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

Type or Pri	int Clearly					
Full Name	Karen Elizabeth He	ebert	Work Addre	ss 129 Pleasant Street, Co	ncord, NH 03	301
Primary Oc	cupation Governm	ent Administration	e-mail karen.e.hebert@dhhs.nl	n.gov V	/ork Phone	603 223-4822
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Department of Health and Human Servicdes				
		Child Support Director/Bureau Chief				
proprietor, calendar ye	or employee, or serear. Sources of retired	ved in any other professi	sion, business, or other organization in onal or advisory capacity, and from w leral retirement and/or disability benefits	hich any income in excess	of \$10,000 w	as derived during the preceding
n/	'a					
2. n/	'a					
If you have	no qualifying incom	e indicate by writing your i	nitials next to the following statement.	My income do	es not qualify	кн
reportable s discipline a financial eff	special interest in an licensee or permitte ect on you or a famil	item on this list if a change e, or other decision by gov y member than it would or		a decision whether or not to rofession, occupation, grou	o award a cont	tract, grant a license or permit
pro	. Any profession, oco ofession, occupation	cupation, or business licen , or category of business:	sed or certified by the State of New Har	npshire. List each such		
				5. Banking or financial ervices		te of New Hampshire, county, or pal employment
∇ 7. N.F System System	H. Retirement em	8. Current use land assessment progran		10. Sale and distrib beverages	ution of alcoho	olic 11. Practice of law
	ny b usine ss regulated s Comm ission	l by the Public	13. Horse or dog racing, or other lega of gambling	l forms 14. Education	┌ 15.\	Water Resources
☐ 16. A	griculture	17. N.H. Business Profits Ta			Specify any or cial interest —	ther area in which you have a
l have read f person who	RSA 15-A and hereby knowingly fails to co	swear or affirm that the fo omply with the provisions	oregoing information is true and comploof this chapter or knowingly files a false	ete to the best of my knowle e statement shall be guilty o	dge and belie a misdemean	f. RSA 15-A:9 Penalty. Any or.
Date Jan	nuary 11, 2021		Signature of Filer	Karen E. Het	ert	

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