2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Prir	nt Clearly		!			_				
Full Name	GENE HO	irrington		Work Add	ress	1201 NEW YOU	rk Auguue	NW, SUM	re 1300, was	MINSTON,
Primary Occ	cupation State		Celations e-r	nail Sharrington	B 610	0, 213	Work Phone	202-3	55-G436] DC 200
directors, et	Y ffice, position, boar itc. or employmen t held by you.		county	U Mampshire L	چس	Gade Tinbo	ent wood	Emerging	mannet c	
proprietor, c	or employee, or se	rved in any other	professional or ac	less, or other organization dvisory capacity, and from ment and/or disability benef TARCHES To	which a fits shall l	any income in exc	ess of \$10,000 w	as derived dur	associate, partne ing the precedin	er, ig
1.	Biotechnolos	y Innovati	en Organiza	ation, Track ga		o- brotchnole	sy industry	1201 NEU	york Ave, N	JW, 501
2.							<u> - </u>			_ wash
If you have n	no qualifying incom	e indicate by writi	ng your initials nex	t to the following stateme	nt.	My income	does not qualify			DC Zood
discipline a financial effo	licensee or permitt fect on you or a fam	tee, or other decising the control of the control o	on by government t would on the geness licensed or centers.	rtified by the State of New	ess, profe Hampsh	ession, occupation, o	group, or matter v	would potentia	lly have a greater	
2. Hea	alth Care 3. Ir	nsurance		cluding brokers, ers, and landlords	5. Ba		muni	ipal employm		
7. N.H Syster	H. Retirement	8. Curren		9. Restaurants/		10. Sale and dis	tribution of alcol	olic	11. Practice of law	
12. Any	y business regulate Commission			se or dog racing, or other l	egal forr	ms 14. Educa	ition 15.	Water Resourc	es	
	griculture	1 1	Business	Business Inte	rest and dends Ta	11 1 '	nal: Specify any o special interest		nich you have a	
I have read R person who I	RSA 15-A and hereb knowingly fails to c	y swear or affirm t omply with the pi	hat the foregoing i rovisions of this ch	nformation is true and cor apter or knowingly files a	nplete to false stat	o the best of my kno tement shall be guil	owledge and beli ty of a misdemea	nor.	:9 Penalty. Any	
Date 0	ctobe-4, 2	.022	777	Signature of Filer		Here Han	ngton		OCT 07 202	.2
	Ret	rum to: Office of S	ecretary of State. 10	07 North Main Street, State	e House !	Room 204, Concord	, NH 03301		IEW HARTPSHI ARTMENT OF	