

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Novartis Corporation Political Action Committee

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

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00033969
3. IS THIS REPORT NEW OR AMENDED (A)
 NEW (N)  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 Year-End 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 (12S)
Election on MM/DD/YYYY in the State of
(d) 30-Day POST-Election Report for the:
 General (30G)  Runoff (30R)  Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 09/01/2016 through 09/30/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
O'Neil, Shawn, , ,
Type or Print Name of Treasurer

Signature of Treasurer O'Neil, Shawn, , , [Electronically Filed] Date 12/08/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2016"/>		151151.54
(b) Cash on Hand at Beginning of Reporting Period.....	93183.82	
(c) Total Receipts (from Line 19) .....	17111.73	159979.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	110295.55	311130.73
7. Total Disbursements (from Line 31).....	46540.39	247375.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	63755.16	63755.16
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

Novartis Corporation Political Action Committee

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

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).....	8807.45	54694.19
(ii) Unitemized .....	8304.28	105285.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17111.73	159979.19
(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) .....	17111.73	159979.19
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 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)).....▶	17111.73	159979.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17111.73	159979.19

**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 .....	40.39	375.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	40.39	375.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46500.00	244000.00
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	3000.00
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)) ..	46540.39	247375.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46540.39	247375.57

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17111.73	159979.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17111.73	159979.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	40.39	375.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40.39	375.57

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

Form/Schedule: F3XA

Transaction ID :

This report is being amended to update the sub total on Line 6(d), Column B disbursement totals and the PAC beginning and ending balances. Please update your records accordingly.

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 7 OF 127
	<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. Ackerman Jr., 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) NBS Occupation (for Individual) US Country Head REFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791224**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Ackerman Jr., 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) NBS Occupation (for Individual) US Country Head REFS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844273**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Anderson, Heather, 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) Sr. Sales Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791559**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 38.08  
**TOTAL** This Period (last page this line number only).....▶

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

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 127
	<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. Anderson, Heather, 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) Sr. Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844603**  
 Amount of Each Receipt this Period  
 15.00  
 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) Cardio Regional Sales Dir-Great Lakes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791384**  
 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) Cardio Regional Sales Dir-Great Lakes  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844429**  
 Amount of Each Receipt this Period  
 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.70
<b>TOTAL</b> 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 127
	<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. Banko, 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) NBS Occupation (for Individual) AD IT Service Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791268**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**B. Banko, 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) NBS Occupation (for Individual) AD IT Service Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844314**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. 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 ABL II Miami  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791145**  
 Amount of Each Receipt this Period 15.00  
 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 11 OF 127
	<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 ABL II Miami  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844196**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**B. 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) Pharma Occupation (for Individual) AD State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791666**  
 Amount of Each Receipt this Period  
 21.00  
 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) Pharma Occupation (for Individual) AD State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844710**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.00
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) Director Strategy & Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791388**  
 Amount of Each Receipt this Period 17.00  
 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) OBU Occupation (for Individual) Director Strategy & Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844433**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**C. 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) OBU Occupation (for Individual) Ex Dir Medical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791544**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.00
<b>TOTAL</b> 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 127
<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) OBU Occupation (for Individual) Ex Dir Medical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844590**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. 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) OBU Occupation (for Individual) Exec Director Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791550**  
 Amount of Each Receipt this Period 60.00  
 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) OBU Occupation (for Individual) Exec Director Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844596**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> 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 127
	<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. 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) Pharma Occupation (for Individual) Dir Heart Failure Comms Lead/BU Liais  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791390**  
 Amount of Each Receipt this Period 15.00  
 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) Pharma Occupation (for Individual) Dir Heart Failure Comms Lead/BU Liais  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844435**  
 Amount of Each Receipt this Period 15.00  
 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) OBU Occupation (for Individual) AD Product Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791218**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.54
<b>TOTAL</b> 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 127
<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. 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) OBU Occupation (for Individual) AD Product Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844267**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Blizzard, Lisa, 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 Entresto Consumer Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791391**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Blizzard, Lisa, 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 Entresto Consumer Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844436**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34.62
<b>TOTAL</b> 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 127
	<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. Bonebrake, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790999**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Bonebrake, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843204**  
 Amount of Each Receipt this Period 30.00  
 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) OBU Occupation (for Individual) Sr. Oncology Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.14

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791351**  
 Amount of Each Receipt this Period 20.14  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.14
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) Sr. Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.28

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844396**  
 Amount of Each Receipt this Period 20.14  
 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) OBU Occupation (for Individual) Global Head HR Operational Excellenc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791123**  
 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) OBU Occupation (for Individual) Global Head HR Operational Excellence  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844176**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 43.22  
**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 18 OF 127
	<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) OBU Occupation (for Individual) Sr Oncol Area Sales Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791148**  
 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) OBU Occupation (for Individual) Sr Oncol Area Sales Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844199**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Brunner, Thomas, 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) IT Expert 1  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791397**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 127
	<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. Brunner, Thomas, 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) IT Expert 1  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844442**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

**B. Burns, 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) Dir Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791048**  
 Amount of Each Receipt this Period  
 13.85  
 Memo Item

