

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Novartis Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		82321.29
(b) Cash on Hand at Beginning of Reporting Period.....	72790.80	
(c) Total Receipts (from Line 19)	18517.54	76927.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	91308.34	159248.71
7. Total Disbursements (from Line 31).....	24015.11	91955.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	67293.23	67293.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Novartis Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2017 To: M M / D D / Y Y Y Y 04 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6992.28	17627.68
(ii) Unitemized	10525.26	58299.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17517.54	75927.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17517.54	75927.42
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	18517.54	76927.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18517.54	76927.42

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15.11	55.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15.11	55.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	96500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	-4600.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24015.11	91955.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24015.11	91955.48

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17517.54	75927.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17517.54	75927.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15.11	55.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.11	55.48

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Baron, Neilda, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Ex Dir Medical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-571729
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Baron, Neilda, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Ex Dir Medical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686568
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Baroni Allmon, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Exec Director Health Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-571730
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Baroni Allmon, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Exec Director Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686569
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Bonebrake, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571676
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Bonebrake, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686515
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Brashear, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) VP US Onc Comm & Patient Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571756
 Amount of Each Receipt this Period
 750.00
 Memo Item

B. Bylancik, Angela, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Ex Dir BD&L Alliance Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571773
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Bylancik, Angela, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Ex Dir BD&L Alliance Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686612
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Byler, Timothy, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686440
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Campbell, Kimberley, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sandoz Inc. Occupation (for Individual) MSL Director Oncology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686516
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Casserly, Daniel, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Head of Fed Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1269.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571603
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Casserly, Daniel, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Head of Fed Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1461.50

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686442
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Christensen-Boner, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Director State&External Affrs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 232.54

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-571604
 Amount of Each Receipt this Period 31.42
 Memo Item

C. Christensen-Boner, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Director State&External Affrs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 263.96

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686443
 Amount of Each Receipt this Period 31.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	255.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Clary, Cathryn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Global Drug Development Occupation (for Individual) Global Head Patient Affairs and Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 677.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571791
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Clary, Cathryn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Global Drug Development Occupation (for Individual) Global Head Patient Affairs and Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 754.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686631
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Collins, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Alcon Occupation (for Individual) Global Head Digital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 369.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571510
 Amount of Each Receipt this Period 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Collins, Julie, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Head Digital
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : A2017-686348

Amount of Each Receipt this Period
46.15

Memo Item

B. Conley, Michael, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharma	Occupation (for Individual) Vice President Trade Ops & Analytics
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : A2017-686639

Amount of Each Receipt this Period
23.08

Memo Item

C. Conoshenti, Joseph, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Pharma	Occupation (for Individual) Director Strategic Account Alliances
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : A2017-571801

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Conoshenti, Joseph, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Director Strategic Account Alliances
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686641
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Consier, Kirby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571608
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Consier, Kirby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686447
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Coombs, Seth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 Massachusetts Avenue

City Cambridge	State MA	Zip Code 02139
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) VP Oncology and Injectable Products
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : A2017-571680

Amount of Each Receipt this Period
46.15

Memo Item

B. Coombs, Seth, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 Massachusetts Avenue

City Cambridge	State MA	Zip Code 02139
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) VP Oncology and Injectable Products
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
415.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-686519

Amount of Each Receipt this Period
46.15

Memo Item

C. Coraggio, Ryan, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Oncology	Occupation (for Individual) AD Strategic Market Access
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-686645

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	117.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. De Leon, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sandoz Inc. Occupation (for Individual) MSL Director Oncology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571682
 Amount of Each Receipt this Period 30.00
 Memo Item

B. De Leon, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sandoz Inc. Occupation (for Individual) MSL Director Oncology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686521
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Epstein, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Head Pharma AG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571611
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Epstein, David, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Head Pharma AG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686450
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Farber, Leo, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571613
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Farber, Leo, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686452
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Fellers, Thomas, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Medical Account Management & FME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571852
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Fellers, Thomas, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Medical Account Management & FME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686692
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Frye, Neely, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 486.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571615
 Amount of Each Receipt this Period
 65.81
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.81
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Frye, Neely, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 551.92

