I. Name of Lobbyist(s) Eileen Zimmer

### STATE OF NEW HAMPSHIRE

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

## RECEIVED

JUL 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

# (RSA Chapter 15) PLEASE PRINT

(Name of partnership,	firm or corporation)		
151 Abrams Road	Berne	NY	12023
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)	( )	e-mail eileen.zimmer@novartis.com	
(Telephone)	(Fax)	0-man	
II. This statement covers: (Choose reportable expense transactions wh	ich are not attributable to an	y one client).	
(Full Name of	Client as it appears on the Lobbyis	t Registration Form)	<del> </del>
All reportable transactions by the lunrelated to any particular client.	obbyist (including the lobbyist'	s family), or the lobbying fir	m listed below whic
IV. Date of Report April 30, Reports cover: activity from date of region October 29, 2 activity from 7/1/25	stration to 3/31/25 act	July 30, 2025  ivity from 4/1/25 to 6/30/25  January 28, 2026  ity from 10/1/25 to 12/31/25	
V. There have been no fees receif this box is checked, complete just the State House, Room 204, Concord, NF	nis form and submit it to the Sec		
VI. Check if additional reports are	attached:		
If you have received fees or made	e expenditures, you must file A	ddendum A– Fees and Expe	enses
If you have paid an honorarium of Expense Reimbursement	r reimbursed expenses, you mu	st file <b>Addendum B</b> – Repor	t of Honorariums or
If you, your firm, or your family	has made political contribution	s, you must file Addendum	C– Political Contrib
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my know	14-C and RSA 664 and hereby	swear or affirm that the fore	egoing information i
Eileen Zimmer		Jul 28, 2025	
(Signature of lobbyist)		(Date)	
Eileen Zimmer			
(Print Name of lobbyist)		•	

# NH Q2 Report Zimmer

Final Audit Report

2025-07-28

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By:

Shaheen Pradhan (shaheen@eajpc.com)

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Signed

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