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

Type or Print Clearly		
Full Name Kelly Luedtke	Work Address 31 College Dr.	Concord, NH 083
Primary Occupation Professor	e-mail Kluedthe @ ccsnh.edu Work Phone	603-271-6484
Name the office, position, board or commission, board directors, etc. or employment with state or cour government held by you.  NO ACRONYMS	of Roard of licensing for Alcohol + Other	
proprietor, or employee, or served in any other profe	ession, business, or other organization in which you or a family member was an off ssional or advisory capacity, and from which any income in excess of \$10,000 wa federal retirement and/or disability benefits shall be included. (Use additional sheets as	s derived during the preceding
1. Na		
2. Ma		
If you have no qualifying income indicate by writing you	r initials next to the following statement. My income does not qualify	14
financial effect on you or a family member than it would	ensed or certified by the State of New Hampshire. List each such	
I Health (are ) I : 3 insurance II :		e of New Hampshire, county, or oal employment
7. N.H. Retirement System  8. Current use la assessment programment	il .	ic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	ater Resources
16. Agriculture 17. N.H. Busine taxes: Profits	1	ner area in which you have a
	foregoing information is true and complete to the best of my knowledge and belief. s of this chapter or knowingly files a false statement shall be guilty of a misdemeand	
		R
Date   222	Signature of Filer	DEC <b>02</b> 2021
Return to: Office of Socretary	v of State 107 North Main Street State House Room 204 Concord, NH 02201	NO. A SHIRE DEPARTS AT OF STATE