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

Type or Print Clearly		
Full Name THEODORE GATSAS Work Ad	dress 20 MARKETST.	MANCHESTER,
Primary Occupation RETIRED e-mail TED GATSAS	6 4AHOO . COMWORK Phone	603-623-0211
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	COUNCI	
A. List below the name, address, and type of any profession, business, or other organization proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits of the federal retirement and federal retir	n which any income in excess of \$10,000 w	as derived during the proceding
ADP STOCK		
2. CITY OF MANCHESTER RETIREMENT		
If you have no qualifying income indicate by writing your initials next to the following stateme	nt. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following reportable special interest in an item on this list if a change in law, a change in administrative rediscipline a licensee or permittee, or other decision by government affecting the listed business 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 profession, occupation, or category of business:	ule, a decision whether or not to award a coni is, profession, occupation, group, or matter w	tract grant a licence as assert
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords		te of New Hampshire, county, or pal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/	10. Sale and distribution of alcohologous beverages	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other log of gambling	egal forms 14. Education 15. V	Vater Resources
I TO. AGREGATE I I	est and 18. Optional: Specify any ot special interest —	her area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and comperson who knowingly fails to comply with the provisions of this chapter or knowingly files a factor $1 - 12 - 21$	alse statement shall be guilty of a misdemean	RSA 15-A:9 Penalty. Any
	Signature of Reporting Individual	JAN 1 3 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE