

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haller, Sarah, E, ,

Mailing Address One Health Plaza

City
East Hanover

State
NJ

Zip Code
07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novartis Services Incorporated

Occupation (for Individual)
VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2020

Transaction ID : A2020-1093047

Amount of Each Receipt this Period

77.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayden, Kathy-Jo, B, ,

Mailing Address One Health Plaza

City
East Hanover

State
NJ

Zip Code
07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novartis Services Incorporated

Occupation (for Individual)
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2020

Transaction ID : A2020-910929

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayden, Kathy-Jo, B, ,

Mailing Address One Health Plaza

City
East Hanover

State
NJ

Zip Code
07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Novartis Services Incorporated

Occupation (for Individual)
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 22 / 2020

Transaction ID : A2020-1093048

Amount of Each Receipt this Period

115.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

307.00