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686454
 Amount of Each Receipt this Period 65.81
 Memo Item

B. Gentry, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) NBS Occupation (for Individual) Svc Del & Ops Lead Connectivity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571616
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Gentry, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) NBS Occupation (for Individual) Svc Del & Ops Lead Connectivity
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686455
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	219.81
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Goldfarb, Steven, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) VP Legal Section Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571886
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Goldfarb, Steven, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) VP Legal Section Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686725
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Grande, Nancy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Global Drug Development Occupation (for Individual) Head Proc Improv & Compliance IMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571892
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	204.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Grande, Nancy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Global Drug Development Occupation (for Individual) Head Proc Improv & Compliance IMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686731
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Grzegorzewski, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) VP CDMA Solid Tumors Franchise
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-571897
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Grzegorzewski, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) VP CDMA Solid Tumors Franchise
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686736
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Gulick, David, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Pharma	Occupation (for Individual) Director New Products
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : A2017-571900

Amount of Each Receipt this Period
30.00

Memo Item

B. Gulick, David, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Pharma	Occupation (for Individual) Director New Products
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : A2017-686739

Amount of Each Receipt this Period
30.00

Memo Item

C. Habel, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) NBS	Occupation (for Individual) Goaling Design and Analytics
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : A2017-686460

Amount of Each Receipt this Period
23.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Haller, Sarah, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) VP Intl Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571622
 Amount of Each Receipt this Period
 77.00
 Memo Item

B. Haller, Sarah, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) VP Intl Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686461
 Amount of Each Receipt this Period
 77.00
 Memo Item

C. Hayden, Kathy-Jo, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Director Public Health Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571922
 Amount of Each Receipt this Period
 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	189.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Hayden, Kathy-Jo, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Director Public Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686761
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Hellberg, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) NIBR Occupation (for Individual) Executive Director Chemical Technolog
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-572298
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hellberg, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) NIBR Occupation (for Individual) Executive Director Chemical Technolog
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-687137
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Hilkert, Robert, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Global Drug Development	Occupation (for Individual) Global Program Medical Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : A2017-686771

Amount of Each Receipt this Period
23.08

Memo Item

B. Hughes, Donald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Corporate	Occupation (for Individual) Dir Insurance Exchange Ext Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : A2017-571625

Amount of Each Receipt this Period
30.00

Memo Item

C. Hughes, Donald, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Corporate	Occupation (for Individual) Dir Insurance Exchange Ext Affairs
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : A2017-686464

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.08
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Hughson, Melody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Ex Director Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571948
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Hughson, Melody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Ex Director Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686787
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Kamal, Tawfik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Head Capability Building Academy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571972
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Kamal, Tawfik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Head Capability Building Academy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686811
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Kan, Sarah, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Asc Dir State & Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571628
 Amount of Each Receipt this Period
 77.00
 Memo Item

C. Kan, Sarah, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Asc Dir State & Ext Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686467
 Amount of Each Receipt this Period
 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	204.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Keenan, Julie, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) VP Comm & Patient Relations US Phari
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686817
 Amount of Each Receipt this Period
 260.00
 Memo Item

B. Kendris, Thomas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) President Novartis Corp & US Cntry Pr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571596
 Amount of Each Receipt this Period
 46.15
 Memo Item

C. Kendris, Thomas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) President Novartis Corp & US Cntry Pre
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686435
 Amount of Each Receipt this Period
 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	352.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Krayacich, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) VP Head NPC Strategic Plng & BD & Li
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571993
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Krayacich, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) VP Head NPC Strategic Plng & BD & L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686834
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Kulesher, Kathleen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Assoc. Dir. State and External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686471
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Leas, Leigh Anne, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) VP Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571634
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Leas, Leigh Anne, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) VP Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686473
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Lennon, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Oncology Business Franchise Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-572015
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Lennon, David, , ,

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

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) Oncology	Occupation (for Individual) Oncology Business Franchise Head
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-686856

