

**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"/>	<input type="text"/>	<input type="text" value="151151.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="65203.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17159.22"/>	<input type="text" value="211305.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="82362.43"/>	<input type="text" value="362457.26"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="41.14"/>	<input type="text" value="280135.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="82321.29"/>	<input type="text" value="82321.29"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

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).....	10709.69	84930.41
(ii) Unitemized	6449.53	126375.31
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17159.22	211305.72
(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)	17159.22	211305.72
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)).....▶	17159.22	211305.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17159.22	211305.72

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	41.14	555.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41.14	555.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	248500.00
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	31080.83
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)) ..	41.14	280135.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41.14	280135.97

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17159.22	211305.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17159.22	211305.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41.14	555.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41.14	555.14

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 177
	<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) REFS Head Americas
 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
 12 / 07 / 2016
Transaction ID : A2016-2420195
 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) REFS Head Americas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463792
 Amount of Each Receipt this Period
 11.54
 Memo Item

C. Ahmed, Imran, , ,
 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) Global Drug Development Occupation (for Individual) Team Head ParTop FW
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420149
 Amount of Each Receipt this Period
 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	32.69
TOTAL This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 177
<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. Ahmed, Imran, , ,
 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) Global Drug Development Occupation (for Individual) Team Head ParTop FW
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463746
 Amount of Each Receipt this Period 9.61
 Memo Item

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

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420058
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Algozzine, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Regl Acct MSL Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463874
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.61
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 177
(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. 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 ▼ 360.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420227
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 375.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463878
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Anderson, Renee, 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) Executive Coach
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420229
 Amount of Each Receipt this Period 20.00
 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 10 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Anderson, Renee, 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) Executive Coach
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463880
 Amount of Each Receipt this Period
 20.00
 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 ▼ 332.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420233
 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 ▼ 346.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463884
 Amount of Each Receipt this Period
 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	47.70
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 177
<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. Baker, Jeanne, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharma	Occupation (for Individual) Area Business Leader II
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420237

Amount of Each Receipt this Period
9.23

Memo Item

B. Baker, Jeanne, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharma	Occupation (for Individual) Area Business Leader II
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463888

Amount of Each Receipt this Period
9.23

Memo Item

C. Barbier, Pierre, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alcon	Occupation (for Individual) Head IOL Design Control
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420151

Amount of Each Receipt this Period
9.61

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.07
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 177
	<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. Barbier, Pierre, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head IOL Design Control
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463748
 Amount of Each Receipt this Period
 9.61
 Memo Item

B. Barkhausen, Susana, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL Miami
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420241
 Amount of Each Receipt this Period
 15.00
 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 Sr ABL Miami
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463892
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 39.61
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Barnett, Allison, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Corporate	Occupation (for Individual) AD State & Ext Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420242

Amount of Each Receipt this Period
21.00

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Director Strategy & Operations
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420243

Amount of Each Receipt this Period
17.00

Memo Item

C. Barninger, Michael, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) Director Strategy & Operations
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463893

Amount of Each Receipt this Period
17.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
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 14 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Baron, Neilda, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Ex Dir Medical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420244
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Baron, Neilda, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Ex Dir Medical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463894
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Baroni Allmon, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Exec Director Health Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420245
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Baroni Allmon, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Exec Director Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463895
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Billings, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dir Heart Failure Comms Lead/BU Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420254
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Billings, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dir Heart Failure Comms Lead/BU Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463905
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 177
	<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. Blair, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) AD Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420256
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Blair, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) AD Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463907
 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 ▼ 276.96

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420258
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 177
<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. 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463909
 Amount of Each Receipt this Period 11.54
 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 ▼ 540.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420485
 Amount of Each Receipt this Period 30.00
 Memo Item

C. 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 ▼ 570.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463845
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	71.54
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 18 OF 177
	<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. Borill, Troy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.98

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420262
 Amount of Each Receipt this Period 20.14
 Memo Item

B. Borill, Troy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 502.12

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463913
 Amount of Each Receipt this Period 20.14
 Memo Item

C. Bortfeld, Daniel, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Global Head HR Operational Excellence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420263
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 51.82
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 177
	<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. Bortfeld, Daniel, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Global Head HR Operational Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463914
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Brooks, Michael, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420275
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Brooks, Michael, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463926
 Amount of Each Receipt this Period 20.00
 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 20 OF 177
<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 ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420279
 Amount of Each Receipt this Period
 35.00
 Memo Item

B. 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 ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463930
 Amount of Each Receipt this Period
 35.00
 Memo Item

C. Buckley, Matthew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Strategic Market Access
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420281
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	79.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 177
	<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. Buckley, Matthew, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Strategic Market Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463932
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Burke, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Business Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420286
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Burke, John, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Business Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463937
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 177
	<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. 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 ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420290

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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463941

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) Corporate	Occupation (for Individual) AD State & External Affairs
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420291

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 23 OF 177
	<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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463942
 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 ▼ 600.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420486
 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 ▼ 625.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463846
 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 24 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Carl, Kevin, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global RA Franchise Head EM&ED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420298
 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) Global Drug Development Occupation (for Individual) Global RA Franchise Head EM&ED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463949
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Carpenter, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncol Area Sales Manager II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420300
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 177
	<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. Carpenter, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncol Area Sales Manager II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463951
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Carter, Charles, 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) NBS Occupation (for Individual) Field Skills Trainer - Onc - Bronc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420301
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Carter, Charles, 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) NBS Occupation (for Individual) Field Skills Trainer - Onc - Bronc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463952
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 177
<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. 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 ▼ 3323.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420198
 Amount of Each Receipt this Period
 138.46
 Memo Item

B. Casserly, Daniel, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Head of Fed Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463795
 Amount of Each Receipt this Period
 138.46
 Memo Item

C. Caywood Jr., John, H, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East 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 Government Pricing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419973
 Amount of Each Receipt this Period
 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	286.53
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 27 OF 177
	<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. Caywood Jr., John, H., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East 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 Government Pricing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463671
 Amount of Each Receipt this Period
 9.61
 Memo Item

