

**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="2018"/>		115984.18
(b) Cash on Hand at Beginning of Reporting Period.....	84281.82	
(c) Total Receipts (from Line 19)	19927.22	257366.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	104209.04	373350.86
7. Total Disbursements (from Line 31).....	- 959.58	268182.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	105168.62	105168.62
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 11 / 27 / 2018 To: M M / D D / Y Y Y Y 12 / 31 / 2018

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).....	14843.22	124914.94
(ii) Unitemized	5084.00	127451.74
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19927.22	252366.68
(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)	19927.22	252366.68
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.....	0.00	5000.00
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)).....▶	19927.22	257366.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19927.22	257366.68

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	40.42	182.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	40.42	182.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	- 1000.00	231000.00
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	37000.00
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)) ..	- 959.58	268182.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 959.58	268182.24

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)	19927.22	252366.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19927.22	252366.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	40.42	182.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	40.42	182.24

: 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 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Algozzine, 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) Pharma Occupation (for Individual) Regl Acct MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972549
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Althide, Julie, , ,
 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) CV2 SR SPEC - BELLEVILLE IL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779185
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Althide, Julie, , ,
 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) CV2 SR SPEC - BELLEVILLE IL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972550
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 210
<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. Ammon, Brian, 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) NBS Occupation (for Individual) Deputy Head NPMR Alcon & SDZ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779079
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Ammon, Brian, 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) NBS Occupation (for Individual) Deputy Head NPMR Alcon & SDZ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972530
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Anderson, 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) Corporate Occupation (for Individual) AD State Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 830.76

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779080
 Amount of Each Receipt this Period 60.00
 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 10 OF 210
	<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. Anderson, 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) Corporate Occupation (for Individual) AD State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 890.76

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2972531
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Arline, 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) Pharma Occupation (for Individual) Regional Sales Director Pittsburgh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779192
 Amount of Each Receipt this Period 13.85
 Memo Item

C. Arline, 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) Pharma Occupation (for Individual) Regional Sales Director Pittsburgh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.10

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2972557
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	87.70
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 210
<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. Astley, Glenn, , ,
 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) Product Manager- P2P Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779193
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Astley, Glenn, , ,
 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) Product Manager- P2P Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972558
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Baker, Jeanne, 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) Respiratory Area Business Leader II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779197
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.23
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 12 OF 210
	<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"/>	<input type="checkbox"/> 17

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

A. Baker, Jeanne, 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) Respiratory Area Business Leader II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972562
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Barbier, Pierre, 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) Alcon Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779045
 Amount of Each Receipt this Period
 9.61
 Memo Item

C. Barbier, Pierre, 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) Alcon Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973269
 Amount of Each Receipt this Period
 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.45
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 210
	<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. Barkhausen, Susana, V, ,
 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) CV2 Sr ABL Miami
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779199
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Barkhausen, Susana, V, ,
 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) CV2 Sr ABL Miami
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972564
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Barnett, Allison, , ,
 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 Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1222.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779083
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	87.69
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 210
	<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. Barnett, Allison, , ,
 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 Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1279.80

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972534
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Barninger, Michael, 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) Director Breast Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779200
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Barninger, Michael, 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) Director Breast Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972565
 Amount of Each Receipt this Period 17.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	91.69
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 210
	<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. 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779201
 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 ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972566
 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) Corporate Occupation (for Individual) ED State Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779084
 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).....	

**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 210
<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) Corporate Occupation (for Individual) ED State Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972535
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Billings, Michael, 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) Oncology Occupation (for Individual) Director - Global Onc. Portfolio Comm.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779213
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Billings, Michael, 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) Oncology Occupation (for Individual) Director - Global Onc. Portfolio Comm.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972579
 Amount of Each Receipt this Period 20.00
 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: (check only one)	PAGE 17 OF 210
	<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. Birkel, Gwynne, , ,
 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) CV2 EXEC SPEC - CHICAGO N IL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972580
 Amount of Each Receipt this Period
 8.00
 Memo Item

B. Bischoff, Paul, , ,
 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) CV2 SR SPEC - MANSFIELD OH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972581
 Amount of Each Receipt this Period
 8.00
 Memo Item

C. Bishop, Joni, 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) Oncology Occupation (for Individual) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779233
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	26.00
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 210
	<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. Bishop, Joni, 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) Oncology Occupation (for Individual) Sr. Oncology Specialist
 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
 12 / 21 / 2018
Transaction ID : A2018-2972583
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Blair, Edward, 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) Oncology Occupation (for Individual) Indication Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779235
 Amount of Each Receipt this Period
 11.54
 Memo Item

C. Blair, Edward, 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) Oncology Occupation (for Individual) Indication Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972585
 Amount of Each Receipt this Period
 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.08
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 19 OF 210
<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. Booth, Taylor, , ,
 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 Fed Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779086
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Booth, Taylor, , ,
 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 Fed Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972537
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Borill, Troy, 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) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 536.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779241
 Amount of Each Receipt this Period 21.63
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	213.93
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 210
<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. Borill, Troy, 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) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 557.77

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972591
 Amount of Each Receipt this Period 21.63
 Memo Item

B. Bortfeld, Daniel, 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) Oncology Occupation (for Individual) Global Head HR Operational Excellenc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779242
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Bortfeld, Daniel, 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) Oncology Occupation (for Individual) Global Head HR Operational Excellence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972592
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.71
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 210
	<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. Brooks, Michael, 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779252
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Brooks, Michael, 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972602
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Buckley, Matthew, 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) Director Strategic Market Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779256
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.23
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 22 OF 210
	<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. Buckley, Matthew, 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) Director Strategic Market Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972606
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Burke, John, 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) Cardiovascular Area Business Leader I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779260
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Burke, John, 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) Cardiovascular Area Business Leader II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972610
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.69
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 210
	<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. 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 ▼ 1250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779264
 Amount of Each Receipt this Period 50.00
 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 ▼ 1300.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972614
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Calabrese, Ashley, , ,
 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 Director State Government Affair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1001.97

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779087
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	157.69
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 210
	<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. Calabrese, Ashley, , ,
 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 Director State Government Affair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1059.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972538
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Caldwell, Julie, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza Ste 725
 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) Dermatology Executive Sales Specialis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 892.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779267
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Caldwell, Julie, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza Ste 725
 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) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 949.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972617
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.07
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 210
<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. Callahan Jr, John, , ,
 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) Rheumatology Executive Sales Speciali
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779268
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Callahan Jr, John, , ,
 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) Rheumatology Executive Sales Special
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 258.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972618
 Amount of Each Receipt this Period 10.00
 Memo Item

C. 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) Head Oncology Medical Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779155
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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 26 OF 210
<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. 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) Head Oncology Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973151
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Cannavale, Paul, 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) Oncology Occupation (for Individual) Dir. Cust Experience & Digital Solns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972622
 Amount of Each Receipt this Period 8.00
 Memo Item

C. Carl, Kevin, 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) Sr. Global Program Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779274
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.54
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 210
	<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. Carl, Kevin, 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) Sr. Global Program Head
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972624

Amount of Each Receipt this Period
11.54

Memo Item

B. Carpenter, Matthew, 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) Oncology	Occupation (for Individual) Sr Oncol Area Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779275

Amount of Each Receipt this Period
10.00

Memo Item

C. Carpenter, Matthew, 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) Oncology	Occupation (for Individual) Sr Oncol Area Sales Manager
---	--

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
12	/	21	/	2018

Transaction ID : A2018-2972625

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.54
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 210
	<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. 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) US Country Head Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779088
 Amount of Each Receipt this Period
 192.30
 Memo Item

B. 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) US Country Head Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972539
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. Catalano, David, 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) Prod Dir Brand Max & Est. Meds
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779280
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	394.60
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 210
	<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. Catalano, David, 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) Prod Dir Brand Max & Est. Meds
 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
 12 / 21 / 2018
Transaction ID : A2018-2972630
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Chastain, James, 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) NIBR Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779223
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Chastain, James, 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) NIBR Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973209
 Amount of Each Receipt this Period 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.24
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 30 OF 210
	<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. 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 Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1787.90

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779089
 Amount of Each Receipt this Period 96.15
 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 Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1884.05

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2972540
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Civiello, Matthew, 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) Sr. Respiratory Area Business Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779283
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	201.53
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 210
<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. Civiello, Matthew, 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) Sr. Respiratory Area Business Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972633
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Clark, Jeanne, 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) NBS Occupation (for Individual) Technical Operations Expert DR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779092
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Clark, Jeanne, 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) NBS Occupation (for Individual) Technical Operations Expert DR
 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
 12 / 21 / 2018
Transaction ID : A2018-2973087
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.23
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 32 OF 210
<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 ▼ 1925.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779287
 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 ▼ 2002.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972637
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Cohen, Seth, 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) Business Insights - Cardiovascular
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779093
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	175.00
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 33 OF 210
<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. Cohen, Seth, 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) Business Insights - Cardiovascular
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973088
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Colpitts, Scott, 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) Head of Facilities & Utility Maint. (A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 484.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779291
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Colpitts, Scott, 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) Head of Facilities & Utility Maint. (A)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 506.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972641
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.00
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 34 OF 210
<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. Compton, Matt, , ,
 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) Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779156
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Compton, Matt, , ,
 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) Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973152
 Amount of Each Receipt this Period 9.23
 Memo Item

