Image#	20181	02091	25797404
mugor	20101	02001	20101404

10/20/2018 11 : 08

PAGE 1 / 156

.

FEC FORM 3X	AN	PORT OF D DISBUR Other Than An Au	RSEMENT	s	0	iffice Use Only
1. NAME OF COMMITTEE (in f		e or print ▼	Example: If typ over the lines.	ing, type	12FE4M5	
ADDRESS (number and Check if diffe than previous reported. (AC	street)	ical Action Comn				20004-2608
2. FEC IDENTIFICA		3.		NEW (N) OR	STATE ▲ AMEN (A)	
July 15 Quarterly October Quarterly January 3 Year-End July 31 M Report (N Year Only	orts: Report (Q1) Report (Q2) 15 Report (Q3) 31 Report (YE) /iid-Year lon-election	Report Due On: (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:	0 20 (M2) 1 r 20 (M3) 1 r 20 (M4) 1 0 Primary (12 0 Convention 0 On on 0 General (30 0 MIM 0 On on	(12C)	Aug 20 X Sep 20 Oct 20 General (12) Special (12) Runoff (30R	(M9) Dec 20 (M12) (Non-Election Year Only) (M10) Jan 31 (YE) G) Runoff (12R) S) in the State of
 Covering Period I certify that I have exactly a constraint of the second s	O Treasurer	'Neail, Shawn, , ,	through		, correct and contact	2018 omplete.
-		or incomplete information			s Report to the p	Denalties of 52 U.S.C. § 30105 FEC FORM 3X Rev. 05/2016

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Novartis Corporation Political Action Committee MM D Y M D N T. 80 01 2018 08 31 2018 Report Covering the Period: From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 115984.18 January 1, 2018 (b) Cash on Hand at 71940.06 Beginning of Reporting Period..... 31121.28 175674.91 Total Receipts (from Line 19) (C) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 291659.09 103061.34 6(a) and 6(c) for Column B)..... 17.84 188615.59 7. Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 103043.50 103043.50 (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO 9. the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Novartis Corporation Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	18289.03	07040.45
(i) Itemized (use Schedule A)	10209.03	67610.15
(ii) Unitemized	12832.25	103064.76
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	31121.28	170674.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	31121.28	170674.91
Totals to Line 33, page 5)		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Leon Denovmente Dessived	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	5000.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	31121.28	175674.91
. Total Federal Receipts		

(subtract Line 18(c) from Line 19).....▶

31121.28

1 -7

175674.91		

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	17.84	115.5
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	17.84	115.55
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	188500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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	0.0
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) 	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
	41. 41. 41.	
Federal Election Activity (52 U.S.C. § 30101((a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
(c) Total Federal Election Activity Faid (c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	17.84	188615.55
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	17.84	188615.59

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	31121.28	170674.91
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	31121.28	170674.91
 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	17.84	115.59
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	17.84	115.59

SCHEDULE A (FEC Form 3X) ____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check or	nly oi	ne)	(check only one)							
			for each category of the Detailed Summary Page	X 11a		11b	11c	12	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r			son for the		pose of	soliciting	contribut	tions					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	tion Corr	nmittee											
A.	Full Name of Individual (Last, First, Middle Initia Ackerman Jr., Robert, E, ,	l) or Full O	Organization Name	Date of Receipt										
Mailing Address One Health Plaza				08 31 2018										
	City East Hanover	State NJ	Zip Code 07936			ion ID : A		902876 iis Period						
	FEC ID number of contributing federal political committee.	С						11.	54					
	Name of Employer (for Individual) NBS		upation (for Individual) ad REFS Alcon & Head REFS Ameri		Memo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72											
	Full Name of Individual (Last, First, Middle Initia Ammon, Brian, S, ,	Date	of Be	acaint										
ь.	Mailing Address One Health Plaza		M /	03	/ Y	2018	Y							
-	City East Hanover	State NJ	Zip Code 07936			ion ID : / Each Re		645212 iis Period	_					
	FEC ID number of contributing federal political committee.	С				-		30.0	00					
	Name of Employer (for Individual) NBS		upation (for Individual) buty Head NPMR Alcon & SDZ	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00											
С.	Full Name of Individual (Last, First, Middle Initia Ammon, Brian, S, ,	l) or Full O	Organization Name	Date	of Re	eceipt								
	Mailing Address One Health Plaza			08		D D 17	/ Y	2018	Y					
	City East Hanover	State NJ	Zip Code 07936			ion ID :		883154 iis Period						
	FEC ID number of contributing federal political committee.	С					j	30.0	00					
Name of Employer (for Individual) NBS			upation (for Individual) uty Head NPMR Alcon & SDZ	ים	Memo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00											
s	UBTOTAL of Receipts This Page (optional)		•••••			7		71.	54					
т	OTAL This Period (last page this line number or	ıly)	•			-	-							

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

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: SA11AI Transaction ID:

This report is being amended to report an unitemized receipt that was mistakenly left out of the original report.