B. Chastain, James, E.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBR Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419940
 Amount of Each Receipt this Period
 9.62
 Memo Item

C. Chastain, James, E.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBR Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464470
 Amount of Each Receipt this Period
 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.85
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 28 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Christensen-Boner, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director State&External Affrs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 731.58

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420306
 Amount of Each Receipt this Period 30.68
 Memo Item

B. Christensen-Boner, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director State&External Affrs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 762.26

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463957
 Amount of Each Receipt this Period 30.68
 Memo Item

C. Civiello, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD Regional Strategy Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420307
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.59
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Civiello, Matthew, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) AD Regional Strategy Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463959
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Clary, Cathryn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global Head Patient Affairs and Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420311
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Clary, Cathryn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global Head Patient Affairs and Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463963
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	209.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 177
	<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. 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420200
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463797
 Amount of Each Receipt this Period 15.00
 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 ▼ 1107.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419976
 Amount of Each Receipt this Period 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 177
	<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. 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 ▼ 1153.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463674
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Colpitts, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Technical Operations Occupation (for Individual) Head of Facilities & Utility Maint. (A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 528.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420318
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Colpitts, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Technical Operations Occupation (for Individual) Head of Facilities & Utility Maint. (A)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463970
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Compton, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420488
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Compton, Matt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463848
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Conkling, William, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) ED Pricing Access & Control
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420319
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 177
	<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. Conkling, William, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) ED Pricing Access & Control
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463971
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Conley, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Vice President Trade Ops & Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.92

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420320
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Conley, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Vice President Trade Ops & Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463972
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Conoshenti, Joseph, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Strategic Account Alliances
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420322
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Conoshenti, Joseph, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Strategic Account Alliances
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2463974
 Amount of Each Receipt this Period 30.00
 Memo Item

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

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420325
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 35 OF 177
<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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463977
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Coombs, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Massachusetts Avenue
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Oncology and Injectable Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1107.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420489
 Amount of Each Receipt this Period
 46.15
 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) VP Oncology and Injectable Products
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463849
 Amount of Each Receipt this Period
 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	122.30
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 36 OF 177
<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. Corcoran, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420328
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Corcoran, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463980
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Couture, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head Regulatory C&G TU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420331
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	38.46
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 177
	<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. Couture, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head Regulatory C&G TU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463983
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Crippen, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419959
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Crippen, David, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463985
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 177
	<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. 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 ▼
276.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420490

Amount of Each Receipt this Period
11.54

Memo Item

B. Cullen, Thomas, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) Advisor Scientific
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463850

Amount of Each Receipt this Period
11.54

Memo Item

C. D'Addabbo, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) DirectorGlobal Indication Lead CLL/AML
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
207.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463988

Amount of Each Receipt this Period
8.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	31.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Davis, Jeanmarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Dir Prof Rel Advocate Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419978
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Davis, Jeanmarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Dir Prof Rel Advocate Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463676
 Amount of Each Receipt this Period 9.61
 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 ▼ 390.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420491
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.22
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 40 OF 177
<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. 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 ▼ 420.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463851
 Amount of Each Receipt this Period 30.00
 Memo Item

B. De Valroger, Timothy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Hematology Area Sales Manager I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420047
 Amount of Each Receipt this Period 9.23
 Memo Item

C. De Valroger, Timothy, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Hematology Area Sales Manager I
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463995
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	48.46
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 177
	<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. Deason, Terry, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420334
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Deason, Terry, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463999
 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 ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420335
 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 42 OF 177
	<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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464000
 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 ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420202
 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463799
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 177
	<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. Dixon, Dwayne, 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) Dir Customer Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463679
 Amount of Each Receipt this Period 9.62
 Memo Item

B. 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 ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419982
 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463680
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.70
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 177
	<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. 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 ▼
332.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2016

Transaction ID : A2016-2420442

Amount of Each Receipt this Period
13.85

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 ▼
346.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

Transaction ID : A2016-2464018

Amount of Each Receipt this Period
13.85

Memo Item

C. 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 ▼
369.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2016

Transaction ID : A2016-2419983

Amount of Each Receipt this Period
15.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	43.08
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 46 OF 177
	<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. 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 ▼
384.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

Transaction ID : A2016-2463681

Amount of Each Receipt this Period
15.38

Memo Item

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2016

Transaction ID : A2016-2420444

Amount of Each Receipt this Period
14.04

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) Oncology	Occupation (for Individual) Sr Oncol Area Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2016

Transaction ID : A2016-2464020

Amount of Each Receipt this Period
14.04

Memo Item

SUBTOTAL of Receipts This Page (optional).....	43.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 177
<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. 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) Corporate Occupation (for Individual) Head Pharma AG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420204
 Amount of Each Receipt this Period
 100.00
 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) Corporate Occupation (for Individual) Head Pharma AG
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463801
 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 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
 12 / 07 / 2016
Transaction ID : A2016-2420447
 Amount of Each Receipt this Period
 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	211.54
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 48 OF 177
	<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. Ewalt, Judith, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464023
 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 ▼ 369.12

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419984
 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 ▼ 384.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463682
 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 49 OF 177
<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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420206
 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463803
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420449
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 177
<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. 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 ▼ 1250.00

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464025
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Foley, James, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) WW Medical Affairs Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420453
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Foley, James, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) WW Medical Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464029
 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 52 OF 177
	<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. 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464032
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Freeland, Jon, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Associate Dir. Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420458
 Amount of Each Receipt this Period 12.50
 Memo Item

C. Freeland, Jon, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Associate Dir. Business Development
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464034
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 177
<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. 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420160
 Amount of Each Receipt this Period 15.00
 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463757
 Amount of Each Receipt this Period 15.00
 Memo Item

C. 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1532.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420460
 Amount of Each Receipt this Period 64.03
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	94.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 177
	<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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1596.43

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464036
 Amount of Each Receipt this Period 64.03
 Memo Item

