

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

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

FOR LINE NUMBER: PAGE 17 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Guilbault, Matthew, , ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Novartis Services Incorporated

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2020

**Transaction ID : A2020-307758**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**B. Haller, Sarah, E, ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Novartis Services Incorporated

Occupation (for Individual)  
VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 14 / 2020

**Transaction ID : A2020-144404**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**C. Haller, Sarah, E, ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Novartis Services Incorporated

Occupation (for Individual)  
VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2020

**Transaction ID : A2020-307760**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

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

211.69