Amount of Each Receipt this Period
100.00

Memo Item

B. Lloyd, Richard, , ,

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

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) Oncology	Occupation (for Individual) Head of Global Market Access Oncolog
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
369.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : A2017-572024

Amount of Each Receipt this Period
46.15

Memo Item

C. Lloyd, Richard, , ,

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

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) Oncology	Occupation (for Individual) Head of Global Market Access Oncology
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
415.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-686865

Amount of Each Receipt this Period
46.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Lockwood, Jeffrey, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) NIBR Occupation (for Individual) Head NIBR Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-687139
 Amount of Each Receipt this Period
 23.08
 Memo Item

B. Matthews, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686899
 Amount of Each Receipt this Period
 24.38
 Memo Item

C. McBride, Catharine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571640
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 97.46
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. McBride, Catharine, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **450.00**

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686479
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. McGough, Edward, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Alcon Occupation (for Individual) SVP Global Mfg & Tech Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **923.04**

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571539
 Amount of Each Receipt this Period **115.38**
 Memo Item

C. McGough, Edward, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Alcon Occupation (for Individual) SVP Global Mfg & Tech Ops
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1038.42**

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686376
 Amount of Each Receipt this Period **115.38**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.76
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Millard, Susan, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Alcon	Occupation (for Individual) Head HR Alcon R&D
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-686377

Amount of Each Receipt this Period
25.00

Memo Item

B. Myrie, Donna, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Pharma	Occupation (for Individual) Associate Dir Strategic Alliance Mgmt
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-686939

Amount of Each Receipt this Period
25.00

Memo Item

C. Neylon, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Corporate	Occupation (for Individual) VP & Head Tax for Int IP TP M&A
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : A2017-571645

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Neylon, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) VP & Head Tax for Int IP TP M&A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686484
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. O'Neil, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Head Federal Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 642.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-571647
 Amount of Each Receipt this Period
 96.00
 Memo Item

C. O'Neil, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Head Federal Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 738.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686486
 Amount of Each Receipt this Period
 96.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	242.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Olmstead, Sharon, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Global Drug Development Occupation (for Individual) Head RA & Development Policy GDD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686957
 Amount of Each Receipt this Period
 23.08
 Memo Item

B. Osten, Craig, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Vice President & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686432
 Amount of Each Receipt this Period
 23.08
 Memo Item

C. Oxner, Serafina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Pharma Occupation (for Individual) Ex Dir Healthcare Contract Adm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686961
 Amount of Each Receipt this Period
 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.24
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Phipps, Candice, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **880.00**

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571649
 Amount of Each Receipt this Period **110.00**
 Memo Item

B. Phipps, Candice, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **990.00**

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686488
 Amount of Each Receipt this Period **110.00**
 Memo Item

C. Pott, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sandoz Inc. Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571695
 Amount of Each Receipt this Period **50.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	270.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Pott, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sandoz Inc. Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-686534
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Rodgers, Renee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Head Digital Strategy And Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2017
Transaction ID : A2017-572169
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Rodgers, Renee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Oncology Occupation (for Individual) Head Digital Strategy And Svc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 28 / 2017
Transaction ID : A2017-687009
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Sanderson, Adwoa, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Pharma	Occupation (for Individual) Ex Dir Advocacy & Access
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-687024

Amount of Each Receipt this Period
25.00

Memo Item

B. Schweitzer, Mark, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Technical Operations	Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2017

Transaction ID : A2017-571657

Amount of Each Receipt this Period
50.00

Memo Item

C. Schweitzer, Mark, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Technical Operations	Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2017

Transaction ID : A2017-686496

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Spurr, Robert, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Fifth Avenue

City New York	State NY	Zip Code 10020
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) Oncology US Mkt Access &Health Polic
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : A2017-572218

Amount of Each Receipt this Period
115.00

Memo Item

B. Spurr, Robert, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Fifth Avenue

City New York	State NY	Zip Code 10020
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) Oncology US Mkt Access &Health Polic
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1035.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : A2017-687057

Amount of Each Receipt this Period
115.00

Memo Item

C. Stevens, Donald, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Corporate	Occupation (for Individual) Director State&External Affrs
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
276.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2017