B. 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) Oncology Occupation (for Individual) Exec Dir National & Regional Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420463
 Amount of Each Receipt this Period 20.00
 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) Oncology Occupation (for Individual) Exec Dir National & Regional Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464039
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	104.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 177
	<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. Gaudin, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Sr Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420467
 Amount of Each Receipt this Period 15.00
 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) Oncology Occupation (for Individual) Oncology Sr Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464043
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Geier, Carolyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 SR SPEC - Escondido CA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420470
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 40.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 177
	<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. Geier, Carolyn, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 SR SPEC - Escondido CA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464046
 Amount of Each Receipt this Period 10.00
 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) Connectivity Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 743.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420208
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Gentry, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Connectivity Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 820.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463805
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	164.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 177
	<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. Gentry, Shaun, L, ,
 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) Pharma Occupation (for Individual) Group Dir National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2419987
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Gentry, Shaun, L, ,
 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) Pharma Occupation (for Individual) Group Dir National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463685
 Amount of Each Receipt this Period 9.61
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420471
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.22
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 58 OF 177
	<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. 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464047
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Goldfarb, Steven, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) VP Legal Section Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420356
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Goldfarb, Steven, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) VP Legal Section Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464057
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 175.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 177
<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. 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 ▼ 276.72

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419989
 Amount of Each Receipt this Period 11.53
 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 ▼ 288.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463687
 Amount of Each Receipt this Period 11.53
 Memo Item

C. Grande, Nancy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head Proc Improv & Compliance IMS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420359
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	73.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 177
	<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. Grande, Nancy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head Proc Improv & Compliance IMS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464060
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Grossman, Benjamin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) AD Melanoma Expert Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420363
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Grossman, Benjamin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) AD Melanoma Expert Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464064
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 177
<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. Grossmann, Harold, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) Real Estate Advisor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420210

Amount of Each Receipt this Period
10.00

Memo Item

B. Grossmann, Harold, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) Real Estate Advisor
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463807

Amount of Each Receipt this Period
10.00

Memo Item

C. Grzegorzewski, Kris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Head US Clinical Strategy - Melanoma
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420364

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<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. Grzegorzewski, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Head US Clinical Strategy - Melanoma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464065
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Guidi, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Director Commercial Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420366
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Guidi, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Director Commercial Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464067
 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 63 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gulick, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director New Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420367
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464068
 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) Goaling Design and Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 553.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420368
 Amount of Each Receipt this Period
 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	83.08
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 64 OF 177
	<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. 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) Goaling Design and Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464069
 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 SPEC - SAN ANTONIO W TX
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420369
 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 SPEC - SAN ANTONIO W TX
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464070
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	48.08
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 66 OF 177
	<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) Global Drug Development Occupation (for Individual) Global Head Clinical Disclosure Office
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464074
 Amount of Each Receipt this Period
 11.54
 Memo Item

B. Hallen, Paul, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Global Head VITRet & Glaucoma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 369.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419991
 Amount of Each Receipt this Period
 15.38
 Memo Item

C. Hallen, Paul, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Global Head VITRet & Glaucoma
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463689
 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 67 OF 177
	<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. 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 ▼ 1848.00

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420212
 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 ▼ 1925.00

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463809
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Harper, Thomas, 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) National Director Account Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420384
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	163.23
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 177
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Harper, Thomas, 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) National Director Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464085
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Harris, Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One 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 Graphics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419993
 Amount of Each Receipt this Period
 9.61
 Memo Item

C. Harris, Kay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One 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 Graphics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463691
 Amount of Each Receipt this Period
 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 177
	<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. 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) Oncology Occupation (for Individual) AD Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420386
 Amount of Each Receipt this Period 11.54
 Memo Item

B. 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) Oncology Occupation (for Individual) AD Product Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464087
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Hatch, Sherri, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420387
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 OF 177 (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. Hatch, Sherri, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464088
 Amount of Each Receipt this Period
 9.23
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420389
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Hawkins, Adrian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464090
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 177
	<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. 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 ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420390
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Hayden, Kathy-Jo, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Public Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464091
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Hellberg, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBR Occupation (for Individual) Executive Director Chemical Technologi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419941
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 177
	<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. Hellberg, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NIBR Executive Director Chemical Technolog
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464471
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Hilkert, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Global Drug Development Global Program Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420400
 Amount of Each Receipt this Period
 23.08
 Memo Item

C. Hilkert, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Global Drug Development Global Program Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464101
 Amount of Each Receipt this Period
 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.16
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 73 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420401
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Hinshaw, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Exec VP Oncology US
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464102
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Hokanson, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director Melanoma Expert Liaisons
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420405
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 177
	<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. Hokanson, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director Melanoma Expert Liaisons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464106
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Hong, Xin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head Optics COE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420163
 Amount of Each Receipt this Period 9.61
 Memo Item

C. Hong, Xin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head Optics COE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463760
 Amount of Each Receipt this Period 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	34.22
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 177
	<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. Hood, Jeanne, 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) NBS	Occupation (for Individual) Associate Dir IT Software Dev
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420213

Amount of Each Receipt this Period
9.62

Memo Item

B. Hood, Jeanne, 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) NBS	Occupation (for Individual) Associate Dir IT Software Dev
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463810

Amount of Each Receipt this Period
9.62

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 ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420214

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 177
	<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. 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 500.00

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2463811
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Howe, Linda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Massachusetts Avenue 350 MA # 254J
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Quality Head
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 232.56

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420164
 Amount of Each Receipt this Period 9.69
 Memo Item

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

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2463761
 Amount of Each Receipt this Period 9.69
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **39.38**
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 77 OF 177
<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. Huber, Kirk, 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) Novartis Technical Operations Occupation (for Individual) HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420410
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Huber, Kirk, 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) Novartis Technical Operations Occupation (for Individual) HR Business Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464110
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Hughes, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Dir Insurance Exchange Ext Affairs
 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
 12 / 07 / 2016
Transaction ID : A2016-2420414
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	48.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Hughes, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Dir Insurance Exchange Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464114
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Hughes, Gene, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420415
 Amount of Each Receipt this Period
 12.00
 Memo Item