**C. Burns, 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) Dir Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844101**  
 Amount of Each Receipt this Period  
 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.70
<b>TOTAL</b> 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 127
	<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 ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791118**  
 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 ▼ 950.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844171**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Byler, Timothy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 430.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791182**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> 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 127
	<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. Byler, Timothy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844233**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Campbell, Kimberley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) MSL Director Oncology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790997**  
 Amount of Each Receipt this Period 25.00  
 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) MSL Director Oncology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843202**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 127
	<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. 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) Pharma Occupation (for Individual) Global RA Franchise Head EM&ED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791399**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. 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) Pharma Occupation (for Individual) Global RA Franchise Head EM&ED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844444**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Casserly, Daniel, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Head of Fed Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2492.28

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791160**  
 Amount of Each Receipt this Period 138.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	161.54
<b>TOTAL</b> 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 127
	<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. Casserly, Daniel, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Head of Fed Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2630.74

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844211**  
 Amount of Each Receipt this Period 138.46  
 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) Pharma Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 547.50

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791064**  
 Amount of Each Receipt this Period 30.68  
 Memo Item

**C. Christensen-Boner, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 578.18

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844117**  
 Amount of Each Receipt this Period 30.68  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	199.82
<b>TOTAL</b> 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 127
	<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. 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) US Novartis Pharmaceuticals Occupation (for Individual) Head Patient Affairs Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791604**  
 Amount of Each Receipt this Period 100.00  
 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) US Novartis Pharmaceuticals Occupation (for Individual) Head Patient Affairs Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844647**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Cofone, Stephen, 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) Strategic Programs & Roadmaps Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791584**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> 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 127
	<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

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. Cofone, Stephen, 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) Strategic Programs & Roadmaps Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844628**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Collins, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Occupation (for Individual) Director Digital Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790861**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Collins, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Occupation (for Individual) Director Digital Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 876.85

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843955**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.30
<b>TOTAL</b> 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 127
	<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. 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) US Novartis Pharmaceuticals Occupation (for Individual) Head of Facilities & Utility Maint. (A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791606**  
 Amount of Each Receipt this Period 22.00  
 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) US Novartis Pharmaceuticals Occupation (for Individual) Head of Facilities & Utility Maint. (A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 418.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844649**  
 Amount of Each Receipt this Period 22.00  
 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 & Customer Serv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791189**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 67.08  
**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 27 OF 127
	<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 & Customer Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844239**  
 Amount of Each Receipt this Period  
 23.08  
 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) Pharma Occupation (for Individual) Director Strategic Account Alliances  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791617**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Conoshenti, Joseph, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Strategic Account Alliances  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844660**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.08
<b>TOTAL</b> 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 127
<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. 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) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791671**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Consier, Kirby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844715**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. 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) Executive Director Oncology Injectable  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790992**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	106.15
<b>TOTAL</b> 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 127
<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) Executive Director Oncology Injectable  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 876.85

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843198**  
 Amount of Each Receipt this Period 46.15  
 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) OBU Occupation (for Individual) Head Regulatory C&G TU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791520**  
 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) OBU Occupation (for Individual) Head Regulatory C&G TU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844565**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.15
<b>TOTAL</b> 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 127
	<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. Crichlow, Rhonda, 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) Pharma Occupation (for Individual) US VP Diversity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791473**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Crichlow, Rhonda, 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) Pharma Occupation (for Individual) US VP Diversity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844518**  
 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 ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790990**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.62
<b>TOTAL</b> 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 127
	<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. 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 ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843196**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. De Leon, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) MSL Director Oncology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790994**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. De Leon, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) MSL Director Oncology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843200**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	71.54
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) MSL Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791596**  
 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) OBU Occupation (for Individual) MSL Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844639**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. 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) Pharma Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791092**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 51.54  
**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 33 OF 127
	<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. 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) Pharma Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844145**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Del Rio, Joanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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) Facilities Sr. Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791240**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. Del Rio, Joanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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) Facilities Sr. Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844289**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.62
<b>TOTAL</b> 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 127
	<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. Dias, Randal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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) Glbl CoE Head for Design&Const Mgt N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791233**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Dias, Randal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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) Glbl CoE Head for Design&Const Mgt N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844282**  
 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) Head US Training Surgical  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790915**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.62
<b>TOTAL</b> 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 127
	<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. 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) Head US Training Surgical  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **219.26**

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : A2016-1844007**  
 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 **249.30**

Date of Receipt **09 / 14 / 2016**  
**Transaction ID : A2016-1791176**  
 Amount of Each Receipt this Period **13.85**  
 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 **263.15**

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : A2016-1844227**  
 Amount of Each Receipt this Period **13.85**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>39.24</b>
<b>TOTAL</b> 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 127
	<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. Ellis, Fred, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One 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 of Professional Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2016

**Transaction ID : A2016-1790887**

Amount of Each Receipt this Period  
15.38

Memo Item

**B. Ellis, Fred, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One 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 of Professional Affairs
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

**Transaction ID : A2016-1843981**

Amount of Each Receipt this Period  
15.38

Memo Item

**C. Emch, Michael, 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) OBU	Occupation (for Individual) Sr Oncol Area Sales Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
252.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2016

**Transaction ID : A2016-1791033**

Amount of Each Receipt this Period  
14.04

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44.80
<b>TOTAL</b> 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 127
	<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. Emch, Michael, 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) OBU Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844086**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**B. Epstein, David, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NBS Occupation (for Individual) Head Pharma AG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791245**  
 Amount of Each Receipt this Period 100.00  
 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) OBU Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791167**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.58
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844218**  
 Amount of Each Receipt this Period 11.54  
 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 ▼ 276.84

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790898**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

**C. 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 ▼ 292.22

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843992**  
 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 39 OF 127
<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. 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 ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791640**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Farber, Leo, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844683**  
 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) Medical Account Management & FME  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791294**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 40 OF 127  
(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. Fellers, Thomas, S, ,**

