta	inistrative rule, a d ted business, prof	ecision whether or not to aw ession, occupation, group, or	ard a cont	ract, grant a license or permit,
☐ 2 Health Care ☐ 3 Insurance ☐ 4	l I. Real Estate, including broker agent, developers, and landlor		lanking or financial ces		e of New Hampshire, county, or pal employment
7. N.H. 8. Current use assessment pro	e land 9. Resta		10. Sale and distribution beverages	n of alcoho	lic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	g, or other legal fo	rms 14. Education	∑ 15.V	Vater Resources
I) ID AOSICUITUSE I I	Siness Business Fits Tax Enterprise Tax	Interest and Dividends T		cify any ot nterest —	her area in which you have a
have read RSA 15-A and hereby swear or affirm that person who knowingly fails to comply with the provis					
Date December 16, 2016	<u> </u>	Sigr	ALL VO ature of Reporting Individua	1	Parahan XA

JAN 17 2017