C. 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
 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 ▼ 577.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779292
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.54
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 35 OF 210
	<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. 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
 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 ▼ 600.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972642
 Amount of Each Receipt this Period
 23.08
 Memo Item

B. Connors, Elenora, , ,
 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 Fed Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779094
 Amount of Each Receipt this Period
 96.15
 Memo Item

C. Connors, Elenora, , ,
 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 Fed Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973089
 Amount of Each Receipt this Period
 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	215.38
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 210
<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. 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) Oncology Occupation (for Individual) Director Strat. Market Access RD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779294
 Amount of Each Receipt this Period 30.00
 Memo Item

B. 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) Oncology Occupation (for Individual) Director Strat. Market Access RD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972644
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Conry, Scott, , ,
 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) National Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779295
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 37 OF 210
	<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. Conry, Scott, , ,
 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) National Executive Director
 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
 12 / 21 / 2018
Transaction ID : A2018-2972645
 Amount of Each Receipt this Period
 10.00
 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 Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1331.49

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779095
 Amount of Each Receipt this Period
 57.69
 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 Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1389.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973090
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.38
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 210
<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. 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 ▼ 1153.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779157
 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 ▼ 1199.90

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973153
 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) Associate Director marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779298
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.30
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 39 OF 210
	<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. 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) Associate Director marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972648
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Corcoran, Mary, 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) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.23

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779299
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Corcoran, Mary, 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) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.23

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972649
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 210
	<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. Cornelius, Kimberly, 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) Pharma Occupation (for Individual) CV1 EXEC SPEC MESA AZ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972650
 Amount of Each Receipt this Period 8.00
 Memo Item

B. Couture, Eric, 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) Global Drug Development Occupation (for Individual) Head RA GDD Neuroscience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779304
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Couture, Eric, 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) Global Drug Development Occupation (for Individual) Head RA GDD Neuroscience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972654
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	48.00
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 41 OF 210
<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. Crippen, David, 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) Senior Reimbursement Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779306
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Crippen, David, 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) Senior Reimbursement Manager
 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
 12 / 21 / 2018
Transaction ID : A2018-2972656
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Cross, Jonra, , ,
 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) Dir Strategy & Communications (Ophtha
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779308
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.15
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 42 OF 210
	<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. Cross, Jonra, , ,
 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) Dir Strategy & Communications (Ophtha
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972658
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Cullen, Thomas, 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) Sandoz Inc. Occupation (for Individual) Advisor Scientific
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779158
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Cullen, Thomas, 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) Sandoz Inc. Occupation (for Individual) Advisor Scientific
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973154
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	119.23
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 43 OF 210
	<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. Cummins, Deanna, , ,
 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) CV2 SR SPEC - SPRINGFIELD W MO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972659
 Amount of Each Receipt this Period 8.00
 Memo Item

B. D'Addabbo, 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) Director GIL - Established Medicine
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779310
 Amount of Each Receipt this Period 8.31
 Memo Item

C. D'Addabbo, 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) Director GIL - Established Medicine
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 216.06

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972660
 Amount of Each Receipt this Period 8.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	24.62
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 44 OF 210
	<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. Daugherty, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779312
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Daugherty, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972662
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Davis, Jeanmarie, , ,
 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) Dir Prof Rel Advocate Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779463
 Amount of Each Receipt this Period 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.61
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 45 OF 210
	<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. Davis, Jeanmarie, , ,
 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) Dir Prof Rel Advocate Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973224
 Amount of Each Receipt this Period 9.61
 Memo Item

B. De Valroger, Timothy, 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) Oncology Occupation (for Individual) Hematology Area Sales Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779315
 Amount of Each Receipt this Period 9.23
 Memo Item

C. De Valroger, Timothy, 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) Oncology Occupation (for Individual) Hematology Area Sales Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972665
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.07
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 46 OF 210
<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. Deason, Terry, 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) Oncology Occupation (for Individual) Sr. Director SA Research Networks
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779321
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Deason, Terry, 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) Oncology Occupation (for Individual) Sr. Director SA Research Networks
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972671
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. DeBen, Douglas, , ,
 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) CV2 EXEC SPEC - TACOMA WA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972666
 Amount of Each Receipt this Period
 7.70
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.70
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 47 OF 210
<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. Degner, Clinton, 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) Oncology Occupation (for Individual) Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779322
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Degner, Clinton, 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) Oncology Occupation (for Individual) Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972672
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Douglas, Alastair, 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) Alcon Occupation (for Individual) Director US Surgical Sales Training
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779465
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.62
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 48 OF 210
	<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. Douglas, Alastair, 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) Alcon Occupation (for Individual) Director US Surgical Sales Training
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973226
 Amount of Each Receipt this Period
 11.54
 Memo Item

B. Eberenz Jr., David, 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) CV1 SR SPEC - GREENVILLE NC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779339
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Eberenz Jr., David, 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) CV1 SR SPEC - GREENVILLE NC
 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
 12 / 21 / 2018
Transaction ID : A2018-2972688
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	31.54
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 49 OF 210
	<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. Epstein, Cherri, , ,
 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) CV1 SR SPEC - LAS VEGAS N NV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779343
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Epstein, Cherri, , ,
 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) CV1 SR SPEC - LAS VEGAS N NV
 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
 12 / 21 / 2018
Transaction ID : A2018-2972692
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Esquea, 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779159
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
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 50 OF 210
<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. Esquea, 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 ▼ 780.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973155
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Ewalt, Judith, 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779344
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Ewalt, Judith, 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972693
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.08
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 51 OF 210
<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. Fairchild, Michael, 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) Alcon Occupation (for Individual) Head IRIS Bus Process Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779466
 Amount of Each Receipt this Period 15.38
 Memo Item

B. Fairchild, Michael, 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) Alcon Occupation (for Individual) Head IRIS Bus Process Transformator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973227
 Amount of Each Receipt this Period 15.38
 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 ▼ 1790.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779099
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.76
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 52 OF 210
	<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. 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 ▼ 1885.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973094
 Amount of Each Receipt this Period 95.00
 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) Head Med Comms & FM Capabilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779346
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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) Head Med Comms & FM Capabilities
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972695
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	195.00
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 53 OF 210
	<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. Fernandez-Chamberlin, Susan, , ,
 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) CV1 EXEC SPEC - ALBUQUERQUE N
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779348
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Fernandez-Chamberlin, Susan, , ,
 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) CV1 EXEC SPEC - ALBUQUERQUE N
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972697
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Fletcher, Tiffany, , ,
 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) Exec. Dir. Gov't. Affairs Biosimilars
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779160
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.15
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 54 OF 210
	<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. Fletcher, Tiffany, , ,
 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) Exec. Dir. Gov't. Affairs Biosimilars
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973156
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Footo, Andrew, 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) Oncology Occupation (for Individual) Oncology Area Sales Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779350
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Footo, Andrew, 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) Oncology Occupation (for Individual) Oncology Area Sales Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972699
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	114.61
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 55 OF 210
<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. Foster, Matthew, 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) Pharma Occupation (for Individual) Derrm Sales Regional Director- Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779352
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Foster, Matthew, 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) Pharma Occupation (for Individual) Derrm Sales Regional Director- Central
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972701
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Freeland, Jon, 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) Oncology Occupation (for Individual) AD-Regional Acct. Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779353
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.58
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 56 OF 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Freeland, Jon, 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) Oncology	Occupation (for Individual) AD-Regional Acct. Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972702

Amount of Each Receipt this Period

12.50

 Memo Item

B. Fry, Amy, , ,
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 US Country Head Communications
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779074

Amount of Each Receipt this Period

50.00

 Memo Item

C. Fry, Amy, , ,
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 US Country Head Communications
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972525

Amount of Each Receipt this Period

50.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.50
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 57 OF 210
<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. Garvy, Sharon, , ,
 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) Patient Services Liaison I Cntrl Reg U
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779358
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Garvy, Sharon, , ,
 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) Patient Services Liaison I Cntrl Reg U
 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
 12 / 21 / 2018
Transaction ID : A2018-2972707
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Gaudin, 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) Oncology Occupation (for Individual) Oncology Sr Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779360
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
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 58 OF 210
<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. Gaudin, 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) Oncology Occupation (for Individual) Oncology Sr Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972709
 Amount of Each Receipt this Period 15.00
 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 ▼ 1925.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779101
 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 ▼ 2002.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973096
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	169.00
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 59 OF 210
<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. Glaser, Scott, , ,
 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) Dir. Antibody Therapeutics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972547
 Amount of Each Receipt this Period 8.00
 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 ▼ 1925.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779373
 Amount of Each Receipt this Period 77.00
 Memo Item

C. 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 ▼ 2002.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972722
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.00
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 60 OF 210
<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. Gorcz, Damon, , ,
 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) Specialty Area Business Leader II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779375
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Gorcz, Damon, , ,
 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) Specialty Area Business Leader II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972724
 Amount of Each Receipt this Period 15.00
 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) Sr Global Program Safety Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779377
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 61 OF 210
<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) Sr Global Program Safety Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972726
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Grossman, Benjamin, 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) AD Regional Acct. Manager Colorado
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779381
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Grossman, Benjamin, 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) AD Regional Acct. Manager Colorado
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972730
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 62 OF 210
	<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. Grossmann, Harold, 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) NBS	Occupation (for Individual) Real Estate Advisor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779103