Mailing Address One Health Plaza

City East Hanover    State NJ    Zip Code 07936

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

Name of Employer (for Individual) Pharma    Occupation (for Individual) Medical Account Management & FME

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844339**

Amount of Each Receipt this Period  
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Foley, James, 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) Pharma    Occupation (for Individual) WW Medical Affairs Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 207.72

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1791288**

Amount of Each Receipt this Period  
 11.54

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Foley, James, 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) Pharma    Occupation (for Individual) WW Medical Affairs Director

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 219.26

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844333**

Amount of Each Receipt this Period  
 11.54

Memo Item

**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 41 OF 127
	<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. 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) Dermatology Sr. Area Business Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791162**  
 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) Dermatology Sr. Area Business Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844213**  
 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) OBU Occupation (for Individual) Associate Dir. Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791597**  
 Amount of Each Receipt this Period  
 12.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.58
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) Associate Dir. Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844640**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**B. Freeman, Robert, 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) Manufacturing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790862**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Freeman, Robert, 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) Manufacturing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843956**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	42.50
<b>TOTAL</b> 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 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Frye, Neely, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1148.22

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791198**  
 Amount of Each Receipt this Period 64.03  
 Memo Item

**B. Frye, Neely, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1212.25

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844248**  
 Amount of Each Receipt this Period 64.03  
 Memo Item

**C. Gajewski, Edward, 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) OBU Occupation (for Individual) Exec Dir National & Regional Accounts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791116**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148.06
<b>TOTAL</b> 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 127
	<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. Gajewski, Edward, 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) OBU Occupation (for Individual) Exec Dir National & Regional Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844169**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. 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) OBU Occupation (for Individual) Oncology Sr Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791646**  
 Amount of Each Receipt this Period 15.00  
 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) OBU Occupation (for Individual) Oncology Sr Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844689**  
 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 45 OF 127
	<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. 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) VP IT Division Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 281.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791586**  
 Amount of Each Receipt this Period  
 77.00  
 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) VP IT Division Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844630**  
 Amount of Each Receipt this Period  
 77.00  
 Memo Item

**C. George, Deidre, 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) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791643**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> 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 127
	<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. George, Deidre, 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) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844686**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Grady, Christopher, 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) Sr Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.54

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790879**  
 Amount of Each Receipt this Period 11.53  
 Memo Item

**C. Grady, Christopher, 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) Sr Product Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.07

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843973**  
 Amount of Each Receipt this Period 11.53  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44.06
<b>TOTAL</b> 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 127
<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) US Novartis Pharmaceuticals Occupation (for Individual) Head Proc Improv & Compliance IMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791485**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. 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) US Novartis Pharmaceuticals Occupation (for Individual) Head Proc Improv & Compliance IMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844531**  
 Amount of Each Receipt this Period  
 50.00  
 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) OBU Occupation (for Individual) Head US Clinical Strategy - Melanoma  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791553**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) Head US Clinical Strategy - Melanoma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844599**  
 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) OBU Occupation (for Individual) Sr. Director Commercial Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791541**  
 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) OBU Occupation (for Individual) Sr. Director Commercial Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844587**  
 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 49 OF 127
	<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. 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 ▼ 540.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791077**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Gulick, David, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director New Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844130**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Habel, Kurt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NBS Occupation (for Individual) Asc Dir Incentive Modeling/Des  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791222**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.08
<b>TOTAL</b> 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 127
	<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. Habel, Kurt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NBS Occupation (for Individual) Asc Dir Incentive Modeling/Des  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844271**  
 Amount of Each Receipt this Period 23.08  
 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 SR SPEC - SAN ANTONIO W TX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791098**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**C. 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 SR SPEC - SAN ANTONIO W TX  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844151**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	48.08
<b>TOTAL</b> 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 127
	<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. Hafner, James, 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) Regional Marketer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791572**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**B. Hafner, James, 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) Regional Marketer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.15

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844616**  
 Amount of Each Receipt this Period 13.85  
 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) US Novartis Pharmaceuticals Occupation (for Individual) Exec Director Clinical Disclosure Offi  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791549**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39.24
<b>TOTAL</b> 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 127
	<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. 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) US Novartis Pharmaceuticals Occupation (for Individual) Exec Director Clinical Disclosure Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844595**  
 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) Dir Global Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1790888**  
 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) Dir Global Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 292.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1843982**  
 Amount of Each Receipt this Period  
 15.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.30
<b>TOTAL</b> 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 127
<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. 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 ▼ 1386.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791187**  
 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 ▼ 1463.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844237**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Harris, Veronica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OBU Occupation (for Individual) AD Product Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791545**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	165.54
<b>TOTAL</b> 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 54 OF 127
	(check only one)
<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. Harris, Veronica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OBU Occupation (for Individual) AD Product Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844591**  
 Amount of Each Receipt this Period 11.54  
 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) Pharma Occupation (for Individual) Director Public Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791202**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Hayden, Kathy-Jo, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Public Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 665.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844252**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.54
<b>TOTAL</b> 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 127
	<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. 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) Pharma Occupation (for Individual) Global Program Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791510**  
 Amount of Each Receipt this Period  
 23.08  
 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) Pharma Occupation (for Individual) Global Program Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844555**  
 Amount of Each Receipt this Period  
 23.08  
 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) OBU Occupation (for Individual) Director Melanoma Expert Liaisons  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791164**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.16
<b>TOTAL</b> 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 127
<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. 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) OBU Occupation (for Individual) Director Melanoma Expert Liaisons  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844215**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. 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 E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791537**  
 Amount of Each Receipt this Period 20.00  
 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 ▼ 380.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844583**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> 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 127
<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. 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) Pharma Occupation (for Individual) Dir Insurance Exchange Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791667**  
 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) Pharma Occupation (for Individual) Dir Insurance Exchange Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844711**  
 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) OBU Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791334**  
 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 58 OF 127
<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) OBU Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844379**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Hughson, Melody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Ex Director Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791573**  
 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) Pharma Occupation (for Individual) Ex Director Public Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844617**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.00
<b>TOTAL</b> 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 127
	<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. 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 ABL II - HOUSTON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.70