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
I LIVILLU RECEIFIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)						
Novartis Corporation Political	Action Con	nmittee				
Full Name of Individual (Last, First, Middle A. Ammon, Brian, S, ,	e Initial) or Full O	organization Name	Date of Receipt			
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 31 2018			
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1902877			
		07950	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
Name of Employer (for Individual) NBS		upation (for Individual) outy Head NPMR Alcon & SDZ	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify) ▼		540.00	1			
Other (specify) V			1			
Full Name of Individual (Last, First, Middle B. Anderson, Kurt, , ,	Date of Receipt					
Mailing Address One Health Plaza	Mailing Address One Health Plaza					
City	State	Zip Code	Transaction ID : A2018-1645213			
East Hanover	NJ	07936	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		60.00			
Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼	_			
Primary General		200.70	1			
Other (specify) v		290.76	1			
Full Name of Individual (Last, First, Middle C. Anderson, Kurt, , ,	e Initial) or Full O	organization Name	Date of Receipt			
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 17 2018			
City	State	Zip Code	Transaction ID : A2018-1883155			
East Hanover	NJ	07936	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		60.00			
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
Corporate	AD S	State Government Affairs				
Receipt For:	Aggregate	Year-to-Date V				
Other (specify)		350.76]			
SUBTOTAL of Receipts This Page (optional))		150.00			
TOTAL This Period (last page this line num	ber only)					

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		11b	11c	12						
Any information copied from such Reports an														
or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
Novartis Corporation Political	Action Con	nmittee												
Full Name of Individual (Last, First, Middle Anderson, Kurt, , ,	Initial) or Full C	rganization Name	[Date of	Re	ceipt								
Mailing Address One Health Plaza				08 31 2018										
City	State	Zip Code		Transaction ID : A2018-1902878										
East Hanover	NJ	07936	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		60.00											
Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs		Memo Item										
Receipt For:		Year-to-Date ▼	_											
Primary General	Aggregate													
Other (specify)		410.76												
Full Name of Individual (Last, First, Middle 3. Arline, Andrew, , ,														
Mailing Address One Health Plaza	Mailing Address One Health Plaza						08 03 2018							
City	State	Zip Code		Transa	actio	on ID : A	2018-1	645328						
East Hanover	NJ	07936	A	Amount	of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					,	-9	13.	85					
Name of Employer (for Individual) Pharma		upation (for Individual) jional Sales Director Pittsburgh		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		, 221.60												
Full Name of Individual (Last, First, Middle C. Arline, Andrew, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address One Health Plaza				08 17 2018										
City	State	Zip Code		Trans	acti	ion ID : A	2018-1	883361						
East Hanover	NJ	07936	/	Amount	of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С		13.85											
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item								
Pharma		onal Sales Director Pittsburgh												
Receipt For:		Year-to-Date ▼	_											
Primary General														
Other (specify)		235.45												
SUBTOTAL of Receipts This Page (optional))					,	y	87.	70					
TOTAL This Period (last page this line numb	per only)													

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12						
		Detailed Summary Page		13		14	15	16	17					
Any information copied from such Reports and or for commercial purposes, other than using th														
NAME OF COMMITTEE (In Full) Novartis Corporation Political A	Action Cor	nmittee												
Full Name of Individual (Last, First, Middle In A. Arline, Andrew, , ,	nitial) or Full C	rganization Name		Date of Receipt										
Mailing Address One Health Plaza				08 31 2018										
City	State	Zip Code		Trans	acti	on ID : A	2018-1	902849	_					
East Hanover	NJ	07936	/	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					,	-ge	13.	85					
Name of Employer (for Individual) Pharma		upation (for Individual) jional Sales Director Pittsburgh		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		249.30												
Full Name of Individual (Last, First, Middle II 3. Astley, Glenn, , ,	· · ·													
Mailing Address One Health Plaza	Mailing Address One Health Plaza						08 03 2018							
City	State	Zip Code		Trans	acti	on ID : A	2018-1	645329						
East Hanover	NJ	07936						is Period						
FEC ID number of contributing federal political committee.	С					,	-9	15.	00					
Name of Employer (for Individual) Pharma		upation (for Individual) duct Manager- P2P Marketing	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00		-										
Full Name of Individual (Last, First, Middle In C. Astley, Glenn, , ,	nitial) or Full C	rganization Name		Date of	Re	ceipt								
Mailing Address One Health Plaza				Date of Receipt										
City	State	Zip Code		Trans	acti	on ID : A	2018-1	883362						
East Hanover	NJ	07936		Amount	of	Each Re	ceipt th	is Period						
FEC ID number of contributing federal political committee.	С					9	y	15.	00					
Name of Employer (for Individual)	000	upation (for Individual)	-	Me	əmo	Item								
Pharma														
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify)		255.00												
SUBTOTAL of Receipts This Page (optional)		>						43.	85					
TOTAL This Period (last page this line numbe		F	- 1			,	- 1							