Amount of Each Receipt this Period
10.00

Memo Item

B. Grossmann, Harold, 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) NBS	Occupation (for Individual) Real Estate Advisor
--	--

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
12	/	21	/	2018

Transaction ID : A2018-2973098

Amount of Each Receipt this Period
10.00

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 USOM Solid Tumors Franchise
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779382

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 63 OF 210
<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. 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 USOM Solid Tumors Franchise
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972731
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Guidi, Joseph, 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) Oncology Occupation (for Individual) Sr. Director Commercial Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779384
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Guidi, Joseph, 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) Oncology Occupation (for Individual) Sr. Director Commercial Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972733
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 64 OF 210
<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. Guilbault, Matthew, , ,
 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 Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779104
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Guilbault, Matthew, , ,
 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 Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 711.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973099
 Amount of Each Receipt this Period 57.69
 Memo Item

C. 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779385
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.38
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 65 OF 210
	<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. 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 ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972734
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. 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) Pharma Occupation (for Individual) Goaling Design and Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779106
 Amount of Each Receipt this Period
 23.08
 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) Pharma Occupation (for Individual) Goaling Design and Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973101
 Amount of Each Receipt this Period
 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.16
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 66 OF 210
	<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. Haberthur, Charles, 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) CV1 SPEC - SAN ANTONIO W TX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779386
 Amount of Each Receipt this Period 12.50
 Memo Item

B. Haberthur, Charles, 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) CV1 SPEC - SAN ANTONIO W TX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972735
 Amount of Each Receipt this Period 12.50
 Memo Item

C. Hagan, Laura, 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) Global Drug Development Occupation (for Individual) Global Head Clinical Disclosure Office
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779388
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.54
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 67 OF 210
	<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. Hagan, Laura, 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) Global Drug Development Occupation (for Individual) Global Head Clinical Disclosure Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972737
 Amount of Each Receipt this Period
 11.54
 Memo Item

B. Hallen, Paul, 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) Alcon Occupation (for Individual) Global Head VITRet & Glaucoma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779470
 Amount of Each Receipt this Period
 15.38
 Memo Item

C. Hallen, Paul, 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) Alcon Occupation (for Individual) Global Head VITRet & Glaucoma
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973231
 Amount of Each Receipt this Period
 15.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 42.30
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 68 OF 210
<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 ▼ 1925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779107
 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 ▼ 2002.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973102
 Amount of Each Receipt this Period
 77.00
 Memo Item

C. Hanks, Tamsin, F, ,
 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) Sr Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779471
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	164.00
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 69 OF 210
<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. Hankins, Tamsin, F, ,
 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) Sr Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973232
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Hargrave, Jennifer, 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) CV2 SR SPEC - DAYTONA BEACH FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779394
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Hargrave, Jennifer, 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) CV2 SR SPEC - DAYTONA BEACH FL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972743
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 70 OF 210
<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. Hatch, Sherri, 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) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779396
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Hatch, Sherri, 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) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972745
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Hawkins, Adrian, , ,
 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 Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779398
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.46
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 71 OF 210
<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. Hawkins, Adrian, , ,
 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 Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972747
 Amount of Each Receipt this Period 10.00
 Memo Item

B. 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) Corporate Occupation (for Individual) ED Federal Public Policy&Reimburseme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1915.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779108
 Amount of Each Receipt this Period 115.00
 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) Corporate Occupation (for Individual) ED Federal Public Policy&Reimburseme
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2030.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973103
 Amount of Each Receipt this Period 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
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 72 OF 210
<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. Heffernan, Brian, , ,
 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) Strategic Account Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779402
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Heffernan, Brian, , ,
 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) Strategic Account Manager II
 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
 12 / 21 / 2018
Transaction ID : A2018-2972751
 Amount of Each Receipt this Period 10.00
 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 Technologi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779224
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
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 73 OF 210
<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. 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) Occupation (for Individual)
 NIBR Executive Director Chemical Technolog
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973210
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Henderson, Richard, 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) Occupation (for Individual)
 Oncology Oncology Sr Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779404
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Henderson, Richard, 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) Occupation (for Individual)
 Oncology Oncology Sr Specialist
 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
 12 / 21 / 2018
Transaction ID : A2018-2972753
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
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 74 OF 210
	<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. Hennessy, Joseph, , ,
 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 Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779406
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Hennessy, Joseph, , ,
 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 Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 21 / 2018
Transaction ID : A2018-2972755
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Herpin, Misty, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779407
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
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 75 OF 210
	<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. Herpin, Misty, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972756
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 Clinical Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779410
 Amount of Each Receipt this Period 23.08
 Memo Item

C. 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 Clinical Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972759
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	61.16
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 76 OF 210
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hill, Holli, , ,

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 Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779110

Amount of Each Receipt this Period
21.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hill, Holli, , ,

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 Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973105

Amount of Each Receipt this Period
21.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hohenwarter, John, , ,

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 Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779111

Amount of Each Receipt this Period
57.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....	99.69
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 77 OF 210
	<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. Hohenwarter, John, , ,
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 Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973106

Amount of Each Receipt this Period
57.69

Memo Item

B. Hokanson, William, 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) Director Regional Marketing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779413

Amount of Each Receipt this Period
15.00

Memo Item

C. Hokanson, William, 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) Director Regional Marketing
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972762

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.69
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 78 OF 210
	<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. Hong, Xin, , ,
 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) Senior Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779051
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Hong, Xin, , ,
 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) Senior Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973275
 Amount of Each Receipt this Period 9.61
 Memo Item

C. Hough, Charles, F, ,
 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) Hd of Corp Resp Strat & Stakeholder Er
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779075
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.22
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 79 OF 210
	<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. Hough, Charles, F, ,
 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) Hd of Corp Resp Strat & Stakeholder Ei
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972526
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Howe, Linda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Massachusetts Avenue 350 MA # 254J
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Quality Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.25

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779052
 Amount of Each Receipt this Period 9.69
 Memo Item

C. Howe, Linda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Massachusetts Avenue 350 MA # 254J
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Quality Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 251.94

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972503
 Amount of Each Receipt this Period 9.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 29.38
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 80 OF 210
<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. 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) Director State Public Policy
 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
 12 / 07 / 2018
Transaction ID : A2018-2779112
 Amount of Each Receipt this Period 30.00
 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) Director State Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973107
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hughes, Gene, 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) Oncology Occupation (for Individual) AD-Regional Acct. Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779420
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.00
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 81 OF 210
<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. Hughes, Gene, 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) Oncology Occupation (for Individual) AD-Regional Acct. Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972770
 Amount of Each Receipt this Period 120.00
 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) Corporate Occupation (for Individual) ED Federal Public Policy & Reimburserr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779113
 Amount of Each Receipt this Period 50.00
 Memo Item

C. 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) Corporate Occupation (for Individual) ED Federal Public Policy & Reimburserr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973108
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	112.00
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 82 OF 210
<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. Huss, Robert, 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) Alcon Occupation (for Individual) Director Customer Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973234
 Amount of Each Receipt this Period 7.70
 Memo Item

B. Ingraham, Susan, 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) Oncology Occupation (for Individual) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972772
 Amount of Each Receipt this Period 8.00
 Memo Item

C. Jarvis, Edgar, 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) CV2 Sr ABL - HOUSTON
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 403.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779429
 Amount of Each Receipt this Period 16.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.85
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 83 OF 210
<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. Jarvis, Edgar, 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) CV2 Sr ABL - HOUSTON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 419.90

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2972779
 Amount of Each Receipt this Period 16.15
 Memo Item

B. Jeffers, Mark, 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) Dir Srg Sls Trng Global Fran
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779474
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Jeffers, Mark, 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) Dir Srg Sls Trng Global Fran
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2973235
 Amount of Each Receipt this Period 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.39
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 84 OF 210
	<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. Jennings, Kathryn, 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) Senior Cardiovascular Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779430
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Jesudas, Dinesh, 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) NIBR Occupation (for Individual) Principal Data Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779225
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Jesudas, Dinesh, 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) NIBR Occupation (for Individual) Principal Data Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973211
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.23
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 85 OF 210
<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. Johnson, Bruce, 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) Oncology Occupation (for Individual) GI Mktg Franchise Hd Malignant Hemat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779431
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Johnson, Bruce, 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) Oncology Occupation (for Individual) GI Mktg Franchise Hd Malignant Hema
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972780
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Johnson, Rebecca, , ,
 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) NS MS Exec Sales Spec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779433
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.46
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 86 OF 210
	<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. Johnson, Rebecca, , ,
 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) NS MS Exec Sales Spec
 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
 12 / 21 / 2018
Transaction ID : A2018-2972782
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Joines, Mark, 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) Sr Inflammatory Account Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779436
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Joines, Mark, 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) Sr Inflammatory Account Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972785
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 40.00
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 87 OF 210
<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. Jones, Heather, , ,
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-Regional Acct. Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779439

Amount of Each Receipt this Period
15.00

Memo Item

B. Jones, Heather, , ,
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-Regional Acct. Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972788