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1791105**  
 Amount of Each Receipt this Period 16.15  
 Memo Item

**B. 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 ABL II - HOUSTON  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.85

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844158**  
 Amount of Each Receipt this Period 16.15  
 Memo Item

**C. Juterbock, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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) Director Of Global Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1791338**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	43.84
<b>TOTAL</b> 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 127
	<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. Juterbock, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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 Director Of Global Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844383**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. 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) Occupation (for Individual)  
 Oncology IACH-Capability Bldg Academy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1791251**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Kan, Sarah, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pharma Asc Dir State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1791621**  
 Amount of Each Receipt this Period  
 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.54
<b>TOTAL</b> 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 127
	<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. 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) Pharma Occupation (for Individual) Asc Dir State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844664**  
 Amount of Each Receipt this Period 77.00  
 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) MS Sr Area Business Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1791425**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**C. 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) MS Sr Area Business Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.15

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844470**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.70
<b>TOTAL</b> 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 127
	<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. 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 ▼ **830.70**

Date of Receipt **09 / 14 / 2016**  
**Transaction ID : A2016-1791031**

Amount of Each Receipt this Period **46.15**

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 ▼ **876.85**

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : A2016-1844084**

Amount of Each Receipt this Period **46.15**

Memo Item

**C. 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) Assoc Dir IT

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **207.54**

Date of Receipt **09 / 14 / 2016**  
**Transaction ID : A2016-1791608**

Amount of Each Receipt this Period **11.53**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **103.83**

**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: PAGE 63 OF 127  
(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. 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) Assoc Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.07

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844651**  
 Amount of Each Receipt this Period 11.53  
 Memo Item

**B. 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) OBU Occupation (for Individual) ED Oncology Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791426**  
 Amount of Each Receipt this Period 14.04  
 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) OBU Occupation (for Individual) ED Oncology Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844471**  
 Amount of Each Receipt this Period 14.04  
 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: PAGE 64 OF 127  
(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. 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) Pharma Occupation (for Individual) Expat\_CH\_Head Regulatory GDD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791555**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Kulesher, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Assoc. Dir. State and External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791623**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kulesher, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Assoc. Dir. State and External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844666**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<b>TOTAL</b> 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 127
	<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. LaDue, 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) NBS Occupation (for Individual) VP IT Division Head  
 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  
 09 / 14 / 2016  
**Transaction ID : A2016-1791215**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**B. LaDue, 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) NBS Occupation (for Individual) VP IT Division Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844264**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**C. 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) Pharma Occupation (for Individual) VP Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1386.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791475**  
 Amount of Each Receipt this Period  
 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.16
<b>TOTAL</b> 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 127
	<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. 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) Pharma Occupation (for Individual) VP Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1463.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844520**  
 Amount of Each Receipt this Period 77.00  
 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) OBU Occupation (for Individual) Oncology Business Franchise Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791668**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Lennon, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OBU Occupation (for Individual) Oncology Business Franchise Head  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844712**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	277.00
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) Head of Global Market Access Oncolog  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791538**  
 Amount of Each Receipt this Period 46.15  
 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) OBU Occupation (for Individual) Head of Global Market Access Oncolog  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 876.85

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844584**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. 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 ▼ 415.44

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791000**  
 Amount of Each Receipt this Period 23.08  
 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 68 OF 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lockwood, Jeffrey, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIBR Occupation (for Individual) Head NIBR Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1843926**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**B. 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) OBU Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791274**  
 Amount of Each Receipt this Period  
 14.04  
 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) OBU Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844320**  
 Amount of Each Receipt this Period  
 14.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.16
<b>TOTAL</b> 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 127
	<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. Loveland, Frederic, 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) Executive Director R&D Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791235**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Loveland, Frederic, 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) Executive Director R&D Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844284**  
 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) Hospital Executive Account Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791154**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.62
<b>TOTAL</b> 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 70 OF 127 (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. 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) Hospital Executive Account Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844205**  
 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 ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791430**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. 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 ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844475**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34.62
<b>TOTAL</b> 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 127
	<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. 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) OBU Occupation (for Individual) Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791170**  
 Amount of Each Receipt this Period 15.00  
 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) OBU Occupation (for Individual) Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844221**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Mantha, Sridhar, 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) Alcon Occupation (for Individual) Assoc Dir QA Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790925**  
 Amount of Each Receipt this Period 11.54  
 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 72 OF 127
	<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. Mantha, Sridhar, 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) Alcon	Occupation (for Individual) Assoc Dir QA Operations
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

**Transaction ID : A2016-1844017**

Amount of Each Receipt this Period  
11.54

Memo Item

**B. 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) OBU	Occupation (for Individual) Global HeadOncology Public Relations
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2016