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

IT!			Use separate schedule(s)			(check only one)								
			for each category of the Detailed Summary Page		′ 11a 13		11b	11c	12	17				
	y information copied from such Reports and St for commercial purposes, other than using the				for the	purp	ose of	soliciting	contribu	tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmittee											
<u> </u>	Full Name of Individual (Last, First, Middle Initi Astley, Glenn, , ,		Date of Receipt											
	Mailing Address One Health Plaza				08 31 2018									
	City East Hanover	State NJ	Zip Code 07936					A2018-19 eceipt thi	902850 is Period					
	FEC ID number of contributing federal political committee.	C					y		15.	00				
	Name of Employer (for Individual) Pharma		Me	emo	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00											
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barkhausen, Susana, V, ,						ceipt							
	Mailing Address One Health Plaza							08 / D D / Y Y Y Y 08 03 2018						
	City East Hanover	State NJ	Zip Code	_				A2018-16						
-	FEC ID number of contributing federal political committee.	NJ 07936				Amount of Each Receipt this Period								
	Name of Employer (for Individual) Pharma		upation (for Individual) 2 Sr ABL Miami	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
с.	Full Name of Individual (Last, First, Middle Initi Barkhausen, Susana, V, ,	al) or Full O	rganization Name		Date of	Rec	ceipt							
	Mailing Address One Health Plaza				08	/	D D 17	/ Y	2018	Y				
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt thi	883369 is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		15.	00				
	Name of Employer (for Individual) Pharma	Occu CV2		M	emo	ltem								
	Receipt For: Primary General Other (specify)													
s	UBTOTAL of Receipts This Page (optional)	•			,		45.0	00						
т	OTAL This Period (last page this line number o	only)		•										

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

	EMIZED RECEIPTS			ach category led Summary		>	_	1a 3		11 14		11c 15	12	1	
	y information copied from such Reports and Sta for commercial purposes, other than using the r						for	the		pos	e of s	oliciting	g contrib	outions	
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	tion Cor	nmitte	е											
A.	Full Name of Individual (Last, First, Middle Initia Barkhausen, Susana, V, ,	ll) or Full C	organizatio	on Name			Da	ite of	Re	cei	pt				
	Mailing Address One Health Plaza					08 31 2018									
	City East Hanover	State NJ	· · ·	Code 7936		-	Transaction ID : A2018-1903053 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						Journ		1				5.00	
	Name of Employer (for Individual) Pharma		upation(2 Sr ABL	for Individual Miami)			Me	emo) Ite	em				
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 270.00														
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Barnett, Allison, , ,						Da	ite of	Re	cei	pt				
	Mailing Address One Health Plaza							08 03 2018							
	City East Hanover	State NJ	· · ·	Code 936		_				-			645216 nis Perio	d	
	FEC ID number of contributing federal political committee.	C								- y -		-9	5	7.69	
	Name of Employer (for Individual) Corporate		• •	(for Individual	,			Me	emo) Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-I		702.90										
С.	Full Name of Individual (Last, First, Middle Initia Barnett, Allison, , ,	l) or Full C	rganizati	on Name			Da	ite of	Re	cei	pt				
	Mailing Address One Health Plaza						N	08	1		17	/ Y	2018	Y	
	City East Hanover	State NJ		Code 936									1 883158 nis Perio		
	FEC ID number of contributing federal political committee.	С					Ļ			y		y		7.69	
	Name of Employer (for Individual) Corporate Receipt For:	State Gov	for Individual vernment Affa	•	Memo Item										
	Primary General Other (specify)	Aggregate	rear-to-L		760.59										
					····· •					, ,		<u>y</u>	13().38	