C. Hughes, Gene, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464115
 Amount of Each Receipt this Period
 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	54.00
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 79 OF 177
	<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. 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420416
 Amount of Each Receipt this Period
 50.00
 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464116
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Jarvis, Edgar, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL - HOUSTON
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 387.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420425
 Amount of Each Receipt this Period
 16.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	116.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 177
	<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 Sr ABL - HOUSTON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464125
 Amount of Each Receipt this Period
 16.15
 Memo Item

B. Jeffers, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Dir Srg Sls Trng Global Fran
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419999
 Amount of Each Receipt this Period
 9.62
 Memo Item

C. Jeffers, Mark, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Dir Srg Sls Trng Global Fran
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463696
 Amount of Each Receipt this Period
 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Jennings, Kathryn, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Senior Cardiovascular Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420504
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Jennings, Kathryn, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Senior Cardiovascular Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2464127
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Johnson, Bruce, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) VP Global Disease Leader - Leukemia
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420505
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 82 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Johnson, Bruce, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) VP Global Disease Leader - Leukemia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464128
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Johnson, Heather, 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) Director of Regional Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420000
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Johnson, Heather, 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) Director of Regional Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463697
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Johnson-Davis, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Patient Advocacy Region/State
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420509
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Johnson-Davis, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director Patient Advocacy Region/State
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464132
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Joines, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr Inflammatory Account Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420510
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 177
	<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. Joines, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr Inflammatory Account Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464133
 Amount of Each Receipt this Period 9.23
 Memo Item

B. 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 ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420062
 Amount of Each Receipt this Period 11.54
 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464138
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kamal, Tawfik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) IACH-Capability Bldg Academy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464141
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kamos, Dean, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Lead Incentive Comp and Awards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420065
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Kamos, Dean, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Lead Incentive Comp and Awards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464142
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Kan, Sarah, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Asc Dir State & Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420066
 Amount of Each Receipt this Period
 77.00
 Memo Item

B. Kan, Sarah, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Asc Dir State & Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1617.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464143
 Amount of Each Receipt this Period
 77.00
 Memo Item

C. Kapin, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head Global Medical Writing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420165
 Amount of Each Receipt this Period
 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	163.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 177
<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. Kapin, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head Global Medical Writing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463762
 Amount of Each Receipt this Period 9.61
 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 ▼ 332.40

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420070
 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 ▼ 346.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464147
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	37.31
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 177
<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. Kelly, Sara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Head of US Commercial Contracts
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463699

Amount of Each Receipt this Period

9.23

 Memo Item

B. Kelson, Carey, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Product Director
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420003

Amount of Each Receipt this Period

10.42

 Memo Item

C. Kelson, Carey, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Product Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
260.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463700

Amount of Each Receipt this Period

10.42

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.07
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 177
	<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 ▼ 1107.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420194
 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 ▼ 1153.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463791
 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 ▼ 276.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420217
 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: (check only one)	PAGE 90 OF 177
	<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. 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 ▼ 288.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463814
 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) Oncology Occupation (for Individual) ED Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420074
 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) Oncology Occupation (for Individual) ED Oncology Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464151
 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: (check only one)	PAGE 91 OF 177
	<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. 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 ▼ 553.80

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464161
 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) Corporate Occupation (for Individual) Assoc. Dir. State and External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420091
 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) Corporate Occupation (for Individual) Assoc. Dir. State and External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464169
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 177
	<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. Landrus, Francis, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Assoc GPTD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420167
 Amount of Each Receipt this Period
 9.61
 Memo Item

B. Landrus, Francis, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Assoc GPTD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463764
 Amount of Each Receipt this Period
 9.61
 Memo Item

C. Larsen, Robert, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Hd Process Dev & API
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420168
 Amount of Each Receipt this Period
 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.84
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 93 OF 177
(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. Larsen, Robert, D, ,

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Hd Process Dev & API

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.50**

Date of Receipt
12 / 21 / 2016

Transaction ID : A2016-2463765

Amount of Each Receipt this Period
9.62

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Laverty, Shawn, , ,

Mailing Address One 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) CV2 SR SPEC MORRISTOWN NJ

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
12 / 07 / 2016

Transaction ID : A2016-2420100

Amount of Each Receipt this Period
9.23

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Laverty, Shawn, , ,

Mailing Address One 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) CV2 SR SPEC MORRISTOWN NJ

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **230.75**

Date of Receipt
12 / 21 / 2016

Transaction ID : A2016-2464178

Amount of Each Receipt this Period
9.23

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **28.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 177
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<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. Leas, Leigh Anne, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1848.00

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420102
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Leas, Leigh Anne, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464180
 Amount of Each Receipt this Period 77.00
 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) Oncology Occupation (for Individual) Oncology Business Franchise Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420108
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.00
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 95 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Lennon, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Business Franchise Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464187
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Leslie, Vinson, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420111
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Leslie, Vinson, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464190
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	118.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 177
<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. Lloyd, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Head of Global Market Access Oncolog
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1107.60

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420119
 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) Oncology Occupation (for Individual) Head of Global Market Access Oncolog
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464198
 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 ▼ 553.92

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419943
 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 97 OF 177
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	<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 ▼ 577.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464473
 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420121
 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464200
 Amount of Each Receipt this Period 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 51.16
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 98 OF 177
<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. Losordo, Donald, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420125
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Losordo, Donald, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464204
 Amount of Each Receipt this Period 9.23
 Memo Item

C. 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) Global Drug Development Occupation (for Individual) Executive Director R&D Operations
 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
 12 / 07 / 2016
Transaction ID : A2016-2420128
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 99 OF 177
(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. 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) Global Drug Development Occupation (for Individual) Executive Director R&D Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464207
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Lund, Paul, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420011
 Amount of Each Receipt this Period 10.42
 Memo Item