**Transaction ID : A2016-1791539**

Amount of Each Receipt this Period  
11.54

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) OBU	Occupation (for Individual) Global HeadOncology Public Relations
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
219.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2016

**Transaction ID : A2016-1844585**

Amount of Each Receipt this Period  
11.54

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34.62
<b>TOTAL</b> 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 127
	<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. Mathias, Stephanie, , ,**  
 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) Manager PAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791673**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Mathias, Stephanie, , ,**  
 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) Manager PAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844717**  
 Amount of Each Receipt this Period 20.00  
 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) OBU Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 418.39

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791192**  
 Amount of Each Receipt this Period 23.53  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 63.53  
**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 74 OF 127
	<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. 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) OBU Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.92

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844242**  
 Amount of Each Receipt this Period 23.53  
 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) Pharma Occupation (for Individual) Junior Global Regulatory Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791360**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. 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) Pharma Occupation (for Individual) Junior Global Regulatory Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844405**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53.53
<b>TOTAL</b> 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 127
	<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. McBride, Catharine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791144**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. McBride, Catharine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844195**  
 Amount of Each Receipt this Period 50.00  
 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 ▼ 2076.84

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790893**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.38
<b>TOTAL</b> 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 127
	<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. 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 ▼ 2192.22

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843987**  
 Amount of Each Receipt this Period 115.38  
 Memo Item

**B. 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) OBU Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791499**  
 Amount of Each Receipt this Period 13.85  
 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) OBU Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.15

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844544**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	143.08
<b>TOTAL</b> 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 127
	<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. Menichini, Gary, 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) VP/GM U.S. Pharmaceuticals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790860**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Menichini, Gary, 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) VP/GM U.S. Pharmaceuticals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843954**  
 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 ▼ 450.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790866**  
 Amount of Each Receipt this Period 25.00  
 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 78 OF 127
	<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. 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 ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1843960**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791435**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. 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 ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844480**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.08
<b>TOTAL</b> 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 127
<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. 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 ▼ 334.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791130**  
 Amount of Each Receipt this Period  
 18.67  
 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 ▼ 353.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844183**  
 Amount of Each Receipt this Period  
 18.67  
 Memo Item

**C. Myrie, Donna, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Associate Dir Strategic Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791212**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.34
<b>TOTAL</b> 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 80 OF 127  
(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. Myrie, Donna, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Associate Dir Strategic Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844261**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Neumeyer, Thomas, 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) US Sandoz Inc Occupation (for Individual) Associate II IPQA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790993**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**C. Neumeyer, Thomas, 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) US Sandoz Inc Occupation (for Individual) Associate II IPQA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843199**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 49.00  
**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 127
	<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. Nguyen, An, 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) NBS Occupation (for Individual) AD Sr Application Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791479**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Nguyen, An, 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) NBS Occupation (for Individual) AD Sr Application Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844524**  
 Amount of Each Receipt this Period 11.54  
 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 Sales Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791119**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.62
<b>TOTAL</b> 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 82 OF 127
	(check only one)
<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. 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 Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844172**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. O'Dowd, Hugh, 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) IAGB-CPO Head UK & Ireland  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791132**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. O'Neil, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Ex Dir Legislative Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1316.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791565**  
 Amount of Each Receipt this Period 78.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 112.62  
**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 83 OF 127
	<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. 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) Ex Dir Legislative Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1394.00

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844609**  
 Amount of Each Receipt this Period 78.00  
 Memo Item

**B. O'Neil, Shawn, 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 Surgical Glaucoma Sales & Marketi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.54

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1790896**  
 Amount of Each Receipt this Period 11.53  
 Memo Item

**C. O'Neil, Shawn, 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 Surgical Glaucoma Sales & Marketin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.07

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1843990**  
 Amount of Each Receipt this Period 11.53  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	101.06
<b>TOTAL</b> 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 127
	<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) US Novartis Pharmaceuticals Occupation (for Individual) VP Global Head Regulatory Policy & Int  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791577**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**B. 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) US Novartis Pharmaceuticals Occupation (for Individual) VP Global Head Regulatory Policy & In  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844621**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**C. Osten, Craig, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791036**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.24
<b>TOTAL</b> 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 127
	<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. Osten, Craig, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844089**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**B. 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 ▼ 415.44

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791277**  
 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 ▼ 438.52

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844323**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.24
<b>TOTAL</b> 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 127
<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Palumbo, Joseph, S, ,</b>			Date of Receipt MM / DD / YYYY 09 / 14 / 2016 <b>Transaction ID : A2016-1791254</b>	
Mailing Address One Health Plaza			Amount of Each Receipt this Period 11.54	
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Pharma		Occupation (for Individual) Asc Dir Org. Effectiveness		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 207.72		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Palumbo, Joseph, S, ,</b>			Date of Receipt MM / DD / YYYY 09 / 28 / 2016 <b>Transaction ID : A2016-1844301</b>	
Mailing Address One Health Plaza			Amount of Each Receipt this Period 11.54	
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Pharma		Occupation (for Individual) Asc Dir Org. Effectiveness		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.26		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Parker, Melissa, A, ,</b>			Date of Receipt MM / DD / YYYY 09 / 14 / 2016 <b>Transaction ID : A2016-1791296</b>	
Mailing Address One Health Plaza			Amount of Each Receipt this Period 13.85	
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C				
Name of Employer (for Individual) Pharma		Occupation (for Individual) Regional Dir Acct Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 249.30		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	36.93
<b>TOTAL</b> 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 127
	<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 ▼ 263.15