Amount of Each Receipt this Period
15.00

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) Oncology	Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779443

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 88 OF 210
<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. 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) Oncology Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972792
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kamos, Dean, 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) Oncology Occupation (for Individual) Head-FF Execution & Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779444
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kamos, Dean, 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) Oncology Occupation (for Individual) Head-FF Execution & Effectiveness
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972793
 Amount of Each Receipt this Period 25.00
 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: (check only one)	PAGE 89 OF 210
<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. 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) Director State Public Policy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1925.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779114

Amount of Each Receipt this Period
77.00

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) Director State Public Policy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2002.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973109

Amount of Each Receipt this Period
77.00

Memo Item

C. Kapin, 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
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Head Global Medical Writing
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779445

Amount of Each Receipt this Period
9.61

Memo Item

SUBTOTAL of Receipts This Page (optional).....	163.61
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 90 OF 210
<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. Karlsons, Erik, 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) NS Sr Area Business Leader - Washing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779448
 Amount of Each Receipt this Period 13.85
 Memo Item

B. Karlsons, Erik, 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) NS Sr Area Business Leader - Washing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972796
 Amount of Each Receipt this Period 13.85
 Memo Item

C. Kelly, Laura, , ,
 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) CV1 EXEC SPEC - PHOENIX E AZ
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779451
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.70
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 91 OF 210
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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

A. Kelly, Laura, , ,
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) CV1 EXEC SPEC - PHOENIX E AZ
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972799
Amount of Each Receipt this Period 10.00
Memo Item

B. Kelly, Sara, , ,
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 of Finance US Customer Operati
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779475
Amount of Each Receipt this Period 9.23
Memo Item

C. Kelly, Sara, , ,
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 of Finance US Customer Operatio
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973236
Amount of Each Receipt this Period 9.23
Memo Item

SUBTOTAL of Receipts This Page (optional)..... 28.46
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 92 OF 210
<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. Kelson, Carey, 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) Alcon Occupation (for Individual) Global Lead Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779476
 Amount of Each Receipt this Period 10.42
 Memo Item

B. Kelson, Carey, 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) Alcon Occupation (for Individual) Global Lead Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973237
 Amount of Each Receipt this Period 10.42
 Memo Item

C. Kendrick, Lisa, , ,
 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) Specialty Area Business Leader II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779452
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.84
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 93 OF 210
<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. Kendrick, Lisa, , ,
 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) Specialty Area Business Leader II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972800
 Amount of Each Receipt this Period
 15.00
 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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779076
 Amount of Each Receipt this Period
 100.00
 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 ▼ 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972527
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	215.00
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 94 OF 210
	<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"/>	<input type="checkbox"/> 17

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

A. Kettler III, Edward, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Domain Architect Generics & Biosimilar
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779115
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Kettler III, Edward, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Domain Architect Generics & Biosimilar
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973110
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Kincaid, Michael, 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) ED Oncology Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779455
 Amount of Each Receipt this Period 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 56.04
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 95 OF 210
	<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. Kincaid, Michael, 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) ED Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972803
 Amount of Each Receipt this Period
 14.04
 Memo Item

B. Knewtson, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4169 58th Street South
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779515
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Knewtson, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4169 58th Street South
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972809
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.04
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 96 OF 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Knight, Pamela, , ,
 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) CV1 EXEC SPEC - PLANO TX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779516
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Knight, Pamela, , ,
 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) CV1 EXEC SPEC - PLANO TX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972810
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Kolega, Randall, 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) Alcon Occupation (for Individual) Sr. Principal Scientist / CMC Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779053
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 97 OF 210
<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. Kolega, Randall, 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) Alcon Occupation (for Individual) Sr. Principal Scientist / CMC Lead
 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
 12 / 21 / 2018
Transaction ID : A2018-2972504
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Kowalski, Robert, 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) Global Drug Development Occupation (for Individual) Global Head RA US Head Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779521
 Amount of Each Receipt this Period 46.15
 Memo Item

C. Kowalski, Robert, 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) Global Drug Development Occupation (for Individual) Global Head RA US Head Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972815
 Amount of Each Receipt this Period 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	102.30
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 98 OF 210
<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. 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 ▼ 750.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779522
 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 ▼ 780.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972816
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Krueger, Cheryl, 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) CV1 ABL - South Texas
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779524
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 99 OF 210
	<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. Krueger, Cheryl, 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) CV1 ABL - South Texas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972818
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Kuenzel, Andrea, , ,
 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) Regional Director of MSLS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 637.76

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779526
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Kuenzel, Andrea, , ,
 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) Regional Director of MSLS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 676.22

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972820
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.92
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 100 OF 210
	<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. Kurian, Manu, , ,
 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) Sr. Manager IRIS Global Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973240
 Amount of Each Receipt this Period 8.00
 Memo Item

B. Landrus, Francis, 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) Global Drug Development Occupation (for Individual) Senior Global Program Project Manage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779533
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Landrus, Francis, 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) Global Drug Development Occupation (for Individual) Senior Global Program Project Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972827
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	38.00
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 101 OF 210
<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. Larsen, Robert, 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) Global Drug Development Occupation (for Individual) Principal Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779536
 Amount of Each Receipt this Period 9.62
 Memo Item

B. Larsen, Robert, 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) Global Drug Development Occupation (for Individual) Principal Fellow
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 12 / 21 / 2018
Transaction ID : A2018-2972830
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Lavery, Shawn, , ,
 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) CV2 SR SPEC MORRISTOWN NJ
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779538
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.47
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 102 OF 210
	<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. Lavery, Shawn, , ,
 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) CV2 SR SPEC MORRISTOWN NJ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972832
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Lawrence, Todd, , ,
 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 Director Systems of Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779539
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Lawrence, Todd, , ,
 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 Director Systems of Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972833
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	109.23
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 103 OF 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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 and U.S. Country Head Public Polic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3085.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779118
 Amount of Each Receipt this Period
 145.00
 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 and U.S. Country Head Public Polic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973113
 Amount of Each Receipt this Period
 145.00
 Memo Item

C. Leatherman, Nancy, , ,
 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) NS Sr Area Business Leader - Denver
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779541
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	305.00
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 104 OF 210
	<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. Leatherman, Nancy, , ,
 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) NS Sr Area Business Leader - Denver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972835
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Lehman, Brian, , ,
 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) Dir Medical Acc Mngmt & Strategic Alli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779162
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Lehman, Brian, , ,
 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) Dir Medical Acc Mngmt & Strategic Alli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973158
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.30
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 105 OF 210
<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. 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) Corporate Occupation (for Individual) President AveXis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779119
 Amount of Each Receipt this Period 100.00
 Memo Item

B. 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) Corporate Occupation (for Individual) President AveXis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2973114
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Lesko, Alan, 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) Oncology Occupation (for Individual) Hematology Exec Specialist St Louis MC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779546
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
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 106 OF 210
<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. Lesko, Alan, 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) Oncology Occupation (for Individual) Hematology Exec Specialist St Louis M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972840
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Leslie, Vinson, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779547
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Leslie, Vinson, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972841
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.46
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 107 OF 210
	<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. Liebert Koster, Virginia, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.20

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972846
 Amount of Each Receipt this Period 7.70
 Memo Item

B. Lilly, 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) Oncology Occupation (for Individual) Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779553
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Lilly, 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) Oncology Occupation (for Individual) Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972847
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.70
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 108 OF 210
<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. Lindemon, Susan, , ,
 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) Hematology Sr. Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779554
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Lindemon, Susan, , ,
 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) Hematology Sr. Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972848
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Litts, Carl, , ,
 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) CV2 EXEC SPEC - ZANESVILLE OH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779555
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 109 OF 210
	<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"/>	<input type="checkbox"/> 17

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

A. Litts, Carl, , ,
 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) CV2 EXEC SPEC - ZANESVILLE OH
 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
 12 / 21 / 2018
Transaction ID : A2018-2972849
 Amount of Each Receipt this Period
 10.00
 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) Global Head Marketing Value & Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779556
 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) Global Head Marketing Value & Access
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972850
 Amount of Each Receipt this Period
 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.30
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 110 OF 210
	<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. 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 ▼ 577.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779226
 Amount of Each Receipt this Period 23.08
 Memo Item

B. 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 ▼ 600.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973212
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Lolos, Konstantine, 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779557
 Amount of Each Receipt this Period 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.20
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 111 OF 210
<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. Lolos, Konstantine, 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972851
 Amount of Each Receipt this Period 14.04
 Memo Item

B. Losordo, Donald, 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 Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779562
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Losordo, Donald, 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 Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972856
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.50
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 112 OF 210
<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. Lund, Paul, O, ,
 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) Assoc Dir Glb Ops Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.50

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779484
 Amount of Each Receipt this Period 10.42
 Memo Item

B. Lund, Paul, O, ,
 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) Assoc Dir Glb Ops Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2973245
 Amount of Each Receipt this Period 10.42
 Memo Item

C. Lusso, Steven, 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) NS MS SR ABL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779568
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.84
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 113 OF 210
<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. Lusso, Steven, 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) NS MS SR ABL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972912
 Amount of Each Receipt this Period
 21.00
 Memo Item