Transaction ID : A2017-571663

Amount of Each Receipt this Period
34.62

Memo Item

SUBTOTAL of Receipts This Page (optional).....	264.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Stevens, Donald, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Director State&External Affrs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.58

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686502
 Amount of Each Receipt this Period 34.62
 Memo Item

B. Suter, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Dir State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571666
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Suter, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Dir State & External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686505
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Van Meter, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Director Quality Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571669
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Van Meter, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Director Quality Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686508
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Vineis, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sandoz Inc. Occupation (for Individual) VP Managed Markets Specialty Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 616.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571702
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	137.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Vineis, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sandoz Inc. Occupation (for Individual) VP Managed Markets Specialty Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686541
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Warner, Robert, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Alcon Occupation (for Individual) Global Franchise Head Vision Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt **04 / 28 / 2017**
Transaction ID : A2017-686396
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Williams, Donna Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Corporate Occupation (for Individual) Director Insurance Exchange
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **04 / 14 / 2017**
Transaction ID : A2017-571671
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.08
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Williams, Donna Lee, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Corporate Occupation (for Individual) Director Insurance Exchange

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686510

Amount of Each Receipt this Period 30.00

Memo Item

B. Wojtylak, Melissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Fifth Avenue

City State NY Zip Code 10020

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Director Legal Ops. & Ass. Gen. Couns

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2017
Transaction ID : A2017-571703

Amount of Each Receipt this Period 50.00

Memo Item

C. Wojtylak, Melissa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Fifth Avenue

City State NY Zip Code 10020

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Director Legal Ops. & Ass. Gen. Counse

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 28 / 2017
Transaction ID : A2017-686542

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	6992.28

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. M-PAC

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

Mailing Address 700 13th Street NW #600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00365270

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼
 Not Applicable

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2017

Transaction ID : A2017-15657

Amount of Each Receipt this Period
1000.00

Memo Item
Refund of Contribution dated 11/3/2016

B.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna Eshoo for Congress

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement Contribution

011

Candidate Name
Eshoo, Anna, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 18

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C C00258475

Transaction ID : B646015

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011

Candidate Name
McCarthy, Kevin, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C C00420935

Transaction ID : B646260

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Susan Brooks

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name
Brooks, Susan, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: IN District: 05

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C C00500207

Transaction ID : B646011

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Pat Roberts for US Senate Inc.

Date of Disbursement: MM / DD / YYYY
04 / 20 / 2017

Mailing Address 325 7th Street NW Suite 400

City Washington State DC Zip Code 20004

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Roberts, Pat, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: KS District:

FEC Identification Number: C00128876
Transaction ID : B646013
Amount of Each Disbursement this Period: 3000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Friends of Erik Paulsen

Date of Disbursement: MM / DD / YYYY
04 / 20 / 2017

Mailing Address P.O. Box 44369

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Paulsen, Erik, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 03

FEC Identification Number: C00439661
Transaction ID : B646014
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Montanans for Tester

Date of Disbursement: MM / DD / YYYY
04 / 20 / 2017

Mailing Address 303 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution
Category/Type: 011

Candidate Name
Tester, Jon, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MT District:

FEC Identification Number: C00412304
Transaction ID : B646017
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thom Tillis Committee

Mailing Address PO Box 97396

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Tillis, Thom, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2020

Primary General
 Other (specify) ▼

State: NC

District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C00545772

Transaction ID : B646010

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People for Ben

Mailing Address PO Box 31129

City
Santa Fe

State
NM

Zip Code
87594

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Lujan, Ben, R, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: NM

District: 03

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C00443689

Transaction ID : B646007

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Heller for Senate

Mailing Address 1006 Pendleton Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Heller, Dean, , ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: NV

District:

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C00494229

Transaction ID : B646006

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Walden, Gregory Paul, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B646012

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Dem. Senatorial Campaign Cmte

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B640397

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. M-PAC

Mailing Address 712 35th Avenue

City Seattle State WA Zip Code 98122

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B646499

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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