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844341**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**B. Petroutsas, Efthimios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OBU Occupation (for Individual) Executive Director Ribociclib  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791493**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**C. Petroutsas, Efthimios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OBU Occupation (for Individual) Executive Director Ribociclib  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844539**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 38.85  
**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 88 OF 127
	<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. 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 Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791634**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item

**B. Phipps, Candice, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844677**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item

**C. Praeger, Lisa, 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) VP Head US Sales Marketing Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1790889**  
 Amount of Each Receipt this Period  
 15.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.38
<b>TOTAL</b> 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 127
	<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. Praeger, Lisa, 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) VP Head US Sales Marketing Ops
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
292.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2016

**Transaction ID : A2016-1843983**

Amount of Each Receipt this Period  
15.38

Memo Item

**B. Renz, 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) Sandoz Inc.	Occupation (for Individual) Director Communications for Biopharm.
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

**Transaction ID : A2016-1790996**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Renz, 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) Sandoz Inc.	Occupation (for Individual) Director Communications for Biopharma
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

**Transaction ID : A2016-1843180**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.38
<b>TOTAL</b> 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 127
	<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. 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 ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790988**  
 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 ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843194**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Richards, Edward, 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) Alcon Occupation (for Individual) VP General Mgr Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 276.84

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790939**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.46
<b>TOTAL</b> 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 91 OF 127
	<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. Richards, Edward, 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) Alcon Occupation (for Individual) VP General Mgr Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 292.22

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844031**  
 Amount of Each Receipt this Period 15.38  
 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) OBU Occupation (for Individual) Head Digital Strategy And Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791579**  
 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) OBU Occupation (for Individual) Head Digital Strategy And Svc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844623**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 75.38  
**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 92 OF 127
	<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. Russell, Jason, 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) Sandoz Inc. Occupation (for Individual) Assoc Dir National Accts Spec Pharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 612.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790975**  
 Amount of Each Receipt this Period 34.04  
 Memo Item

**B. Russell, Jason, 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) Sandoz Inc. Occupation (for Individual) Assoc Dir National Accts Spec Pharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 646.76

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843181**  
 Amount of Each Receipt this Period 34.04  
 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 ▼ 360.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790983**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.08
<b>TOTAL</b> 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 127
<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. 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 ▼ 380.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843189**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Rzewnicki, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue 350 MA # 234F  
 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) Director Marketing Branded Injectables  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790989**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Rzewnicki, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue 350 MA # 234F  
 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) Director Marketing Branded Injectables  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843195**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.08
<b>TOTAL</b> 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 127
	<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. 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 ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790938**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. 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 ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844030**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Sanderson, Adwoa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Ex Dir Advocacy & Access  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791628**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.08
<b>TOTAL</b> 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 127
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sanderson, Adwoa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Ex Dir Advocacy & Access  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844671**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item

**B. 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 ▼ 276.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1790935**  
 Amount of Each Receipt this Period  
 15.38  
 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 ▼ 292.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844027**  
 Amount of Each Receipt this Period  
 15.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.76
<b>TOTAL</b> 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 96 OF 127  
(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. 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) Corporate Occupation (for Individual) Gbl Head Analytical Science &Technolc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791639**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Schweitzer, Mark, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Corporate Occupation (for Individual) Gbl Head Analytical Science &Technolc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844682**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Seay Jr., Russell, 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) Regl Med Lead NS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791445**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.00  
**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 97 OF 127  
(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. Seay Jr., Russell, 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) Pharma    Occupation (for Individual) Regl Med Lead NS

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 285.00

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1844490**

Amount of Each Receipt this Period  
 15.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Seeland, S., M, ,**

Mailing Address One 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 Neurology Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 207.72

Date of Receipt  
 09 / 14 / 2016  
**Transaction ID : A2016-1790980**

Amount of Each Receipt this Period  
 11.54

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Seeland, S., M, ,**

Mailing Address One 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 Neurology Marketing

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 219.26

Date of Receipt  
 09 / 28 / 2016  
**Transaction ID : A2016-1843186**

Amount of Each Receipt this Period  
 11.54

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 38.08

**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 98 OF 127
<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. 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) MS Executive Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **323.82**

Date of Receipt **09 / 14 / 2016**  
**Transaction ID : A2016-1791153**  
 Amount of Each Receipt this Period **10.00**  
 Memo Item

**B. 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) MS Executive Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **333.82**

Date of Receipt **09 / 28 / 2016**  
**Transaction ID : A2016-1844204**  
 Amount of Each Receipt this Period **10.00**  
 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) OBU Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ **252.72**

Date of Receipt **09 / 14 / 2016**  
**Transaction ID : A2016-1791050**  
 Amount of Each Receipt this Period **14.04**  
 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 99 OF 127
	<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. 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) OBU Occupation (for Individual) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844103**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**B. Spurr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) US Co Head & VP Patient Access & He  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791607**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Spurr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) US Co Head & VP Patient Access & He  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844650**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	214.04
<b>TOTAL</b> 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 127
	<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. Stecher, Donald, 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) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791307**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Stecher, Donald, 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) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2016  
**Transaction ID : A2016-1844352**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. Stevens, Donald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 623.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2016  
**Transaction ID : A2016-1791095**  
 Amount of Each Receipt this Period  
 34.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.70
<b>TOTAL</b> 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 127
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Stevens, Donald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 657.78

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844148**  
 Amount of Each Receipt this Period 34.62  
 Memo Item