C. Lund, Paul, O, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463708
 Amount of Each Receipt this Period 10.42
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 32.38
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 100 OF 177
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	<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. Mac Askill, David, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **276.96**

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420133
 Amount of Each Receipt this Period **11.54**
 Memo Item

B. Mac Askill, David, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **288.50**

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464212
 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 **276.96**

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420221
 Amount of Each Receipt this Period **11.54**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	34.62
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MacKay, Kimberly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Head Legal and Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463818
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Mandala, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Lead Specialty Channels
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420141
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Mandala, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Lead Specialty Channels
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464220
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 177
	<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. Manolios, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420143
 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) Oncology Occupation (for Individual) Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464222
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Mansfield, Annette, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Asc Dir Account Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420144
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 177
	<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. Mansfield, Annette, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Asc Dir Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2464223
 Amount of Each Receipt this Period 9.23
 Memo Item

B. 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) Head Quality Information Processes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420014
 Amount of Each Receipt this Period 11.54
 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) Head Quality Information Processes
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463711
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	32.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 177
	<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. Marks, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head R and D QA Surgical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420171
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Marks, Michael, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head R and D QA Surgical
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463768
 Amount of Each Receipt this Period 9.61
 Memo Item

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

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420051
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 177
	<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. Marks, Penny, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncology Sales Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464226

Amount of Each Receipt this Period
10.00

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

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
12	/	07	/	2016

Transaction ID : A2016-2420055

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464230

Amount of Each Receipt this Period
11.54

Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 177
	<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 ▼ 400.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420222
 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 ▼ 420.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463819
 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) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 559.57

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419702
 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 107 OF 177
<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. Matthews, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.10

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464231
 Amount of Each Receipt this Period 23.53
 Memo Item

B. Mayhew, Brian, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Executive Director Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419704
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Mayhew, Brian, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Executive Director Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464233
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	43.53
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 108 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mays, Aaron, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Product Director Monofocal IOLs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420015

Amount of Each Receipt this Period
9.62

Memo Item

B. Mays, Aaron, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Product Director Monofocal IOL:
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463712

Amount of Each Receipt this Period
9.62

Memo Item

c. Mc Laughlin, Stephen, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Associate Director Patient Marketing
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
221.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419709

Amount of Each Receipt this Period
9.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mc Laughlin, Stephen, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Associate Director Patient Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464238
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Mc Leer, Arlene, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Junior Global Regulatory Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419710
 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) Global Drug Development Occupation (for Individual) Junior Global Regulatory Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464239
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 177
<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. 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419711
 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464240
 Amount of Each Receipt this Period 50.00
 Memo Item

C. McBurney, Christopher, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) ED Oncology Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419712
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	109.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 177
	<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. McBurney, Christopher, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) ED Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464241
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. McGough, Edward, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) SVP Global Mfg & Tech Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2769.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420016
 Amount of Each Receipt this Period
 115.38
 Memo Item

C. McGough, Edward, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) SVP Global Mfg & Tech Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463713
 Amount of Each Receipt this Period
 115.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	239.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McKenna, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 332.40

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419715
 Amount of Each Receipt this Period 13.85
 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) Oncology Occupation (for Individual) Sr. Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464244
 Amount of Each Receipt this Period 13.85
 Memo Item

C. Meissner, Kathy, 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 of Health Safety and Envi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420017
 Amount of Each Receipt this Period 9.61
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 177
	<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. Meissner, Kathy, 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 of Health Safety and Envi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463714
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Millard, Susan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head HR Alcon R&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420018
 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 ▼ 625.00

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463715
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	59.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 177
	<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. 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 ▼
276.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419724

Amount of Each Receipt this Period
11.54

Memo Item

B. Miller, Donald, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Dir Customer Mktg
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464252

Amount of Each Receipt this Period
11.54

Memo Item

C. Minetto, Alejandro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) ERP Finance Leader
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420019

Amount of Each Receipt this Period
9.61

Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 177
	<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. Minetto, Alejandro, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) ERP Finance Leader
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463716

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 ▼
446.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419732

Amount of Each Receipt this Period

18.67

 Memo Item

C. 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 ▼
465.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464260

Amount of Each Receipt this Period

18.67

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	46.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 177
<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. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419741

Amount of Each Receipt this Period

25.00

 Memo Item

B. 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 ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464269

Amount of Each Receipt this Period

25.00

 Memo Item

C. Nagler, Alissa, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) ED PAP
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419743

Amount of Each Receipt this Period

10.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Nagler, Alissa, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) ED PAP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464271
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Nakamura, Jyun, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) AD Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419744
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Nakamura, Jyun, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) AD Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464272
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 177
<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. Naughton, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Regulatory Affairs - TA Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419746
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Naughton, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Regulatory Affairs - TA Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464274
 Amount of Each Receipt this Period 10.00
 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) Novartis Technical Operations Occupation (for Individual) Associate II IPQA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420497
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.00
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 119 OF 177
<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. 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) Novartis Technical Operations Occupation (for Individual) Associate II IPQA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463857
 Amount of Each Receipt this Period 12.00
 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 ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420429
 Amount of Each Receipt this Period 11.54
 Memo Item

C. 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463825
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.08
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 120 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<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. Niesel, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419752
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Niesel, Michael, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464280
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Nobles, Sharon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419753
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Nobles, Sharon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464281
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Nugent, Kevin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head of Regulatory CMC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420174
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Nugent, Kevin, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head of Regulatory CMC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463771
 Amount of Each Receipt this Period 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 30.78
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<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. 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 ▼ 1784.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420430
 Amount of Each Receipt this Period 78.00
 Memo Item

B. O'Neil, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Ex Dir Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1862.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463826
 Amount of Each Receipt this Period 78.00
 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 ▼ 276.72

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420021
 Amount of Each Receipt this Period 11.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	167.53
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 123 OF 177
	<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. 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 & Marketir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463719
 Amount of Each Receipt this Period 11.53
 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) Global Drug Development Occupation (for Individual) Head RA & Development Policy GDD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 553.92