B. Mac Askill, David, 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) Pharma Occupation (for Individual) Cardiovascular Area Business Leader I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779571
 Amount of Each Receipt this Period
 11.54
 Memo Item

C. Mac Askill, David, 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) Pharma Occupation (for Individual) Cardiovascular Area Business Leader H
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972915
 Amount of Each Receipt this Period
 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.08
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 114 OF 210
	<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. MacKay, Kimberly, 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) NBS Occupation (for Individual) Head Legal and Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779122
 Amount of Each Receipt this Period 11.54
 Memo Item

B. MacKay, Kimberly, 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) NBS Occupation (for Individual) Head Legal and Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973117
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Mandala, John, , ,
 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) Lead Specialty Channels
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779576
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.31
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 115 OF 210
	<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. Mandala, John, , ,
 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) Lead Specialty Channels
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972920
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Manolios, Frank, , ,
 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 Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779578
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Manolios, Frank, , ,
 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 Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972922
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.23
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 116 OF 210
<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. Mansfield, Annette, 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) Asc Dir Account Mgmt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779579

Amount of Each Receipt this Period
9.23

Memo Item

B. Mansfield, Annette, 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) Asc Dir Account Mgmt
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972923

Amount of Each Receipt this Period
9.23

Memo Item

C. Marinac, Jacqueline, , ,
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) MSL Associate Director
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779497

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.46
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 117 OF 210
	<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. Marinac, Jacqueline, , ,
 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) MSL Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972924
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Marks, Michael, 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) Alcon Occupation (for Individual) Head R and D QA Surgical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779486
 Amount of Each Receipt this Period 9.61
 Memo Item

C. Marks, Michael, 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) Alcon Occupation (for Individual) Head R and D QA Surgical
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973247
 Amount of Each Receipt this Period 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.22
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 118 OF 210
<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. Marks, Penny, 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) Oncol Executive Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779499

Amount of Each Receipt this Period
10.00

Memo Item

B. Marks, Penny, 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) Oncol Executive Sales Specialist
---	---

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
12	/	21	/	2018

Transaction ID : A2018-2972926

Amount of Each Receipt this Period
10.00

Memo Item

C. Masow, Julie, , ,
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) Gbl Head Ext Comms CoE & Breast Co
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
253.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779503

Amount of Each Receipt this Period
11.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.54
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 119 OF 210
	<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. Masow, Julie, , ,
 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) Gbl Head Ext Comms CoE & Breast Co
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.42

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972930
 Amount of Each Receipt this Period 11.54
 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 ▼ 633.94

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779504
 Amount of Each Receipt this Period 25.59
 Memo Item

C. 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 ▼ 659.53

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972931
 Amount of Each Receipt this Period 25.59
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	62.72
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 120 OF 210
<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. Mayhew, Brian, 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) Executive Director Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779506
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Mayhew, Brian, 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) Executive Director Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972933
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Mays, Aaron, 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 Product Director Monofocal IOLs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779487
 Amount of Each Receipt this Period 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.62
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 121 OF 210
<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. Mays, Aaron, 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 Product Director Monofocal IOLs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973248
 Amount of Each Receipt this Period 9.62
 Memo Item

B. Mc Laughlin, Stephen, 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) Pharma Occupation (for Individual) Associate Director SoC - Tampa FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779510
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Mc Laughlin, Stephen, 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) Pharma Occupation (for Individual) Associate Director SoC - Tampa FL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972937
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.08
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 122 OF 210
<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. Mc Leer, Arlene, 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) Junior Global Regulatory Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779580
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Mc Leer, Arlene, 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) Junior Global Regulatory Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972938
 Amount of Each Receipt this Period 15.00
 Memo Item

C. McBurney, Christopher, 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) VP Commercial Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779581
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.23
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 123 OF 210
<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. McBurney, Christopher, 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) VP Commercial Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972939
 Amount of Each Receipt this Period 9.23
 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 ▼ 2884.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779488
 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 ▼ 2999.88

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973249
 Amount of Each Receipt this Period 115.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	239.99
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 124 OF 210
<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. McGowan, Joseph, , ,
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 ▼
2126.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779124

Amount of Each Receipt this Period
96.15

Memo Item

B. McGowan, Joseph, , ,
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 ▼
2223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973119

Amount of Each Receipt this Period
96.15

Memo Item

C. McKenna, Edward, 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) Oncology	Occupation (for Individual) AD-Regional Acct. Management
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779582

Amount of Each Receipt this Period
13.85

Memo Item

SUBTOTAL of Receipts This Page (optional).....	206.15
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 125 OF 210
<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. McKenna, Edward, 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) Oncology Occupation (for Individual) AD-Regional Acct. Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972940
 Amount of Each Receipt this Period
 13.85
 Memo Item

B. McNulty, Bruce, , ,
 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) CV1 SR ABL - MASSACHUSETTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779583
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. McNulty, Bruce, , ,
 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) CV1 SR ABL - MASSACHUSETTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972941
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	43.85
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 126 OF 210
	<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. Mennilli, 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) Sandoz Inc. Occupation (for Individual) Director Key Customers
 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
 12 / 07 / 2018
Transaction ID : A2018-2779165
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Mennilli, 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) Sandoz Inc. Occupation (for Individual) Director Key Customers
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973161
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Meyer, Stephanie, , ,
 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) CV2 ABL I - Pittsburgh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779589
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 127 OF 210
<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. Meyer, Stephanie, , ,
 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) CV2 ABL I - Pittsburgh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972947
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 625.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779054
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 650.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972505
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.00
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 128 OF 210
<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. Miller, Donald, 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) Dir Customer Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779591
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Miller, Donald, 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) Dir Customer Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972949
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Minetto, Alejandro, , ,
 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) Finance Business Head IRIS Program
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779489
 Amount of Each Receipt this Period 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.69
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 129 OF 210
<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. Minetto, Alejandro, , ,
 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) Finance Business Head IRIS Program
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973250
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Moorcones, Michael, , ,
 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) CV2 Sr ABL Virginia Beach VA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779596
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Moorcones, Michael, , ,
 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) CV2 Sr ABL Virginia Beach VA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972954
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.61
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 130 OF 210
	<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. Moore, Stacey, 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) Resp Integrated Account Spec
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
587.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779598

Amount of Each Receipt this Period
23.68

Memo Item

B. Moore, Stacey, 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) Resp Integrated Account Spec
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
611.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972956

Amount of Each Receipt this Period
23.68

Memo Item

C. Morford-Lagalo, Maria, , ,
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) CV1 EXEC SPEC - BAY CITY MI
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779600

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.36
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 131 OF 210
	<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. Morford-Lagalo, Maria, , ,
 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) CV1 EXEC SPEC - BAY CITY MI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972958
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Morris, Shelly, , ,
 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) CV2 SR SPEC - NEW CASTLE PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779602
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Morris, Shelly, , ,
 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) CV2 SR SPEC - NEW CASTLE PA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972960
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
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 132 OF 210
<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. Mui-Lipnik, Shelly, , ,
 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 & Tax Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2219.15

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779128
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Mui-Lipnik, Shelly, , ,
 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 & Tax Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2315.30

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2973123
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Mullins, Anthony, , ,
 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) NS Sr Area Business Leader - Dallas
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779604
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.30
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 133 OF 210
	<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. Mullins, Anthony, , ,
 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) NS Sr Area Business Leader - Dallas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972962
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Murthy, Narashima, , ,
 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) NBS Occupation (for Individual) Enterprise Application Archite
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779129
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Murthy, Narashima, , ,
 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) NBS Occupation (for Individual) Enterprise Application Archite
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973124
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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 134 OF 210
	<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. Naessens, Robert, , ,
 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) CV2 EXEC SPEC - SAGINAW MI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779610
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Naessens, Robert, , ,
 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) CV2 EXEC SPEC - SAGINAW MI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 21 / 2018
Transaction ID : A2018-2972968
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Nagler, Alissa, 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) Oncology Occupation (for Individual) ED PAP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779611
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 135 OF 210
<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. Nagler, Alissa, 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) Oncology Occupation (for Individual) ED PAP
 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
 12 / 21 / 2018
Transaction ID : A2018-2972969
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Nelson, Keith, 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) Head OpEx
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972506
 Amount of Each Receipt this Period 8.00
 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779130
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	68.00
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 136 OF 210
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Neylon, Thomas, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2018 Transaction ID : A2018-2973125
Mailing Address One Health Plaza		Amount of Each Receipt this Period 50.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Corporate	Occupation (for Individual) VP & Head Tax for Int IP TP M&A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Nguyen, An, V, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2018 Transaction ID : A2018-2779131
Mailing Address One Health Plaza		Amount of Each Receipt this Period 11.54
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NBS	Occupation (for Individual) Service Operations Manager (F&P IT)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.50	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nguyen, An, V, ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2018 Transaction ID : A2018-2973126
Mailing Address One Health Plaza		Amount of Each Receipt this Period 11.54
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NBS	Occupation (for Individual) Service Operations Manager (F&P IT)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.04	

SUBTOTAL of Receipts This Page (optional).....▶	73.08
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 137 OF 210
	<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. Niesel, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779620
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Niesel, 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972978
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Nobles, Sharon, 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) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779621
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 138 OF 210
	<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. Nobles, Sharon, 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) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972979
 Amount of Each Receipt this Period 11.54
 Memo Item

