

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Novartis Corporation Political Action Committee

ADDRESS (number and street) 701 Pennsylvania Ave. NW Suite 725
 Check if different than previously reported. (ACC)
Washington DC 20004-2608

2. **FEC IDENTIFICATION NUMBER** C00033969
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2010 through 03 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dan P. Casserly

Signature of Treasurer Electronically Filed by Dan P. Casserly Date 04 16 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Novartis Corporation Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		124624.48
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	68186.35									
(c) Total Receipts (from Line 19)	30456.97	91853.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98643.32	216478.32								
7. Total Disbursements (from Line 31)	27700.00	145535.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70943.32	70943.32								
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

Write or Type Committee Name

Novartis Corporation Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	5125.76	10615.79
(ii) Unitemized	25331.21	81238.05
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30456.97	91853.84
(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)	30456.97	91853.84
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	0.00
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 Transfer (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))	30456.97	91853.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30456.97	91853.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	735.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	735.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	138000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	3200.00	6800.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	27700.00	145535.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27700.00	145535.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	30456.97	91853.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30456.97	91853.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	735.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	735.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Michael Beck	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-567816
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Rainer Boehm	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-567552
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Ronald M Califre	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-567556
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

SUBTOTAL of Receipts This Page (optional)	▶	641.00
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 7 / 27
(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. Full Name (Last, First, Middle Initial)
James P Carey

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt 03 / 29 / 2010
Transaction ID: A2010-567807

Amount of Each Receipt this Period 91.00

B. Full Name (Last, First, Middle Initial)
Daniel P Casserly

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Novartis Services Incorporated Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 29 / 2010
Transaction ID: A2010-567264

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Steven J Catalano

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.01

Date of Receipt 03 / 29 / 2010
Transaction ID: A2010-567839

Amount of Each Receipt this Period 86.67

SUBTOTAL of Receipts This Page (optional) 377.67

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 8 / 27
	<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 (Last, First, Middle Initial) Candace B Dibblee	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-567679
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novartis Services Incorporated	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) David P Drake	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-567486
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novartis Services Incorporated	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) James R Elkin	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-566976
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novartis Services Incorporated	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

SUBTOTAL of Receipts This Page (optional)	716.00
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 9 / 27
(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

<p>A. Full Name (Last, First, Middle Initial) David R Epstein</p> <p>Mailing Address One Health Plaza</p> <p>City State Zip Code East Hanover NJ 07936</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novartis Pharmaceuticals Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 29 / 2010</p> <p>Transaction ID: A2010-567537</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Christopher Esposito</p> <p>Mailing Address One Health Plaza</p> <p>City State Zip Code East Hanover NJ 07936</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novartis Pharmaceuticals Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>	<p>Date of Receipt 03 / 29 / 2010</p> <p>Transaction ID: A2010-567846</p> <p>Amount of Each Receipt this Period 75.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Neely T Frye</p> <p>Mailing Address One Health Plaza</p> <p>City State Zip Code East Hanover NJ 07936</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novartis Pharmaceuticals Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.67</p>	<p>Date of Receipt 03 / 29 / 2010</p> <p>Transaction ID: A2010-567425</p> <p>Amount of Each Receipt this Period 122.61</p>
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SUBTOTAL of Receipts This Page (optional)	297.61
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: PAGE 10 / 27
(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 (Last, First, Middle Initial)
Thomas E Giles

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: A2010-567586
Amount of Each Receipt this Period: 175.00

B.

Full Name (Last, First, Middle Initial)
Robert Gines

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: A2010-567231
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Mark D Grebenau

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 482.10

Date of Receipt: 03 / 29 / 2010
Transaction ID: A2010-567840
Amount of Each Receipt this Period: 162.30

SUBTOTAL of Receipts This Page (optional) ▶ **437.30**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 27
	<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 (Last, First, Middle Initial) Debbie L Henderson	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-568016
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 225.00	

B.	Full Name (Last, First, Middle Initial) Sheldon Jones	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-566956
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 137.43
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Finance Corporation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 404.55	

C.	Full Name (Last, First, Middle Initial) Richard E Knapp	Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-567167
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional)	412.43
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 12 / 27
(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 (Last, First, Middle Initial)
Richard E Lemire

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharma Suffern Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.34

Date of Receipt 03 / 29 / 2010

Transaction ID: A2010-566762

Amount of Each Receipt this Period 87.90

B.

