

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

Type or Print Clearly

Full Name **Antonio J. Maggio**

Work Address

N/A

Primary Occupation **Retired**

e-mail

**AJM11013@aol.com**

Work Phone

N/A

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  
**Member of the Trauma Medical Review Committee**  
 NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. **N/A**

2. **N/A**

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

**AJM**

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

**NH EMS Provider License # 04135, Call EMT for Barrington Fire & Rescue**

- |  |  |  |   |  |  |
|--|--|--|---|--|--|
| <input checked="" type="checkbox"/> 2. Health Care                                     | <input type="checkbox"/> 3. Insurance  | <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords | <input type="checkbox"/> 5. Banking or financial services                 | <input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment         | <input type="checkbox"/> 11. Practice of law |
| <input type="checkbox"/> 7. N.H. Retirement System                                     | <input type="checkbox"/> 8. Current use land assessment program                    | <input type="checkbox"/> 9. Restaurants/ Lodging   | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages | <input type="checkbox"/> 14. Education   | <input type="checkbox"/> 15. Water Resources |
| <input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling | <input type="checkbox"/> Business Profits Tax  | <input type="checkbox"/> Business Enterprise Tax                          | <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --- |  |
| <input type="checkbox"/> 16. Agriculture   | <input type="checkbox"/> 17. N.H. taxes:   |  |   |  |  |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date **12/21/2021**

Signature of Filer

*Antonio J. Maggio*

**RECEIVED**

DEC 22 2021

NEW HAMPSHIRE  
DEPARTMENT OF STATE

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