B. O'Connor, 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) Pharma Occupation (for Individual) CV2 SR SPEC - NEW BERN NC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779625
 Amount of Each Receipt this Period 10.00
 Memo Item

C. O'Connor, 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) Pharma Occupation (for Individual) CV2 SR SPEC - NEW BERN NC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972983
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.54
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 139 OF 210
	<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. 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 ▼
4438.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779132

Amount of Each Receipt this Period
192.30

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 ▼
4630.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973127

Amount of Each Receipt this Period
192.30

Memo Item

C. 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 ▼
577.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779628

Amount of Each Receipt this Period
23.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....	407.68
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 140 OF 210
	<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"/>	<input type="checkbox"/> 17

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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 ▼ 600.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972986
 Amount of Each Receipt this Period
 23.08
 Memo Item

B. Osmundson, Jeffrey, 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) Oncology Occupation (for Individual) AD Cellular Therapy Acct Mgmnt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779630
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Osmundson, Jeffrey, 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) Oncology Occupation (for Individual) AD Cellular Therapy Acct Mgmnt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972988
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	41.54
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 141 OF 210
	<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. 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) Sandoz Inc. Occupation (for Individual) Vice President CFO North America
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779167
 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) Sandoz Inc. Occupation (for Individual) Vice President CFO North America
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973163
 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 ▼ 577.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779633
 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 142 OF 210
<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. 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 ▼ 600.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972991
 Amount of Each Receipt this Period
 23.08
 Memo Item

B. Padden, Danielle, 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) Pharma Occupation (for Individual) NS Sr Sales Specialist - Philadelphia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972993
 Amount of Each Receipt this Period
 8.00
 Memo Item

C. Palsha, 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) Sandoz Inc. Occupation (for Individual) Reimbursement Policy Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779168
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	41.08
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 143 OF 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Palsha, 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) Sandoz Inc. Occupation (for Individual) Reimbursement Policy Manager
 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
 12 / 21 / 2018
Transaction ID : A2018-2973164
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Palumbo, Joseph, 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) Associate Director Org Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779638
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Palumbo, Joseph, 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) Associate Director Org Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972996
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.08
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 144 OF 210
	<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. Parker, Melissa, 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) Regional Dir Acct Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779639
 Amount of Each Receipt this Period 13.85
 Memo Item

B. Parker, Melissa, 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) Regional Dir Acct Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972997
 Amount of Each Receipt this Period 13.85
 Memo Item

C. Payne, Erin, , ,
 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 Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779645
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.70
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 145 OF 210
<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. Payne, Erin, , ,
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 Oncology Specialist
---	---

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
12	/	21	/	2018

Transaction ID : A2018-2972865

Amount of Each Receipt this Period

9.00

 Memo Item

B. Peterson, Bret, 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) Respiratory Executive Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779650

Amount of Each Receipt this Period

9.23

 Memo Item

C. Peterson, Bret, 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) Respiratory Executive Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
239.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972870

Amount of Each Receipt this Period

9.23

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.46
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 146 OF 210
	<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) Director State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2845.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779134

Amount of Each Receipt this Period
115.00

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) Director State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973129

Amount of Each Receipt this Period
115.00

Memo Item

C. Phyne, Bethany, , ,
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) CV2 SR SPEC - INDIANAPOLIS N IN
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
246.87

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779652

Amount of Each Receipt this Period
7.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....	237.69
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 147 OF 210
	<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"/>	<input type="checkbox"/> 17

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

A. Phyne, Bethany, , ,
 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) CV2 SR SPEC - INDIANAPOLIS N IN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 254.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972872
 Amount of Each Receipt this Period
 7.69
 Memo Item

B. Pierson, Bradley, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779653
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Pierson, Bradley, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 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
 12 / 21 / 2018
Transaction ID : A2018-2972873
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.69
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 148 OF 210
	<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. Pinamonti, Elizabeth, 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) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779654
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Pinamonti, Elizabeth, 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) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972874
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Porter, Anna, 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) CV2 SR SPEC - WHEELING WV
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779657
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.46
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 149 OF 210
<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. Porter, Anna, 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) CV2 SR SPEC - WHEELING WV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2972877
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Porter, Bernard, 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) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779658
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Porter, Bernard, 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) Director National Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2972878
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.46
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 150 OF 210
<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. 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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779169

Amount of Each Receipt this Period
50.00

Memo Item

B. 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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973165

Amount of Each Receipt this Period
50.00

Memo Item

C. Potts, Jeffrey, 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) ED Regional Account Management
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779660

Amount of Each Receipt this Period
10.00

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 151 OF 210
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Potts, Jeffrey, D, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2018 Transaction ID : A2018-2972880		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 10.00		
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 260.00		
Name of Employer (for Individual) Pharma		Occupation (for Individual) ED Regional Account Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Prather, Kelly, D, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2018 Transaction ID : A2018-2779661		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 9.23		
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 230.75		
Name of Employer (for Individual) Oncology		Occupation (for Individual) Sr Oncol Area Sales Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Prather, Kelly, D, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2018 Transaction ID : A2018-2972881		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 9.23		
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 239.98		
Name of Employer (for Individual) Oncology		Occupation (for Individual) Sr Oncol Area Sales Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	28.46
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 152 OF 210
<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. Prejean, Jeffrey, 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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV1 SR ABL - NEW ORLEANS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779662

Amount of Each Receipt this Period

9.23

 Memo Item

B. Prejean, Jeffrey, 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) Pharma	Occupation (for Individual) CV1 SR ABL - NEW ORLEANS
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972882

Amount of Each Receipt this Period

9.23

 Memo Item

C. Proctor, J., 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) Oncol Area Sales Manager I
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779665

Amount of Each Receipt this Period

9.23

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.69
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 153 OF 210
<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. Proctor, J., 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) Oncol Area Sales Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972885
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Prue, Adam, 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) CV2 SR SPEC - STATEN ISLAND NY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779667
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Prue, Adam, 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) CV2 SR SPEC - STATEN ISLAND NY
 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
 12 / 21 / 2018
Transaction ID : A2018-2972887
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.23
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 154 OF 210
	<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. Pyle, Jeremiah, , ,
 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. Manager Regional Breast Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779668
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Pyle, Jeremiah, , ,
 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. Manager Regional Breast Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972888
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Qiu, Shumei, , ,
 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) Scientific Associate II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 209.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779227
 Amount of Each Receipt this Period 8.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.39
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 155 OF 210
	<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. Qiu, Shumei, , ,
 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) Scientific Associate II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.14

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973213
 Amount of Each Receipt this Period 8.39
 Memo Item

B. Quinlan, Michelle, , ,
 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) Associate Director Biostatistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779669
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Quinlan, Michelle, , ,
 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) Associate Director Biostatistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972889
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.39
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 156 OF 210
<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. Quinn, Eileen, 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) Oncology	Occupation (for Individual) Senior Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779670

Amount of Each Receipt this Period
9.23

Memo Item

B. Quinn, Eileen, 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) Oncology	Occupation (for Individual) Senior Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972890

Amount of Each Receipt this Period
9.23

Memo Item

C. Redman, William, , ,
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) Sr Brand Manager
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973253

Amount of Each Receipt this Period
8.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.46
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 157 OF 210
	<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	<input type="checkbox"/> 17

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

A. Reeber, John, , ,
 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) Director Regional Payers & IDNs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779170
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Reeber, John, , ,
 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) Director Regional Payers & IDNs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973166
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Reilly, Michael, 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) CV2 SR SPEC-KANSAS CITY S MO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779676
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 158 OF 210
<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. Reilly, Michael, 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) CV2 SR SPEC-KANSAS CITY S MO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972896
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Repetti, Cynthia, , ,
 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) CV2 Sr ABL Long Island NY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779678
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Repetti, Cynthia, , ,
 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) CV2 Sr ABL Long Island NY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972898
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
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 159 OF 210
	<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. Riccobono, Margaret, , ,
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) Associate Director Talent Management
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779171

Amount of Each Receipt this Period
11.54

Memo Item

B. Riccobono, Margaret, , ,
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) Associate Director Talent Management
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973167

Amount of Each Receipt this Period
11.54

Memo Item

C. Richert, Jayson, , ,
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) AD Regional Account Manager
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779172

Amount of Each Receipt this Period
57.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.77
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 160 OF 210
	<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. Richert, Jayson, , ,
 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) AD Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973168
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Riddell, Sheila, 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) CV2 EXEC SPEC - SALISBURY NC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779681
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Riddell, Sheila, 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) CV2 EXEC SPEC - SALISBURY NC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972901
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.15
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 161 OF 210
	<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. Robertson, David, 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) Materials Head FWN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779057
 Amount of Each Receipt this Period 9.62
 Memo Item

B. Robertson, David, 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) Materials Head FWN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972508
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Robinson, Melissa, 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) Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779685
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 34.24
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 162 OF 210
	<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. Robinson, Melissa, 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) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972905
 Amount of Each Receipt this Period
 15.00
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779686
 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 ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972906
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 163 OF 210
<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. Roemisch, Laurie, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779687
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Roemisch, Laurie, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972907
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Rouyer, Marc, 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) Alcon Occupation (for Individual) Principal Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779058
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.46
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 164 OF 210
<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. Rouyer, Marc, 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) Alcon Occupation (for Individual) Principal Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972509
 Amount of Each Receipt this Period
 21.00
 Memo Item