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419759
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Olmstead, Sharon, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head RA & Development Policy GDD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464287
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	57.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 177
	<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. Osmundson, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) MS Regional Marketer West
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419761
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Osmundson, Jeffrey, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) MS Regional Marketer West
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464289
 Amount of Each Receipt this Period 9.23
 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 ▼ 553.92

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420192
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	41.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 177
<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. 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 ▼ 577.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463789
 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 ▼ 553.92

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419763
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Oxner, Serafina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Ex Dir Healthcare Contract Adm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464291
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 177
<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. Palumbo, Joseph, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Asc Dir Org. Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419767
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Palumbo, Joseph, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Asc Dir Org. Effectiveness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464295
 Amount of Each Receipt this Period 11.54
 Memo Item

C. 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 ▼ 332.40

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419769
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.93
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 177
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Parker, Melissa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Regional Dir Acct Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464297
 Amount of Each Receipt this Period 13.85
 Memo Item

B. Peterson, Bret, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) ExecRespiratorySalesSpecialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419777
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Peterson, Bret, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) ExecRespiratorySalesSpecialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464306
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	32.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 177
<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. 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) Oncology Occupation (for Individual) Executive Director Ribociclib
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419778
 Amount of Each Receipt this Period 12.50
 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) Oncology Occupation (for Individual) Executive Director Ribociclib
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464307
 Amount of Each Receipt this Period 12.50
 Memo Item

C. 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 ▼ 2600.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420432
 Amount of Each Receipt this Period 110.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	135.00
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 129 OF 177
<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. 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 ▼ 2710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463828
 Amount of Each Receipt this Period
 110.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419780
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Pierson, Bradley, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464309
 Amount of Each Receipt this Period
 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 130 OF 177
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Pinamonti, Elizabeth, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419781
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Pinamonti, Elizabeth, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464310
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Porter, Bernard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419786
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Porter, Bernard, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464315
 Amount of Each Receipt this Period
 9.23
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420500
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Pott, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463860
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	109.23
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 177
	<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 ▼
369.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420025

Amount of Each Receipt this Period
15.38

Memo Item

B. 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 ▼
384.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463723

Amount of Each Receipt this Period
15.38

Memo Item

C. Prather, Kelly, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncol Area Sales Manager
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
221.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419788

Amount of Each Receipt this Period
9.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	39.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 177
	<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. Prather, Kelly, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464317
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Prejean, Jeffrey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV1 ABL II - NEW ORLEANS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419789
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Prejean, Jeffrey, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV1 ABL II - NEW ORLEANS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464318
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Proctor, J., C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2419791
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Proctor, J., C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2464320
 Amount of Each Receipt this Period 9.23
 Memo Item

C. Qiu, Shumei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBRI Occupation (for Individual) Scientific Associate II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 201.36

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2419945
 Amount of Each Receipt this Period 8.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	26.85
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 135 OF 177
<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. Qiu, Shumei, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBRI Occupation (for Individual) Scientific Associate II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464475
 Amount of Each Receipt this Period 8.39
 Memo Item

B. Quinlan, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Associate Director Biostatistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419795
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Quinlan, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Associate Director Biostatistics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464324
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 136 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Quinn, Eileen, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncology Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419796

Amount of Each Receipt this Period

9.23

 Memo Item

B. Quinn, Eileen, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncology Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464325

Amount of Each Receipt this Period

9.23

 Memo Item

C. Rendon, Susan, 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) Head Global Total Rewards
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420027

Amount of Each Receipt this Period

9.62

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	28.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 177
<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. Rendon, Susan, 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) Head Global Total Rewards
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463725

Amount of Each Receipt this Period

9.62

 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 ▼
276.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420501

Amount of Each Receipt this Period

11.54

 Memo Item

C. Riccobono, Margaret, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) Associate Director Talent Management
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
288.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463861

Amount of Each Receipt this Period

11.54

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 177
<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. 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 ▼ 369.12

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420176
 Amount of Each Receipt this Period 15.38
 Memo Item

B. 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 ▼ 384.50

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2463773
 Amount of Each Receipt this Period 15.38
 Memo Item

C. Riddell, Sheila, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 EXEC SPEC - SALISBURY NC
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2419805
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	39.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 177
<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. Riddell, Sheila, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 EXEC SPEC - SALISBURY NC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464334
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Riddiford, Keith, 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) NBS Occupation (for Individual) Head of PLS US
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419806
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Riddiford, Keith, 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) NBS Occupation (for Individual) Head of PLS US
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464335
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 140 OF 177 (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. Robertson, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Materials Head FWN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420177
 Amount of Each Receipt this Period 9.62
 Memo Item

B. Robertson, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Materials Head FWN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463774
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Rodgers, Renee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Head Digital Strategy And Svc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2419810
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	49.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 177
	<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. Rodgers, Renee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Head Digital Strategy And Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464339
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. Roemisch, Laurie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419811
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Roemisch, Laurie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464340
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	48.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 177
	<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. 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 ▼ **816.96**

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420502
 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 ▼ **851.00**

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2463862
 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 ▼ **480.00**

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420503
 Amount of Each Receipt this Period **20.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 177
	<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. Ryan, Alan, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Dir. US Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463863
 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 ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419951
 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 ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463864
 Amount of Each Receipt this Period
 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	43.08
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Saad, Ahmad, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Principal Engineer Test
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420179
 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463776
 Amount of Each Receipt this Period 11.54
 Memo Item

C. Samartino, Roger, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr. Strategic Account Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419824
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 145 OF 177
<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. Samartino, Roger, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr. Strategic Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464353
 Amount of Each Receipt this Period 9.23
 Memo Item