Full Name (Last, First, Middle Initial)
Lon D Lowrey

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 29 / 2010

Transaction ID: A2010-566946

Amount of Each Receipt this Period 125.00

C.

Full Name (Last, First, Middle Initial)
Brenda Luckritz

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 29 / 2010

Transaction ID: A2010-566973

Amount of Each Receipt this Period 416.00

SUBTOTAL of Receipts This Page (optional) ▶ 628.90

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 13 / 27

(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 (Last, First, Middle Initial)
Mary L Manning

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: A2010-567891

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)
Catharine M McGeehan

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: A2010-567206

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
William D McLaury

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: A2010-567265

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

258.33

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 14 / 27
(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 (Last, First, Middle Initial)
Brian J McNamara

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer: Novartis Consumer Health Inc. Occupation: Sr. Vice President OTC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: A2010-568763
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Wayne P Merkelson

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer: Novartis Finance Corporation Occupation: Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 29 / 2010
Transaction ID: A2010-567591
Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
Glenn H Morton

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer: Novartis Pharmaceuticals Occupation: Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 457.65

Date of Receipt: 03 / 29 / 2010
Transaction ID: A2010-567457
Amount of Each Receipt this Period: 154.57

SUBTOTAL of Receipts This Page (optional) ► 329.57

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 15 / 27

(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 (Last, First, Middle Initial)
Marion T Morton

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: A2010-567571

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Paul G Pochtar

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 495.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: A2010-567499

Amount of Each Receipt this Period

165.00

C.

Full Name (Last, First, Middle Initial)
David P Riedel

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 206.91

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: A2010-567370

Amount of Each Receipt this Period

68.97

SUBTOTAL of Receipts This Page (optional)

333.97

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 16 / 27

(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 (Last, First, Middle Initial)
Bruce Ruscio

Mailing Address 701 Pennsylvania AveNW
Ste 725

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
Novartis Corporation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: A2010-602212

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)
Katherine E Solon

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Services Incorporated Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: A2010-568446

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Lisa A Steelman

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: A2010-566790

Amount of Each Receipt this Period

115.00

SUBTOTAL of Receipts This Page (optional) ▶

445.00

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 17 / 27

(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 (Last, First, Middle Initial)
Donald P Stevens

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: A2010-567007

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
Barbara A Tombros

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 216.08

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: A2010-567485

Amount of Each Receipt this Period

72.98

C.

Full Name (Last, First, Middle Initial)
Andrew J Volante

Mailing Address One Health Plaza

City State Zip Code
East Hanover NJ 07936

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

Name of Employer Occupation
Novartis Pharmaceuticals Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: A2010-567377

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

247.98

TOTAL This Period (last page this line number only)

5125.76

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"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) Herger for Congress</p> <p>Mailing Address P.O. Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 02</p>	<p>Transaction ID: B325183 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 45</p>	<p>Transaction ID: B325439 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	4		2	0	1	0													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Diana DeGette for Congress</p> <p>Mailing Address 38 Ivy Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Diana L DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District: 01</p>	<p>Transaction ID: B324680 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		2	3		2	0	1	0													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**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"/> 24	<input type="checkbox"/> 25	<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

A.	Full Name (Last, First, Middle Initial) Gardner for Congress Mailing Address 507 Capitol Court NE #100 City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Cory Gardner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B325438 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) DSCC Mailing Address 120 Maryland Ave. NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B314000 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period -15000.00 Voided: Original check dated 01/28/2010
C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee Mailing Address 120 Maryland Ave. NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B316852 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 15000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

A.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: B325163 Date of Disbursement 03 / 23 / 2010
	Mailing Address P.O. Box 133	Amount of Each Disbursement this Period 2500.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement Contribution Candidate Name Michael Castle	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: B325176 Date of Disbursement 03 / 23 / 2010
	Mailing Address P.O. Box 133	Amount of Each Disbursement this Period 1000.00
	City Wilmington State DE Zip Code 19899	
	Purpose of Disbursement Contribution Candidate Name Michael Castle	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Debbie Wasserman Schultz for Congress	Transaction ID: B325440 Date of Disbursement 03 / 24 / 2010
	Mailing Address P.O. Box 71147	Amount of Each Disbursement this Period 500.00
	City Washington State DC Zip Code 20024	
	Purpose of Disbursement Contribution Candidate Name Debbie Wasserman-Schultz	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