B. Ryan, Alan, 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) Sandoz Inc. Occupation (for Individual) Dir. US Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779173
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. Ryan, Alan, 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) Sandoz Inc. Occupation (for Individual) Dir. US Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973169
 Amount of Each Receipt this Period
 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	61.00
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 166 OF 210
<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. Saad, Ahmad, 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) Alcon	Occupation (for Individual) Principal Engineer Test
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2972510

Amount of Each Receipt this Period
11.54

Memo Item

B. Saffer, Elizabeth, , ,
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) CV1 SR SPEC - TUCSON AZ
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779699

Amount of Each Receipt this Period
10.00

Memo Item

C. Saffer, Elizabeth, , ,
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) CV1 SR SPEC - TUCSON AZ
---	--

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
12	/	21	/	2018

Transaction ID : A2018-2973007

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.54
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 167 OF 210
	<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. Samartino, Roger, F, ,
 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) Sr. Strategic Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779700
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Samartino, Roger, F, ,
 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) Sr. Strategic Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973008
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Santanastasio Krahlung, Helene, 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 Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 342.27

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779139
 Amount of Each Receipt this Period
 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	37.69
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 168 OF 210
<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. Santanastasio Krahlung, Helene, 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 Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 361.50

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973135
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Sawicz, Conrad, , ,
 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) Principal Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779061
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Sawicz, Conrad, , ,
 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) Principal Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972512
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.23
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 169 OF 210
<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. Schmidt, Corey, , ,
 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) GL Systems and Compliance Team Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779705
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Schmidt, Corey, , ,
 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) GL Systems and Compliance Team Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973013
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Schoening, David, 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) Head Global Quality Assurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779494
 Amount of Each Receipt this Period 15.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.38
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 170 OF 210
	<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. Schoening, David, 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) Head Global Quality Assurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973256
 Amount of Each Receipt this Period 15.38
 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 ▼ 1250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779140
 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 ▼ 1300.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973136
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
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 171 OF 210
	<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. Seeland, Stephen, 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) Sandoz Inc. Occupation (for Individual) Director Oncology Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779175
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Seeland, Stephen, 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) Sandoz Inc. Occupation (for Individual) Director Oncology Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973171
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Shaffer, Dawn, 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) Oncology Occupation (for Individual) Associate Director- Regional Account M
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779708
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.31
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 172 OF 210
<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. Shaffer, Dawn, 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) Oncology Occupation (for Individual) Associate Director- Regional Account M
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973016
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Sharkey, Bonnie, 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) Dir Comm Contract & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779709
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Sharkey, Bonnie, 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) Dir Comm Contract & Analysis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973017
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.23
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 173 OF 210
<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. Shertzer, Deborah, 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 CIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779710
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Shertzer, Deborah, 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 CIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2973018
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Simon, Joseph, 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) NS Exec Sales Specialist - Phoenix Eas
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779714
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.46
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 174 OF 210
	<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. Simon, Joseph, 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) NS Exec Sales Specialist - Phoenix Eas
 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
 12 / 21 / 2018
Transaction ID : A2018-2973022
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Simon, William, 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) CVA - PITTSBURGH SOUTH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779715
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Simon, William, 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) CVA - PITTSBURGH SOUTH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973023
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.46
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 175 OF 210
<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. Simpson-Hunt, Stephen, , ,
 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) Development QA Senior GCP Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779717
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Simpson-Hunt, Stephen, , ,
 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) Development QA Senior GCP Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973025
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Slick, John, 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) Pharma Occupation (for Individual) CV2 Sr ABL Columbia SC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779719
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.23
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 176 OF 210
<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. Slick, John, 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) Pharma	Occupation (for Individual) CV2 Sr ABL Columbia SC
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973027

Amount of Each Receipt this Period

9.23

 Memo Item

B. Smith, Brian, 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) Global Drug Development	Occupation (for Individual) Senior Director Biostatistics
--	--

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
12	/	07	/	2018

Transaction ID : A2018-2779229

Amount of Each Receipt this Period

30.00

 Memo Item

C. Smith, Brian, 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) Global Drug Development	Occupation (for Individual) Senior Director Biostatistics
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973215

Amount of Each Receipt this Period

30.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.23
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 177 OF 210
<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. Smithson, Tamara, 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) CV1 SR SPEC - PALM COAST FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779723
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Smithson, Tamara, 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) CV1 SR SPEC - PALM COAST FL
 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
 12 / 21 / 2018
Transaction ID : A2018-2973032
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Snapp, Jacob, , ,
 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) Sr. Director Commercial Supply Chain
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779724
 Amount of Each Receipt this Period
 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	77.69
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 178 OF 210
<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. Snapp, Jacob, , ,
 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) Sr. Director Commercial Supply Chain
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973033
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Sondhi, Manu, , ,
 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) Clinical Development Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779736
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Sondhi, Manu, , ,
 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) Clinical Development Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973038
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	97.69
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 179 OF 210
	<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. Soules, Shane, 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) Regional Field Service Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779035
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Soules, Shane, 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) Regional Field Service Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973259
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Spelta, William, 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) Oncology Occupation (for Individual) Reg Dir Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779738
 Amount of Each Receipt this Period 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 44.04
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 180 OF 210
<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. Spelta, William, 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) Oncology Occupation (for Individual) Reg Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973040
 Amount of Each Receipt this Period 14.04
 Memo Item

B. Spencer, 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) Pharma Occupation (for Individual) CV1 EXEC SPEC - BIRMINGHAM AL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973042
 Amount of Each Receipt this Period 8.00
 Memo Item

C. Sperlik, 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) AD Regional Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779176
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.04
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 181 OF 210
	<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. Sperluk, 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) AD Regional Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973172
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Spinale, Craig, 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) CV1 EXEC SPEC GREENSBORO NC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779741
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Spinale, Craig, 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) CV1 EXEC SPEC GREENSBORO NC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973043
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 182 OF 210
<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. Stafford, Todd, , ,
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) AD Regional Accounts
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779177

Amount of Each Receipt this Period
10.00

Memo Item

B. Stafford, Todd, , ,
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) AD Regional Accounts
--	---

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
12	/	21	/	2018

Transaction ID : A2018-2972542

Amount of Each Receipt this Period
10.00

Memo Item

C. Stamatis, Demetre, 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) Global Drug Development	Occupation (for Individual) Senior Global Program Regulatory Manag
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779727

Amount of Each Receipt this Period
10.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
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 183 OF 210
	<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. Stamatis, Demetre, 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) Global Drug Development Occupation (for Individual) Senior Global Program Regulatory Man
 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
 12 / 21 / 2018
Transaction ID : A2018-2973045
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Stanley Jr., Danney, 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) Alcon Occupation (for Individual) Dir Mfg Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779064
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Stanley Jr., Danney, 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) Alcon Occupation (for Individual) Dir Mfg Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972515
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.46
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 184 OF 210
	<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. Stehle, Philip, 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) Alcon	Occupation (for Individual) Assoc Dir Glb Ops Excellence
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779036

Amount of Each Receipt this Period
9.62

Memo Item

B. Stehle, Philip, 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) Alcon	Occupation (for Individual) Assoc Dir Glb Ops Excellence
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973260

Amount of Each Receipt this Period
9.62

Memo Item

C. Stein, 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) Pharma	Occupation (for Individual) CV1 SR ABL Manhattan NY
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
201.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2018

Transaction ID : A2018-2973049

Amount of Each Receipt this Period
7.75

Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.99
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 185 OF 210
<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. Stephens, Ashley, 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) CV1 Sr ABL Columbia SC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779732
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Stephens, Ashley, 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) CV1 Sr ABL Columbia SC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973050
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Stickley, Lesley, 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) Associate Director Regional Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779743
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.46
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 186 OF 210
	<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"/>	<input type="checkbox"/> 17

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

A. Stickley, Lesley, 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) Associate Director Regional Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973052
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Stillwell, Matthew, 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) Pharma Occupation (for Individual) Sr. Strategic Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779744
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Stillwell, Matthew, 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) Pharma Occupation (for Individual) Sr. Strategic Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973053
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	33.46
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 187 OF 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Streets, John, 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) Pharma Occupation (for Individual) CV1 SR SPEC - TALLAHASSE FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779748
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Streets, John, 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) Pharma Occupation (for Individual) CV1 SR SPEC - TALLAHASSE FL
 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
 12 / 21 / 2018
Transaction ID : A2018-2973057
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Stricker, Edson, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Materials Head HOU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779065
 Amount of Each Receipt this Period 11.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.53
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 188 OF 210
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stricker, Edson, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Materials Head HOU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.78

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972516
 Amount of Each Receipt this Period 11.53
 Memo Item

B. Subasinghe, Nishani, , ,
 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) Dir Strategic Alliance Dev.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2139.15

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779146
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Subasinghe, Nishani, , ,
 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) Dir Strategic Alliance Dev.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2235.30

