STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED
OCT 29 2025
NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Amanda Attiya

II. Name of lobbyist's partnership, firm or corporation, if any:

N/A

(Name of partnership, firm or corporation)

Business Address: (Street) (Town/City) (State) (Zip Code)

( ) _____ (Telephone) ( ) _____ (Fax) e-mail _____

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

☑ All reportable transactions occurring in the months prior to the reporting date relative to the following client:

Cystic Fibrosis Foundation

(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report

April 30, 2025 ☐ *Reports cover: activity from date of registration to 3/31/25*

July 30, 2025 ☐ *activity from 4/1/25 to 6/30/25*

October 29, 2025 ☑ *activity from 7/1/25 to 9/30/25*

January 28, 2026 ☐ *activity from 10/1/25 to 12/31/25*

V. There have been no fees received and no reportable transactions made since the last report. ☑

If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

☐ If you have received fees or made expenditures, you must file **Addendum A**– Fees and Expenses

☐ If you have paid an honorarium or reimbursed expenses, you must file **Addendum B**– Report of Honorariums or Expense Reimbursement

☐ If you, your firm, or your family has made political contributions, you must file **Addendum C**– Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

_____ (Signature of lobbyist)

10/29/2025 (Date)

Joel Aurora for AA (Print Name of lobbyist)

See attached California Grant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Marin

Subscribed and sworn to (~~or affirmed~~) before me on this 28 day of October, 2025, by Ajad Aurora,
proved to me on the basis of satisfactory evidence to be the person(~~s~~) who appeared before me.

TYLER KLEINMAN
Notary Public - California
Marin County
Commission # 2472409
My Comm. Expires Dec 15, 2027

(Seal)

Signature Tyler Kleinman

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