

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

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OCT 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Claire Teylouni

II. Name of lobbyist's partnership, firm or c	orporation, if any:				
(Name of partnership, firm or co	rnoration)				
70 Franklin Street Floor 5 Boston,	E. 250				
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
617-556-8880		cteylouni@rep	proequitynow.org		
(Telephone)	(Fax)	e-man			
III. This statement covers: (Choose one – file reportable expense transactions which are no	separate reports for ot attributable to any	each client, OR you may one client).	file a separate report for		
All reportable transactions occurring in the	months prior to the ren	orting date relative to the	following client:		
Reproductive Equity Now, Inc	p p	oring date relative to the	tonowing onom.		
(Full Name of Client as it	appears on the Lobbyist I	Registration Form)			
OR -	appears on the 2000yist i	rogistration 1 offin)			
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 October 29, 2025 activity from 7/1/25 to 9/30/25	Ü s	July 30, 2025			
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					
	John Car Continuations,	you must me Addendum	C- Political Contributions		
	-				
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and the statement of the statement	RSA 664 and hereby s	wear or affirm that the for	egoing information is true		
MM PMM	<u> </u>	10/23/7	5		
(Signature of lobbyist)		(Date)			
Claire Teylouni		ī *			
(Print Name of lobbyist)					

P L E A S E P R N

T

STATE OF NEW HAMPSHIRE

Claire Teylouni

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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DEFAITMENT
, 77
10/21/2025
pove that are related, directly or indirect ment relations, or public relations service gross fee amount reported shall not a) \$ 219.26 a) \$ 4032.95
ar year) 4,252.21
d) \$
o report all expenses made from lobby, ach client and if expenditures are made for the lobbyist(s)/fin the aggregate total of all expenses pose expenses; (b) the aggregate total of ample: meals purchased during a busing fless than \$10 that is given to the persebbled with a value of \$25.00 or less); are porting period of greater than \$25.00 value of greater than \$25, purchase of the persent than \$25, but not greater than \$25, but n

c) \$ 0

d) Total expenses for this reporting period (Add-lines a: b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from 1 period, including by whom paid or to whom charged.	f) \$ 65.75 obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief. (Signature of lobbyist) Claire Teylouni	n that the foregoing information 10/23/25 (Date)
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Claire Teylouni RECEIVED

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Name of Lobbying particular client (leave by particular client): Repr	lank if Statement is for	the partnership, firm, or	corporation and not related to any		
Date of Report (check o	ne):				
April 30, 2025 □	July 30, 2025 □	October 29, 2025 ☑	January 28, 2026 □		
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
Addendum A(s)	1				
Addendum B(s).	·				
Addendum C(s).	S	is .			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.					
(Signature of lobbyist)	7 7 7 009		(Date)		
Claire Teylour	<u>il</u>				
(Print Name of lobbyist)	8				