

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

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

FOR LINE NUMBER: PAGE 25 OF 56  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Haller, Sarah, E, ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Novartis Services Incorporated

Occupation (for Individual)  
VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2019

**Transaction ID : A2019-1196743**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

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

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Novartis Services Incorporated

Occupation (for Individual)  
VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2019

**Transaction ID : A2019-1197642**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**C. Hayden, Kathy-Jo, B, ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Novartis Services Incorporated

Occupation (for Individual)  
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 12 / 2019

**Transaction ID : A2019-1196744**

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

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

269.00