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

Type or Print Clearly		
Full Name Ryymond R. Hebert	Work Address S 7∞	Harvey Rd Munchester N. H
Primary Occupation Electrings e-mail Rege	Langel mapselaurie .com	Work Phone 603-625-575-4
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Medical Imaging an	ed Radingion Therapy
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	ty, and from which any income in ex	cess of \$10,000 was derived during the preceding
1.		
2.		
If you have no qualifying income indicate by writing your initials next to the follow	ing statement. My incom	ne does not qualify
B. Indicate below whether you or a family member has a special interest in any of treportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:	ninistrative rule, a decision whether or	not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:		
2. Health Care 3. Insurance agent, developers, and landlo		6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Resta	urants/ 10. Sale and di beverages	istribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	g, or other legal forms 14. Educ	ation 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax	onal: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi		
Date 2 -24-2021 Signatur	e of Filer	FEB-2 6 2021