A.	Full Name (Last, First, Middle Initial) Price for Congress	Transaction ID: B325165 Date of Disbursement
	Mailing Address P.O. Box 425	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Thomas E Price	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) For America's Republican Majority PAC	Transaction ID: B325188 Date of Disbursement
	Mailing Address 675 N. Washington St. #410	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: B324677 Date of Disbursement
	Mailing Address 400 North Capitol Street NW Suite	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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"/> 24	<input type="checkbox"/> 25	<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

<p>A. Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address 2501 Wisconsin Avenue Number 304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: B324685 Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address 700 12th St. NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike J Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 08</p>	<p>Transaction ID: B325170 Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Adler for Congress Inc.</p> <p>Mailing Address 499 South Capitol Street SW Suit</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03</p>	<p>Transaction ID: B324678 Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

A.	Full Name (Last, First, Middle Initial) Walden for Congress	Transaction ID: B325185 Date of Disbursement 03 / 23 / 2010
	Mailing Address 104 Hume Avenue	Amount of Each Disbursement this Period 1500.00
	City Alexandria State VA Zip Code 22301	
	Purpose of Disbursement Contribution Candidate Name Gregory Paul Walden	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Joe Pitts	Transaction ID: B324684 Date of Disbursement 03 / 17 / 2010
	Mailing Address 1707 Prince Street #5	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Contribution Candidate Name Joseph R Pitts	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ORRINPAC	Transaction ID: B324679 Date of Disbursement 03 / 23 / 2010
	Mailing Address P.O. Box 1480	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

A.

Full Name (Last, First, Middle Initial)
Bennett Election Committee Inc.

Transaction ID: B324676

Date of Disbursement

Mailing Address 175 South West Temple Suite 650

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

City State Zip Code
Salt Lake City UT 84101

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Robert F Bennett

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: UT District:

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

24500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Cmte to Elect Bob England Mailing Address P.O. Box 523 City Forest City State NC Zip Code 28043 Purpose of Disbursement P-2010 State House 112 NC Candidate Name Robert England Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B296251 Date of Disbursement 03 / 02 / 2010 Amount of Each Disbursement this Period -1000.00 Voided: Original check dated 11/25/2009
B.	Full Name (Last, First, Middle Initial) Alma Adams Campaign Mailing Address P.O. Box 21092 City Greensboro State NC Zip Code 27401 Purpose of Disbursement P-2010 State House 58 NC Candidate Name Alma Adams Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B326076 Date of Disbursement 03 / 30 / 2010 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) The Cmte to Elect Linda Garrou Mailing Address P.O. Box 11843 City Winston-Salem State NC Zip Code 27116 Purpose of Disbursement P-2010 State Senate 32 NC Candidate Name Linda Dew Garrou Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B326069 Date of Disbursement 03 / 30 / 2010 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Wainwright for NC House	Transaction ID: B326077 Date of Disbursement
	Mailing Address P.O. Box 941	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Havelock State NC Zip Code 28532	Amount of Each Disbursement this Period
	Purpose of Disbursement P-2010 State House 12 NC	<input type="text" value="1000.00"/>
	Candidate Name William L Wainwright	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Citizens for Ron Buxton	Transaction ID: B253835 Date of Disbursement
	Mailing Address P.O. Box 11781	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Harrisburg State PA Zip Code 17108	Amount of Each Disbursement this Period
	Purpose of Disbursement P-2010 State House 103 PA	<input type="text" value="-300.00"/>
	Candidate Name Ronald Buxton	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Voided: Original check dated 04/21/2009
	State: District:	

C.	Full Name (Last, First, Middle Initial) Citizens for Jim Christiana	Transaction ID: B316850 Date of Disbursement
	Mailing Address 740 Turnpike St. Suite 10	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Beaver State PA Zip Code 15009	Amount of Each Disbursement this Period
	Purpose of Disbursement P-2010 State House 15 PA	<input type="text" value="1000.00"/>
	Candidate Name Jim Christiana	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1700.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Friends of Rich Alloway

Mailing Address P.O. Box 792

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement
P-2012 State Senate 33 PA

Candidate Name
Richard Alloway

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B325186

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

3200.00