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 13 OF

ITEMIZED RECEIPTS for each category of the		Use separate schedule(s)	(check o	(check only one)								
		for each category of the Detailed Summary Page	X 11a	ı 🗆	11b	11c	12	47				
Any information copied from such Reports or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full)	_											
Novartis Corporation Politic	al Action Con	nmittee										
Full Name of Individual (Last, First, Mid Barnett, Allison, , ,	dle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address One Health Plaza				08 31 2018								
City East Hanover	State NJ	Zip Code 07936			t ion ID : Each R		902881 nis Period					
FEC ID number of contributing federal political committee.	С			_			57.6	9				
Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 818.28]									
Full Name of Individual (Last, First, Mid B. Barninger, Michael, C, ,	dle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address One Health Plaza			M 08		D D D 03	/ Y	2018	Y				
City East Hanover	State NJ	Zip Code 07936			ion ID :		645337 nis Period					
FEC ID number of contributing federal political committee.	С	17.00										
Name of Employer (for Individual) Oncology		upation (for Individual) ector Breast Marketing		Mem	o Item							
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) V		272.00]									
Full Name of Individual (Last, First, Mid Barninger, Michael, C, ,	dle Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address One Health Plaza			M 08		D D 17	/ Y	2018	Y				
City Stat East Hanover NJ		Zip Code 07936			tion ID : Each R		1883370 nis Period					
FEC ID number of contributing federal political committee.	C				5	. y	17.0	0				
Name of Employer (for Individual) Oncology		upation (for Individual) ctor Breast Marketing		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 289.00]									
SUBTOTAL of Receipts This Page (option	' nal)				, .	,	91.6	9				
TOTAL This Period (last page this line nu	Imber only)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 14 OF

ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)								
			for each category of the Detailed Summary Page		× 11a		11b	11c	12			
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	ay not be sold or used by any political committee	erson	for the	pur	14 pose of	15 soliciting	d contribut	17 ions		
	NAME OF COMMITTEE (In Full)	name anu a	duress of any pointear commute	e 10 S				IOIII SUC				
\rangle	Novartis Corporation Political Ac	ction Con	nmittee									
A.	Full Name of Individual (Last, First, Middle Init Barninger, Michael, C, ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				08 31 / Y Y Y Y 08 31							
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	903054 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>				17.0	00		
	Name of Employer (for Individual) Oncology	upation (for Individual) ector Breast Marketing		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 306.00	1								
в.	Full Name of Individual (Last, First, Middle Init Baron, Neilda, A, ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				м м 08	1	03) / Y	y y 2018	Y		
	City	State	Zip Code				-	A2018-1				
	East Hanover	NJ	07936		Amount	of	Each R	leceipt th	nis Period			
	FEC ID number of contributing federal political committee.	С			Ľ.	_			50.0	00		
	Name of Employer (for Individual) Oncology	Occi Ex [Me	emc	tem						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) v	L	, 800.00									
C.	Full Name of Individual (Last, First, Middle Init Baron, Neilda, A, ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				08 ^M	1	D 17) / Y	2018 Y	Y		
	City Si East Hanover N		Zip Code 07936					A2018-1 Receipt th	1883371 his Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		50.0	00		
	Name of Employer (for Individual) Oncology	r (for Individual) Occupation (for Individual) Ex Dir Medical Services) Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	1								
s	UBTOTAL of Receipts This Page (optional)			•			, .	,	117.0	00		
т	OTAL This Period (last page this line number of	only)		•			-					

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

(check only one)

PAGE 15 OF

		Detailed Summary Page	×	11a 13		11b 14		1c 5		12 16	1 7			
	y information copied from such Reports and s for commercial purposes, other than using the			or the		pose of	f solic	citing	cor	ntributi				
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political A	ction Con	nmittee											
A.	Full Name of Individual (Last, First, Middle In Baron, Neilda, A, , Mailing Address One Health Plaza	itial) or Full O	rganization Name	Date of Receipt										
		Ototo	7:- 0-1-		08 31 2018									
	City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1903055									
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Oncology		upation (for Individual) Dir Medical Services		M	emo	tem							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 900.00													
В.	Full Name of Individual (Last, First, Middle In Baroni Allmon, Tracy, L, ,	itial) or Full O	rganization Name		Date of	f Re	ceipt							
	Mailing Address One Health Plaza		08 / D D / Y Y Y Y 08 03 2018											
	City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1645217 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С								510	60.0	0		
	Name of Employer (for Individual) Corporate		upation (for Individual) State Public Policy											
	Receipt For: Primary General Other (specify) ▼	Aggregate]											
<u>с</u> .	Full Name of Individual (Last, First, Middle In Baroni Allmon, Tracy, L, ,	itial) or Full O	rganization Name		Date of	f Re	ceipt							
	Mailing Address One Health Plaza				08	1	D 17		Y	ү 20	ү 18	Y		
	City East Hanover	State NJ	Zip Code 07936				i <mark>on ID</mark> : Each F					_		
	FEC ID number of contributing federal political committee.					, ,		9		60.0	0			
	Name of Employer (for Individual) Corporate	upation (for Individual) State Public Policy		М	emc	tem								
	Receipt For: Primary General Other (specify)	Aggregate]											
s	UBTOTAL of Receipts This Page (optional)					_	,		7		170.0	0		
Т	OTAL This Period (last page this line number	only)						_						