**B. 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) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791127**  
 Amount of Each Receipt this Period 11.54  
 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) Sr. Regional Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844180**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.70
<b>TOTAL</b> 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 127
<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. Streit, Peter, 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) OBU Occupation (for Individual) Dir Professional Strat & Bus Developme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791269**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**B. Streit, Peter, 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) OBU Occupation (for Individual) Dir Professional Strat & Bus Developme  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 263.15

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844315**  
 Amount of Each Receipt this Period 13.85  
 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 Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.54

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790953**  
 Amount of Each Receipt this Period 11.53  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39.23
<b>TOTAL</b> 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 127
	<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. 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 Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.07

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844045**  
 Amount of Each Receipt this Period 11.53  
 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) Pharma Occupation (for Individual) Dir State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791542**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Suter, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dir State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844588**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.53
<b>TOTAL</b> 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 127
	<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. Tuffin, Nancy, 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) Alcon Occupation (for Individual) Head Health Policy/Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.54

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790973**  
 Amount of Each Receipt this Period 11.53  
 Memo Item

**B. Tuffin, Nancy, 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) Alcon Occupation (for Individual) Head Health Policy/Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.07

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844066**  
 Amount of Each Receipt this Period 11.53  
 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) ExecRespiratorySalesSpecialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 292.47

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791027**  
 Amount of Each Receipt this Period 16.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.39
<b>TOTAL</b> 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 127
	<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. 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) ExecRespiratorySalesSpecialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.80

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844080**  
 Amount of Each Receipt this Period 16.33  
 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) Patient Services Liaison II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.30

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791078**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**C. 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) Patient Services Liaison II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 263.15

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844131**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44.03
<b>TOTAL</b> 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 127
	<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. 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) Pharma Occupation (for Individual) Director Quality Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791670**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Van Meter, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Quality Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844714**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Van Pelt, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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 ▼ 1386.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791641**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.00
<b>TOTAL</b> 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 127
<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 Pelt, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One 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 ▼ 1463.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844684**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Vander Veen, Edward, 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) OBU Occupation (for Individual) Head Global Strat Capabilities Oncolog  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791458**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Vander Veen, Edward, 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) OBU Occupation (for Individual) Head Global Strat Capabilities Oncolog  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844503**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<b>TOTAL</b> 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 127
	<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 <b>A. Vanhaecke, Erwin, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2016 <b>Transaction ID : A2016-1790913</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 23.08
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) Alcon	Occupation (for Individual) IACH-Head NVS Group Qlty	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.72	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Voegtli, William, W, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 14 / 2016 <b>Transaction ID : A2016-1791075</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 14.04
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) OBU	Occupation (for Individual) Senior Reimbursement Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.72	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Voegtli, William, W, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2016 <b>Transaction ID : A2016-1844128</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 14.04
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) OBU	Occupation (for Individual) Senior Reimbursement Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 266.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.16
<b>TOTAL</b> 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 127
<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. Vogels, Andrea, 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) OBU Occupation (for Individual) Sr Assoc Dir Nat Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844573**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Volk, Christen, 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) OBU Occupation (for Individual) Sr. AD-National Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791603**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Volk, Christen, 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) OBU Occupation (for Individual) Sr. AD-National Accounts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844646**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> 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 127
<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. Warner, Robert, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Occupation (for Individual) Global Franchise Head Vision Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.44

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790897**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**B. Warner, Robert, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Occupation (for Individual) Global Franchise Head Vision Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 438.52

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1843991**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. Waugh, Stephanie, 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) Glb Mktg Dir Ext Eye Disease  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1790968**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.16
<b>TOTAL</b> 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 127
	<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. Waugh, Stephanie, 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) Glb Mktg Dir Ext Eye Disease  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844060**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. 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) MS Exec Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791638**  
 Amount of Each Receipt this Period 12.50  
 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) MS Exec Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844681**  
 Amount of Each Receipt this Period 12.50  
 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 112 OF 127
	<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, 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) Pharma Occupation (for Individual) Director Insurance Exchange  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791672**  
 Amount of Each Receipt this Period 30.00  
 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) Pharma Occupation (for Individual) Director Insurance Exchange  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844716**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Willie, Brad, 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) Assoc Dir Medicaid/GPO Account  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791087**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.54
<b>TOTAL</b> 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 127
<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. Willie, Brad, 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) Assoc Dir Medicaid/GPO Account  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844140**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. 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) OBU Occupation (for Individual) Gbl Head FML Digital MedInfo Comms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 09 / 14 / 2016  
**Transaction ID : A2016-1791557**  
 Amount of Each Receipt this Period 11.54  
 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) OBU Occupation (for Individual) Gbl Head FML Digital MedInfo Comms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 28 / 2016  
**Transaction ID : A2016-1844601**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.62
<b>TOTAL</b> This Period (last page this line number only).....	8807.45

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Capital One Bank**

Mailing Address 701 Pennsylvania Ave. NW

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Bank Service Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 23 / 2016

FEC Identification Number

C

Transaction ID : B632814

Amount of Each Disbursement this Period

40.39

Memo Item

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 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 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)..... ▶

40.39

40.39

**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. Majority Committee PAC--MC PAC**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B626469**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Nunes, Devin, , ,**

Office Sought:  House  Senate  President  
State: CA District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B626458**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scott Peters for Congress**

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Peters, Scott, , ,**

Office Sought:  House  Senate  President  
State: CA District: 52

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B626459**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walters for Congress**

Mailing Address P.O. Box 15239

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Walters, Mimi, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00546853