B. 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 ▼ 600.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419825
 Amount of Each Receipt this Period 25.00
 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 ▼ 625.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464354
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	59.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 OF 177 (check only one)												
	<table style="width:100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> 11a</td> <td><input type="checkbox"/> 11b</td> <td><input type="checkbox"/> 11c</td> <td><input type="checkbox"/> 12</td> </tr> <tr> <td><input type="checkbox"/> 13</td> <td><input type="checkbox"/> 14</td> <td><input type="checkbox"/> 15</td> <td><input type="checkbox"/> 16</td> </tr> <tr> <td colspan="4" style="text-align: right;"><input type="checkbox"/> 17</td> </tr> </table>	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			
<input 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 A. Schmidt, Corey, , ,			Date of Receipt MM / DD / YYYY 12 / 07 / 2016 Transaction ID : A2016-2419829		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 10.00		
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 240.00		
Name of Employer (for Individual) Global Drug Development		Occupation (for Individual) Assoc Director Labeling Specification	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Schmidt, Corey, , ,			Date of Receipt MM / DD / YYYY 12 / 21 / 2016 Transaction ID : A2016-2464358		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 10.00		
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00		
Name of Employer (for Individual) Global Drug Development		Occupation (for Individual) Assoc Director Labeling Specification	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Schoening, David, A, ,			Date of Receipt MM / DD / YYYY 12 / 07 / 2016 Transaction ID : A2016-2420030		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 15.38		
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 369.12		
Name of Employer (for Individual) Alcon		Occupation (for Individual) Head Global Quality Assurance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	35.38
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 177
	<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. Schoening, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head Global Quality Assurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.50

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463728
 Amount of Each Receipt this Period 15.38
 Memo Item

B. Schweitzer, Mark, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Technical Operations Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 12 / 07 / 2016
Transaction ID : A2016-2420437
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Schweitzer, Mark, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Technical Operations Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 12 / 21 / 2016
Transaction ID : A2016-2463833
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 148 OF 177
<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. 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419830
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464359
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Seeland, S., M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Director Neurology Marketing
 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
 12 / 07 / 2016
Transaction ID : A2016-2419952
 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 149 OF 177
<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. Seeland, S., M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Director Neurology Marketing
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **288.50**

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2463865
 Amount of Each Receipt this Period **11.54**
 Memo Item

B. Shaffer, Dawn, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **221.52**

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2419832
 Amount of Each Receipt this Period **9.23**
 Memo Item

C. Shaffer, Dawn, M.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.75**

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464361
 Amount of Each Receipt this Period **9.23**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 177
	<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. Sharkey, Bonnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dir Comm Contract & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419833
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Sharkey, Bonnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dir Comm Contract & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464362
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Shertzer, Deborah, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director CIA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419836
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 177
	<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. Shertzer, Deborah, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Director CIA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464365
 Amount of Each Receipt this Period 9.23
 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 ▼ 383.82

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419840
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Simon, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) MS Executive Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 393.82

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464369
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	29.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 177
<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, William, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV1 SR SPEC - PITTSBURGH W PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419841
 Amount of Each Receipt this Period
 9.23
 Memo Item

B. Simon, William, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV1 SR SPEC - PITTSBURGH W PA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464370
 Amount of Each Receipt this Period
 9.23
 Memo Item

C. Sipe, David, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419845
 Amount of Each Receipt this Period
 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	27.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 177
<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. Sipe, David, P, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncology Specialist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464374

Amount of Each Receipt this Period

9.23

 Memo Item

B. Slick, John, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV2 Sr ABL Columbia SC
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
221.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2419847

Amount of Each Receipt this Period

9.23

 Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV2 Sr ABL Columbia SC
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2464376

Amount of Each Receipt this Period

9.23

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	27.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Spelta, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419855
 Amount of Each Receipt this Period 14.04
 Memo Item

B. Spelta, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464384
 Amount of Each Receipt this Period 14.04
 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) Oncology Occupation (for Individual) Oncology US Mkt Access &Health Polic
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2430.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419858
 Amount of Each Receipt this Period 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	143.08
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 155 OF 177
	<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. 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) Oncology Occupation (for Individual) Oncology US Mkt Access &Health Polic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2545.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464387
 Amount of Each Receipt this Period 115.00
 Memo Item

B. Stamatis, Demetre, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Reg Affairs-TA Asc Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419859
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Stamatis, Demetre, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Reg Affairs-TA Asc Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464388
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 156 OF 177
<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. Stanley Jr., Danney, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Dir Mfg Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420183
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Stanley Jr., Danney, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Dir Mfg Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463780
 Amount of Each Receipt this Period 9.23
 Memo Item

C. 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419862
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 157 OF 177
<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. 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) Corporate Occupation (for Individual) AD State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464391
 Amount of Each Receipt this Period 11.54
 Memo Item

B. Stehle, Philip, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420036
 Amount of Each Receipt this Period 9.62
 Memo Item

C. Stehle, Philip, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463734
 Amount of Each Receipt this Period 9.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Stephens, Ashley, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV1 Sr ABL Columbia SC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2419864
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Stephens, Ashley, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV1 Sr ABL Columbia SC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464393
 Amount of Each Receipt this Period 9.23
 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) Corporate Occupation (for Individual) Director State&External Affrs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 830.88

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2419866
 Amount of Each Receipt this Period 34.62
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	53.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 177
	<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. 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) Corporate Occupation (for Individual) Director State&External Affrs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464395
 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 ▼ 276.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419867
 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 ▼ 288.50

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464396
 Amount of Each Receipt this Period 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 177
<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. Stillwell, Matthew, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) National Leader - Institute Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419868
 Amount of Each Receipt this Period 9.23
 Memo Item

B. Stillwell, Matthew, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) National Leader - Institute Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464397
 Amount of Each Receipt this Period 9.23
 Memo Item

C. 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) Oncology Occupation (for Individual) Dir Professional Strat & Bus Developme
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 332.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419872
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	32.31
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 177
<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) Oncology Occupation (for Individual) Dir Professional Strat & Bus Developme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464401
 Amount of Each Receipt this Period 13.85
 Memo Item

B. 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) Mgr Materials
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.72