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

ITEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			(check onl	y or	ne)							
				X 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and St for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
\sum	Novartis Corporation Political Ac	tion Con	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initi Baroni Allmon, Tracy, L, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address One Health Plaza				M M / D D / Y							
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	902882 nis Period			
	FEC ID number of contributing federal political committee.	С			_			60.0	00			
	Name of Employer (for Individual) Corporate		upation (for Individual) State Public Policy		М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00)								
в.	Full Name of Individual (Last, First, Middle Initi Billings, Michael, J, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address One Health Plaza			M M 08	/	03		y y 2018	Y			
	City East Hanover	State NJ	Zip Code 07936				-	A2018-1 Receipt th	645349 his Period			
	FEC ID number of contributing federal political committee.	ů – L				_	- y -		20.0	00		
	Name of Employer (for Individual) Oncology		upation (for Individual) ector - Global Onc. Portfolio	Comm.	М	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	0								
с.	Full Name of Individual (Last, First, Middle Initi Billings, Michael, J, ,	ial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address One Health Plaza				M M 08	1	D 17		2018	Y		
	City East Hanover	State NJ	Zip Code 07936					: A2018-1 Receipt th	1883383 nis Period			
	FEC ID number of contributing federal political committee.	С				_	y :	, y	20.0	00		
	Name of Employer (for Individual) Oncology		upation (for Individual) ctor - Global Onc. Portfolio (Comm.	M	lemo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00	0								
s	UBTOTAL of Receipts This Page (optional)			····· Þ			,	9	100.0	0		
т	OTAL This Period (last page this line number c	only)		►			-					

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

т	TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page			(check only one)									
				X 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Novartis Corporation Political Ac	tion Com	nmittee										
A.	Full Name of Individual (Last, First, Middle Initia Billings, Michael, J, ,	al) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address One Health Plaza				08 / D D / Y Y Y Y 08 31 2018								
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	903066 iis Period				
	FEC ID number of contributing federal political committee.	С					1 - 95	20.0	0				
	Name of Employer (for Individual) Oncology		upation (for Individual) ector - Global Onc. Portfolio (Comm.	М	emo	ttem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00)									
в.	Full Name of Individual (Last, First, Middle Initia Blair, Edward, J, ,	al) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address One Health Plaza				м м 08	1	31	/ Y	2018	Y			
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	903072 iis Period				
	FEC ID number of contributing federal political committee.	C						-	11.5	54			
	Name of Employer (for Individual) Oncology	Occi India	М	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72	2									
с.	Full Name of Individual (Last, First, Middle Initia Booth, Taylor, , ,	al) or Full O	rganization Name		Date o	f Re	eceipt						
	Mailing Address One Health Plaza				M M	/	03		2018	Y			
	City East Hanover	Zip Code 07936					A2018-1 eceipt th	645219 is Period					
	FEC ID number of contributing federal political committee.	С					, .		96.1	5			
	Name of Employer (for Individual) Corporate		upation (for Individual) ctor Fed Gov't Affairs		M	lemo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60										
s	UBTOTAL of Receipts This Page (optional)			····· Þ			,	,	127.6	9			
т	OTAL This Period (last page this line number o	nly)		🕨									