**Transaction ID : B626476**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fearless PAC**

Mailing Address 233 Pennsylvania Ave. SE 2nd. Flo

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District: Not Applicable

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00540955

**Transaction ID : B627424**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Project West PAC**

Mailing Address 1020 N. Fairfax Street - Suite 20

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2016

FEC Identification Number

C C00525543

**Transaction ID : B628189**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Blue Hen PAC**

Mailing Address P.O. Box 15293

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00493700

**Transaction ID : B626473**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Perdue for Senate**

Mailing Address 104 Hume Avenue

City  
Alexandria

State  
VA

Zip Code  
22301

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Perdue, David, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: GA District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00547570

**Transaction ID : B626467**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Shimkus for Congress**

Mailing Address 499 South Capitol Street SW Suite

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Shimkus, John, M, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00258855

**Transaction ID : B626457**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Volunteers for Shimkus**

Mailing Address 499 S. Capitol St. SW Suite 420

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Shimkus, John, M, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2016

FEC Identification Number

C C00258855

**Transaction ID : B628194**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Boustany For Senate Inc**

Mailing Address 1747 Pennsylvania Ave. NW Suite 1

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Boustany, Charles, W, , Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: LA District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00394866

**Transaction ID : B627419**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address 317 15th Street NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Scalise, Steve, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00394957

**Transaction ID : B626455**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Educate and Innovate PAC**

Mailing Address 303 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B627423**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Joe Kennedy for Congress**

Mailing Address 185 Devonshire Street Suite 601

City Boston State MA Zip Code 02110

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Kennedy III, Joseph, P, ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: MA District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B627420**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Moulton for Congress Committee**

Mailing Address 410 1st Street SE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Moulton, Seth, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: MA District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B627425**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard E Neal for Congress Cmte**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement Contribution

011

Candidate Name

**Neal, Richard, E, ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number

C C00226522

**Transaction ID : B627644**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Peters for Michigan**

Mailing Address 3701 Porter Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Contribution

011

Candidate Name

**Peters, Gary, , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: MI District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00437889

**Transaction ID : B626474**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Erik Paulsen**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

**Paulsen, Erik, , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2016

FEC Identification Number

C C00439661

**Transaction ID : B628192**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Roy Blunt**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Blunt, Roy, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2016

FEC Identification Number

C C00304758

**Transaction ID : B628195**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Montanans for Tester**

Mailing Address 303 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Tester, Jon, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: MT District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00412304

**Transaction ID : B626461**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Richard Burr Committee**

Mailing Address PO Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Burr, Richard, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00385526

**Transaction ID : B627426**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Heidi for Senate**

Mailing Address 420 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Heitkamp, Heidi, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: ND District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B627421**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte**

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Ayotte, Kelly, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NH District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B620362**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Kelly Ayotte**

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Ayotte, Kelly, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NH District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B628294**

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bonnie Watson Coleman for Congress**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Coleman, Bonnie Watson, , ,**

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00558437

Transaction ID : B626470

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Frelinghuysen for Congress**

Mailing Address 2308 Mount Vernon Avenue #337

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Candidate Name

**Frelinghuysen, Rodney, P, ,**

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NJ District: 11

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00299404

Transaction ID : B626472

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lance for Congress**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

**Lance, Leonard, , ,**

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00444224

Transaction ID : B626454

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress**

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Pascrell, William, J, , Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2016

FEC Identification Number

C C00313510

**Transaction ID : B628330**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich for Senate**

Mailing Address 220 I Street NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Heinrich, Martin, T, ,**

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

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C C00434563

**Transaction ID : B626460**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Lujan, Ben, R, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2016

FEC Identification Number

C C00443689

**Transaction ID : B628044**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3000.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<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. IMPACT**

Mailing Address 220 I Street NE Suite 250

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	6

FEC Identification Number

C C00348607

**Transaction ID : B626466**

Amount of Each Disbursement this Period

4500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address P.O. Box 636

City  
Annandale

State  
VA

Zip Code  
22003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Schrader, Kurt, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	6

FEC Identification Number

C C00446906

**Transaction ID : B626477**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bob Casey for Senate Inc.**

Mailing Address 10 G Street NE Suite 470

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Casey, Bob, , , Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	6

FEC Identification Number

C C00431056

**Transaction ID : B626475**

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

9000.00

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

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pat Meehan for Congress**

Mailing Address 402 A South Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Meehan, Patrick, , ,

Office Sought:  House  Senate  President  
State: PA District: 07

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00466870

Transaction ID : B626468

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Green, Raymond Gene, , ,

Office Sought:  House  Senate  President  
State: TX District: 29

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00254185

Transaction ID : B627422

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pete Sessions for Congress**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Sessions, Pete, A, ,

Office Sought:  House  Senate  President  
State: TX District: 32

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2016

FEC Identification Number

C00303305

Transaction ID : B626478

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People for Derek Kilmer**

Mailing Address 412 1st Street SE Suite 100

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Kilmer, Derek, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

C C00514893

**Transaction ID : B626471**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. People for Patty Murray**

Mailing Address 1602 Belle View Boulevard #510

City  
Alexandria

State  
VA

Zip Code  
22307

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Murray, Patty, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

FEC Identification Number

C C00257642

**Transaction ID : B627600**

Amount of Each Disbursement this Period

1000.00

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 M	/	D D D	/	Y Y 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)..... ▶

2000.00

46500.00