## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

	rint Clearl	•																
Full Name	Don	ald	<u>L.</u>	Shu	mway		Wo	ork Add	ress									
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directors,		ploymer			on, committe ounty govern		ld .	ard thor		);rec	tors	, Ne	w Ha	mps	Lire	Housi	ig Fin	nce
proprietor, calendar y	, or emplo ear. <i>Sourc</i>	yee, or tes of ret	served Ir irement b	n any oth penefits oth	any professio er profession her than feden	nal or adv ral retirem	visory capac ent and/or c	city, and disability	d from v benefit:	which a s shall b	ny inc e includ	ome in ded. (U:	excess se additi	of \$10, onal sh	000 was	derived	during the	ite, partne : precedin
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1 1	. Any prof ofession, o		•		iness license business:	d or certif	fled by the S	State of	New Ha	mpshire	. List e	each su	h					
2. He	ealth Care	3.	Insuranc	:e	ſ		uding broke s, and landle			5. Banl services	_	financi	al	,,		of New Ha	ampshire, o ment	county, or
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have read person who	RSA 15-A a	nd here y fails to	by swear	or affirm	that the fore	going inf this chap	ormation is ter or know	true an	d compl es a fals	lete to the statem	he bes nent sh	t of my nall be g	knowled uilty of a	ige and a misde	l belief. emeanor	RSA 15-	A:9 Penalt	: <b>y.</b> Any
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		Re	eturn to: (	Office of S	Secretary of S	tate, 107	North Main	Street,	State Ho	use Roc	om 204	1, Conco	ord, NH 0	3301	D	NEW I	HAMPSH IENT OF	IRE STATE