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420184
 Amount of Each Receipt this Period 11.53
 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) Mgr Materials
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 288.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463781
 Amount of Each Receipt this Period 11.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.91
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 162 OF 177
(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. Suter, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Dir State & External Affairs
 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
 12 / 07 / 2016
Transaction ID : A2016-2419876
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Suter, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Dir State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464406
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Trout, Gretchen, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head North America Policy & FDA Liaison
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419903
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 177
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Trout, Gretchen, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head North America Policy & FDA Liaisons
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2464433
 Amount of Each Receipt this Period 10.00
 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 276.72

Date of Receipt **12 / 07 / 2016**
Transaction ID : A2016-2420038
 Amount of Each Receipt this Period 11.53
 Memo Item

C. 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 288.25

Date of Receipt **12 / 21 / 2016**
Transaction ID : A2016-2463736
 Amount of Each Receipt this Period 11.53
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	33.06
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 177
	<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 ▼ 390.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419905
 Amount of Each Receipt this Period 16.33
 Memo Item

B. Urban, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) ExecRespiratorySalesSpecialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 406.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464435
 Amount of Each Receipt this Period 16.33
 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) Area Leader Patient Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 332.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419907
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.51
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 165 OF 177
<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. Utt, Lisa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Area Leader Patient Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464437
 Amount of Each Receipt this Period 13.85
 Memo Item

B. Van Meter, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Quality Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419909
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Van Meter, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Quality Ext Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464439
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	73.85
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 166 OF 177
	<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. 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 ▼ 1848.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420478
 Amount of Each Receipt this Period
 77.00
 Memo Item

B. 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 ▼ 1925.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463838
 Amount of Each Receipt this Period
 77.00
 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) Oncology Occupation (for Individual) Head Global Strat Capabilities Oncolog
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419912
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	169.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 177
	<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. 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) Oncology Occupation (for Individual) Head Global Strat Capabilities Oncolog
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464442
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Vanhaecke, Erwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) IACH-Head NVS Group Qlty
 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
 12 / 21 / 2016
Transaction ID : A2016-2463738
 Amount of Each Receipt this Period
 23.08
 Memo Item

C. Vineis, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Managed Markets Specialty Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419954
 Amount of Each Receipt this Period
 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.08
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 168 OF 177
	<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. Vineis, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Managed Markets Specialty Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463867
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Voegtli, William, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 336.96

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419914
 Amount of Each Receipt this Period 14.04
 Memo Item

C. Voegtli, William, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464444
 Amount of Each Receipt this Period 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	105.08
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 169 OF 177
<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. 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) Oncology Occupation (for Individual) Sr. AD-National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419916
 Amount of Each Receipt this Period 15.00
 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) Oncology Occupation (for Individual) Sr. AD-National Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2464446
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Vollert-Parrotto, Denise, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) US Finance PLS Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420479
 Amount of Each Receipt this Period 10.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 177
	<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. Vollert-Parrotto, Denise, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) US Finance PLS Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463839
 Amount of Each Receipt this Period 10.00
 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 ▼ 553.92

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420041
 Amount of Each Receipt this Period 23.08
 Memo Item

C. 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 ▼ 577.00

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463740
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	56.16
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 171 OF 177
	<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. 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2420042
 Amount of Each Receipt this Period 15.00
 Memo Item

B. 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 ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2463741
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Wilkinson, Erik, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) MS Exec Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419926
 Amount of Each Receipt this Period 12.50
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 177
	<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. 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 ▼ 312.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464456
 Amount of Each Receipt this Period
 12.50
 Memo Item

B. Williams, Donna Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Insurance Exchange
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2016
Transaction ID : A2016-2419929
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Williams, Donna Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Insurance Exchange
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464459
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	72.50
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 177
<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. Williams, Kenneth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Sr Project Toxicologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.64

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2420188
 Amount of Each Receipt this Period 9.61
 Memo Item

B. Williams, Kenneth, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Sr Project Toxicologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.25

Date of Receipt 12 / 21 / 2016
Transaction ID : A2016-2463785
 Amount of Each Receipt this Period 9.61
 Memo Item

C. Wilshire, Karen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt 12 / 07 / 2016
Transaction ID : A2016-2419932
 Amount of Each Receipt this Period 9.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	28.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 177
	<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. Wilshire, Karen, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464462
 Amount of Each Receipt this Period
 9.23
 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) Oncology Occupation (for Individual) Glbl Hd of FME Digital Med Info & Com
 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
 12 / 07 / 2016
Transaction ID : A2016-2419935
 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) Oncology Occupation (for Individual) Glbl Hd of FME Digital Med Info & Com
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016
Transaction ID : A2016-2464465
 Amount of Each Receipt this Period
 11.54
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	32.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 177
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zhang, Fan, , ,

Mailing Address One 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 PCS Lab Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2016

Transaction ID : A2016-2420190

Amount of Each Receipt this Period
9.62

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zhang, Fan, , ,

Mailing Address One 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 PCS Lab Services
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2016

Transaction ID : A2016-2463787

Amount of Each Receipt this Period
9.62

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	19.24
TOTAL This Period (last page this line number only).....	10709.69

**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
12		20		2016

FEC Identification Number

C

Transaction ID : B637753

Amount of Each Disbursement this Period

41.14

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)..... ▶

41.14

41.14

**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. Donnelly for Indiana

Mailing Address 1433 R Street NW #2

City Washington State DC Zip Code 20009

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Donnelly, Joseph, S, ,

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2016

FEC Identification Number

C C00393652

Transaction ID : B635955

Amount of Each Disbursement this Period

-1000.00

Memo Item 11/28/2016

Full Name (Last, First, Middle Initial)

B. Donnelly for Indiana

Mailing Address 1433 R Street NW #2

City Washington State DC Zip Code 20009

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Donnelly, Joseph, S, ,

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2016

FEC Identification Number

C C00393652

Transaction ID : B636012

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Donnelly for Indiana

Mailing Address 1433 R Street NW #2

City Washington State DC Zip Code 20009

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Donnelly, Joseph, S, ,

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2016

FEC Identification Number

C C00393652

Transaction ID : B636013

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

0.00

0.00