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18 OF

ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)								
			for each category of the Detailed Summary Page		K 11a		11b	11c	12			
	y information copied from such Reports and St											
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntrid	utions t	rom suci		e.		
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initi Booth, Taylor, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address One Health Plaza				08 / Y Y Y Y 08 17 2018							
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	883161 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		96.1	5		
	Name of Employer (for Individual) Corporate	upation (for Individual) ector Fed Gov't Affairs		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 480.75										
в.	Full Name of Individual (Last, First, Middle Initi Booth, Taylor, , ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address One Health Plaza				M M 08	/	31	/ Y	2018	Y		
	City East Hanover	State NJ	Zip Code 07936				-	A2018-1 eceipt th	902884 is Period			
	FEC ID number of contributing federal political committee.	С					7	1 - 95	96.1	5		
	Name of Employer (for Individual) Corporate	Occi		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90]								
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Borill, Troy, L, ,	al) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address One Health Plaza				м м 08	/	03		2018	Ŷ		
	City Sta East Hanover N		Zip Code 07936					A2018-1 eceipt th	645362 iis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, y	21.6	63		
	Name of Employer (for Individual) Oncology		upation (for Individual) Dncology Specialist	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 341.47	1								
s	UBTOTAL of Receipts This Page (optional)						,	.,	213.9	3		
Т	OTAL This Period (last page this line number o	only)		→								

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

Mailing Address One Health Plaza Zip Code City State Zip Code Receipt FEC ID number of contributing federal political committee. C Amount of Each Receipt the second secon	h committee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from suc NAME OF COMMITTEE (in Full) Novartis Corporation Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Borill, Troy, L, , Malling Address One Health Plaza City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Oncology Receipt For: Primary General Other (specify) Mailing Address One Health Plaza City Borill, Troy, L, , Mailing Address One Health Plaza Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Borill, Troy, L, , Mailing Address One Health Plaza City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Organization Name Borill, Troy, L, , Mailing Address One Health Plaza City Receipt For: Name of Employer (for I	h committee.
Novartis Corporation Political Action Committee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Borill, Troy, L, , Mailing Address One Health Plaza City East Hanover Name of Employer (for Individual) Oncology Receipt For: Primary General Other (specify) ▼ B. Borill, Troy, L, , Mailing Address One Health Plaza Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ B. Borill, Troy, L, , Mailing Address One Health Plaza City State East Hanover Name of Employer (for Individual) Or Full Organization Name B. Borill, Troy, L, , Mailing Address One Health Plaza City State East Hanover NJ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Mailing Address One Health Plaza Memo Item Memo Item Memo Item Memo Item Memo Item	2018 883396 iis Period
A. Borill, Troy, L, . Date of Receipt Mailing Address One Health Plaza Other Contributing federal political committee. Date of Receipt Name of Employer (for Individual) Occupation (for Individual) Anount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Memo Item Oncology Sr. Oncology Specialist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ State Zip Code Barill, Troy, L, , Mailing Address One Health Plaza Date of Receipt City State Zip Code Transaction ID: A2018-1 Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Date of Receipt Mailing Address One Health Plaza Occupation (for Individual) Transaction ID: A2018-1 Amount of Each Receipt Gity State Zip Code Transaction ID: A2018-1 Amount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual)	2018 883396 iis Period
City State Zip Code 08 17 East Hanover NJ 07936 Transaction ID : A2018-4 FEC ID number of contributing federal political committee. C Amount of Each Receipt to item item item item item item item item	2018 883396 iis Period
East Hanover NJ 07936 Amount of Each Receipt the fear of contributing federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Oncology Sr. Oncology Specialist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 363.10 Date of Receipt Glty State Zip Code Transaction ID: A2018-1 Amount of Each Receipt the fear of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City State Zip Code Transaction ID: A2018-1 East Hanover NJ 07936 Transaction ID: A2018-1 Receipt For: Name of Employer (for Individual) Occupation (for Individual) Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item Name of Individual (Last, First, Middle Initial) or Full Organization Name Enclipt For: Memo Item Primary General Other (specify) ▼ 384.73 Date of Receipt State Of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Memo Item Bortifeld, Daniel, S,	nis Period
FEC ID number of contributing federal political committee. C Allouit of Each Receipt if Fecelipt if for Individual) Name of Employer (for Individual) Occupation (for Individual) Memo Item Oncology Sr. Oncology Specialist Receipt For: Aggregate Year-to-Date ▼ Image: Second S	
Oncology Sr. Oncology Specialist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 363.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Borill, Troy, L, , Mailing Address One Health Plaza Date of Receipt City State Zip Code NJ FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Name of Employer (for Individual) Occupation (for Individual) Memo Item Oncology Sr. Oncology Specialist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General Occupation (for Individual) Oncology Sr. Oncology Specialist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General Other (specify) ▼ Date of Receipt Mailing Address One Health Plaza Memo Item Date of Receipt Mailing Address One Health Plaza Memo Item Memo Item	
Primary General Other (specify) Image: General General General Other (specify) Image: General Borill, Troy, L, , Image: General Mailing Address One Health Plaza Image: General City State East Hanover NJ FEC ID number of contributing federal political committee. Image: General Name of Employer (for Individual) Occupation (for Individual) Oncology Sr. Oncology Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Bortfeld, Daniel, S, , Mailing Address One Health Plaza Mailing Address One Health Plaza Image: Close	
3. Borill, Troy, L, , Date of Receipt Mailing Address One Health Plaza Zip Code City State Zip Code East Hanover NJ 07936 FEC ID number of contributing federal political committee. C Amount of Each Receipt the committee. Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 384.73 Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Memo Item Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Memo Item Mailing Address One Health Plaza 1 1 1 1	
City State Zip Code Transaction ID : A2018-1 East Hanover NJ 07936 Amount of Each Receipt the committee. FEC ID number of contributing federal political committee. C Memo Item Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Other (specify) ▼ Aggregatization Name Date of Receipt State Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address One Health Plaza Memo Item Memo Item	
East Hanover NJ 07936 Amount of Each Receipt the federal political committee. Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist Memo Item Receipt For: Aggregate Year-to-Date ▼ Memo Item Primary General 384.73 Other (specify) ▼ Algorigation Name Date of Receipt Bortfeld, Daniel, S, , Memo Item Memo / Jail	2018
federal political committee. Image: Committee. Image: Committee. Image: Committee. Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist Image: Committee. Image: Committee. Receipt For: Aggregate Year-to-Date ▼ Image: Committee. Image: Committee. Image: Committee. Primary General Other (specify) ▼ Image: Committee. Image: Committee. Image: Committee. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Image: Committee. Image: Committee. Image: Committee. Mailing Address One Health Plaza Image: Committee. Image: Committee. Image: Committee. Image: Committee. Image: Committee.	
Oncology Sr. Oncology Specialist Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 384.73 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Bortfeld, Daniel, S, , Mailing Address One Health Plaza	21.63
Primary General Other (specify) ▼ 384.73 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Bortfeld, Daniel, S, , 08 / 31	
C. Bortfeld, Daniel, S, , Mailing Address One Health Plaza	
Mailing Address One Health Plaza	
	2018 Y
City State Zip Code Transaction ID : A2018-7 East Hanover NJ 07936 Amount of East Descript the state of	
FEC ID number of contributing	nis Period 11.54
	11.04
Name of Employer (for Individual) Occupation (for Individual) Memo Item Oncology Global Head HR Operational Excellence	
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 207.72	
SUBTOTAL of Receipts This Page (optional)	