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973142
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	203.83
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 189 OF 210
<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. Sullivan, Jessica, 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) Sr Account Manager-Academic Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779751
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Sullivan, Jessica, 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) Sr Account Manager-Academic Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973060
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Summers, James, , ,
 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) CV1 EXEC SPEC - MADISON WI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779753
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 190 OF 210
<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. Summers, James, , ,
 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) CV1 EXEC SPEC - MADISON WI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973062
 Amount of Each Receipt this Period 10.00
 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) Director State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2057.85

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779148
 Amount of Each Receipt this Period 96.15
 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) Director State Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2154.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973144
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	202.30
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 191 OF 210
<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. Taormina, Yun Shao, , ,
 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) Director Strategy & Operations Digital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779178
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Taormina, Yun Shao, , ,
 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) Director Strategy & Operations Digital
 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
 12 / 21 / 2018
Transaction ID : A2018-2972543
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Taraszka, John, 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) NIBR Occupation (for Individual) Investigator III
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779230
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 192 OF 210
<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. Taraszka, John, 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) NIBR Occupation (for Individual) Investigator III
 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
 12 / 21 / 2018
Transaction ID : A2018-2973216
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Taylor, David, 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) Oncology Occupation (for Individual) Dir Strategy & Oper Patient Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973069
 Amount of Each Receipt this Period 8.00
 Memo Item

C. Taylor, Troy, , ,
 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) CV1 EXEC SPEC - PINE HILL FL
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779761
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.00
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 193 OF 210
<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. Taylor, Troy, , ,
 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) CV1 EXEC SPEC - PINE HILL FL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973070
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Thomas, David, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779765
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Thomas, David, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973074
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 194 OF 210
	<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"/>	<input type="checkbox"/> 17

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

A. Thomas, Thomas, 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) CV2 SR SPEC - MORGANTOWN WV
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779767
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Thomas, Thomas, 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) CV2 SR SPEC - MORGANTOWN WV
 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
 12 / 21 / 2018
Transaction ID : A2018-2973076
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Tillett, Brenda, , ,
 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) NS Sr Sales Specialist - WashingtonDC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 236.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779770
 Amount of Each Receipt this Period 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	58.46
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 195 OF 210
<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. Toth, 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) Oncology Occupation (for Individual) Executive Director Promacta/Jadneu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 205.19

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973084
 Amount of Each Receipt this Period 8.25
 Memo Item

B. Trollan, Vincent, 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) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973173
 Amount of Each Receipt this Period 8.00
 Memo Item

C. Trout, Gretchen, 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) Global Drug Development Occupation (for Individual) Head North America Policy & FDA Liaison
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779779
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	26.25
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 196 OF 210
<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. Trout, Gretchen, 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) Global Drug Development Occupation (for Individual) Head North America Policy & FDA Liaisons
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2973174
 Amount of Each Receipt this Period **10.00**
 Memo Item

B. Urban, 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) Pharma Occupation (for Individual) Respiratory Executive Sales Specialist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **537.66**

Date of Receipt **12 / 07 / 2018**
Transaction ID : A2018-2779781
 Amount of Each Receipt this Period **22.69**
 Memo Item

C. Urban, 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) Pharma Occupation (for Individual) Respiratory Executive Sales Specialist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **560.35**

Date of Receipt **12 / 21 / 2018**
Transaction ID : A2018-2973176
 Amount of Each Receipt this Period **22.69**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.38
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 197 OF 210
	<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. Utt, Lisa, 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) Pharma Occupation (for Individual) Area Leader Patient Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779783
 Amount of Each Receipt this Period 13.85
 Memo Item

B. Utt, Lisa, 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) Pharma Occupation (for Individual) Area Leader Patient Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.10

Date of Receipt
 12 / 21 / 2018
Transaction ID : A2018-2973178
 Amount of Each Receipt this Period 13.85
 Memo Item

C. Valchev, Zorie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Pennsylvania Avenue NW Suite 700
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Manager PAC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 12 / 07 / 2018
Transaction ID : A2018-2779150
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.70
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 198 OF 210
<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. Valchev, Zorie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Pennsylvania Avenue NW
 Suite 700
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Manager PAC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973146
 Amount of Each Receipt this Period 20.00
 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 ▼ 750.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779151
 Amount of Each Receipt this Period 30.00
 Memo Item

C. 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 ▼ 780.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973147
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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 199 OF 210
<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 Tassel, 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) Global Drug Development Occupation (for Individual) Associate Director Clinical Drug Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973180
 Amount of Each Receipt this Period 8.00
 Memo Item

B. Vanhaecke, Erwin, , ,
 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) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.60

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779037
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Vanhaecke, Erwin, , ,
 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) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973261
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.16
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 200 OF 210
	<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"/>	<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) Pharma Occupation (for Individual) VP Access Strategy & Commercializati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779788
 Amount of Each Receipt this Period
 77.00
 Memo Item

B. 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) Pharma Occupation (for Individual) VP Access Strategy & Commercializati
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2070.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973183
 Amount of Each Receipt this Period
 145.00
 Memo Item

C. Voegtli, William, 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) Oncology Occupation (for Individual) Senior Reimbursement Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779789
 Amount of Each Receipt this Period
 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	236.04
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 201 OF 210
	<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. Voegtli, William, 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) Oncology Occupation (for Individual) Senior Reimbursement Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973184
 Amount of Each Receipt this Period 14.04
 Memo Item

B. Vollert-Parrotto, Denise, 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) NBS Occupation (for Individual) US Finance PLS Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779152
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Vollert-Parrotto, Denise, 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) NBS Occupation (for Individual) US Finance PLS Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973148
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.04
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 202 OF 210
	<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. Whitt, Dawn, , ,
 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) CV2 SR SPEC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779799
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Whitt, Dawn, , ,
 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) CV2 SR SPEC
 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
 12 / 21 / 2018
Transaction ID : A2018-2973194
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Wilkinson, Erik, 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) NS MS Exec Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779800
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	32.50
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 203 OF 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Wilkinson, Erik, 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) NS MS Exec Spec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973195
 Amount of Each Receipt this Period 125.00
 Memo Item

B. 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 Federal Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1380.00

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779153
 Amount of Each Receipt this Period 60.00
 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 Federal Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973149
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	132.50
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 204 OF 210
	<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. Williams, Kenneth, 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) Sr. Principal Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779068
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Williams, Kenneth, 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) Sr. Principal Scientist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972519
 Amount of Each Receipt this Period 9.61
 Memo Item

C. Wilshire, Karen, 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) Oncology Occupation (for Individual) Sr Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779805
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.45
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 205 OF 210
	<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. Wilshire, Karen, 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) Oncology Occupation (for Individual) Sr Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2973200
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Wilson, John, , ,
 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) CV1 SR SPEC - SHREVEPORT LA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779806
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Wilson, John, , ,
 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) CV1 SR SPEC - SHREVEPORT LA
 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
 12 / 21 / 2018
Transaction ID : A2018-2973201
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.23
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 206 OF 210
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Wojtylak, Melissa, , ,
 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) Director Legal Ops. & Ass. Gen. Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779179
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Wojtylak, Melissa, , ,
 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) Director Legal Ops. & Ass. Gen. Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2018
Transaction ID : A2018-2972544
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Wyble, Christine, 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) Oncology Occupation (for Individual) Gbl Head Scientific Engagement & Com
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2018
Transaction ID : A2018-2779217
 Amount of Each Receipt this Period
 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	111.54
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 207 OF 210
<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. Wyble, Christine, 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) Oncology Occupation (for Individual) Gbl Head Scientific Engagement & Cor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2973203
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Zhang, Fan, , ,
 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) Fellow - PCD-Toxicology and Preclinica
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt 12 / 07 / 2018
Transaction ID : A2018-2779070
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Zhang, Fan, , ,
 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) Fellow - PCD-Toxicology and Preclinica
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 21 / 2018
Transaction ID : A2018-2972521
 Amount of Each Receipt this Period 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.78
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 208 OF 210
<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. Zimmermann, Erik, , ,
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) CV1 EXEC SPEC - FLAGSTAFF AZ
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779221

Amount of Each Receipt this Period
10.00

Memo Item

B. Zimmermann, Erik, , ,
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) CV1 EXEC SPEC - FLAGSTAFF AZ
---	---

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
12	/	21	/	2018

Transaction ID : A2018-2973207

Amount of Each Receipt this Period
10.00

Memo Item

C. Zuluaga, Juan, 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) Pharma	Occupation (for Individual) Cardiovascular ABL Central NJ
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2018

Transaction ID : A2018-2779222

Amount of Each Receipt this Period
21.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	41.00
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 209 OF 210 (check only one)
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zuluaga, Juan, C, ,

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) Cardiovascular ABL Central NJ
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt
12 / 21 / 2018

Transaction ID : A2018-2973208

Amount of Each Receipt this Period
21.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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
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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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	21.00
TOTAL This Period (last page this line number only).....▶	14843.22

**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. Donald Norcross for Congress

Mailing Address PO Box 160

City
Collingswood

State
NJ

Zip Code
08108

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Norcross, Donald, W, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2018			

FEC Identification Number

C C00558320

Transaction ID : B709166

Amount of Each Disbursement this Period

Memo Item 10/17/2018
Voided: Original check dated

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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