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

ITEMIZED RECEIPTS for each category of t		Use separate schedule(s)	(C	(check only one)								
		for each category of the Detailed Summary Page		X 11a		11b	11c	12	Г	⊐		
	y information copied from such Reports and St for commercial purposes, other than using the									ibutio		
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
\sum	Novartis Corporation Political Ac	tion Com	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initi Brooks, Michael, D, ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza				08 03 / Y Y Y Y 08 03							
	City East Hanover	State NJ	Zip Code 07936						-164537 this Per			
	FEC ID number of contributing federal political committee.	С				-			20.00			
	Name of Employer (for Individual) Oncology		upation (for Individual) Incol Area Sales Mgr		M	emo	tem Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00									
в.	Full Name of Individual (Last, First, Middle Initi Brooks, Michael, D, ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				08	/	D 17		2018		1	
	City East Hanover	State NJ	Zip Code 07936				-		-188340 this Per		_	
	FEC ID number of contributing federal political committee.	C					-			20.00		
	Name of Employer (for Individual) Oncology		upation (for Individual) Dncol Area Sales Mgr		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00									
С.	Full Name of Individual (Last, First, Middle Initi Brooks, Michael, D, ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				08	/	D 31		۲ 2018		1	
	City East Hanover	State NJ	Zip Code 07936						-190320 this Per			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	:	20.00		
	Name of Employer (for Individual)		upation (for Individual) Incol Area Sales Mgr		М	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00									
⊢	UBTOTAL of Receipts This Page (optional)					_	,		(60.00	-	

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	▲ 11a 11b 11c 12							
٨٠	v information conied from such Departs and Otate		13 14 15 16 17							
or	y information copied from such Reports and State for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full)	0								
/	Novartis Corporation Political Action	on Committee								
	Full Name of Individual (Last, First, Middle Initial) Bylancik, Angela, D, ,	or Full Organization Name	Date of Receipt							
	Mailing Address One Health Plaza		08 03 2018							
	City	State Zip Code	Transaction ID : A2018-1645385							
	East Hanover	NJ 07936	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	50.00							
	Name of Employer (for Individual) Pharma	Occupation (for Individual) Ex Dir BD&L Alliance Mgmt	Memo Item							
	Receipt For:	ggregate Year-to-Date ▼								
	Primary General Other (specify) ▼	800.00								
	Full Name of Individual (Last, First, Middle Initial) Bylancik, Angela, D, ,	or Full Organization Name	Date of Receipt							
	Mailing Address One Health Plaza		08 17 2018							
	City	State Zip Code	Transaction ID : A2018-1883425							
	East Hanover	NJ 07936	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	50.00							
	Name of Employer (for Individual) Pharma	Occupation (for Individual) Ex Dir BD&L Alliance Mgmt	Memo Item							
	Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼ 850.00								
C.	Full Name of Individual (Last, First, Middle Initial) Bylancik, Angela, D, ,	or Full Organization Name	Date of Receipt							
	Mailing Address One Health Plaza		08 / D D / Y Y Y Y 2018							
	City East Hanaver	State Zip Code NJ 07936	Transaction ID : A2018-1903219							
	East Hanover	NJ 07936	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C	50.00							
	Name of Employer (for Individual) Pharma	Occupation (for Individual) Ex Dir BD&L Alliance Mgmt	Memo Item							
		ggregate Year-to-Date ▼								
	Primary General Other (specify)	900.00								
	UBTOTAL of Receipts This Page (optional)		150.00							

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 22 OF

Use separate schedule		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such R	eports and Statements ma	ay not be sold or used by any pe	13 14 15 16 erson for the purpose of soliciting contributions						
			to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Novartis Corporation P	olitical Action Con	nmittee							
Full Name of Individual (Last, Fir Calabrese, Ashley, , ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address One Health Plaz	а		M M / D D / Y Y Y Y 08 03 2018						
City	State	Zip Code	Transaction ID : A2018-1645220						
East Hanover	NJ	07936	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		57.69						
Name of Employer (for Individual	, 	upation (for Individual) oc Director State Government Affa	Memo Item						
Corporate Receipt For:									
Primary General	Aggregate	Year-to-Date V							
Other (specify) V		482.76							
Full Name of Individual (Last, Fir B. Calabrese, Ashley, , ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address One Health Plaza	<u>a</u>		08 17 2018						
City	State	Zip Code	Transaction ID : A2018-1883162						
East Hanover	NJ	07936	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		57.69						
Name of Employer (for Individual Corporate	<i>,</i>	upation (for Individual) oc Director State Government Aff.	Memo Item						
Receipt For:		Year-to-Date ▼							
Primary General Other (specify) ▼	Aggiegale	540.45							
Full Name of Individual (Last, Fir C. Calabrese, Ashley, , ,	st, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address One Health Plaz	a		08 31 2018						
City	State	Zip Code	Transaction ID : A2018-1902885						
East Hanover	NJ	07936	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		57.69						
Name of Employer (for Individual Corporate	,	upation (for Individual) oc Director State Government Affa	ir Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 598.14							
SUBTOTAL of Receipts This Page	(optional)	•	173.07						
TOTAL This Period (last page this	line number only)								

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Com	mittee	
Full Name of Individual (Last, First, Middle Caldwell, Julie, D, , Mailing Address One Health Plaza Ste 725 City East Hanover FEC ID number of contributing	State NJ	Zip Code 07936	Date of Receipt
federal political committee. Name of Employer (for Individual) Pharma Receipt For: Primary General Other (specify) ▼	Derm	aation (for Individual) atology Executive Sales Special ear-to-Date ▼ 373.04	ist
Full Name of Individual (Last, First, Middle B. Caldwell, Julie, D, , Mailing Address One Health Plaza Ste 725 City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharma Receipt For: Primary General Other (specify) ▼	State NJ C Occup Derm	Zip Code 07936 Dation (for Individual) atology Executive Sales Special ear-to-Date ▼ 430.73	Date of Receipt
Full Name of Individual (Last, First, Middle C. Caldwell, Julie, D, , Mailing Address One Health Plaza Ste 725 City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharma Receipt For: Other (specify)	State NJ C Occup Derma	Zip Code 07936 vation (for Individual) atology Executive Sales Speciali ear-to-Date ▼ 488.42	Date of Receipt 08 2018 Transaction ID : A2018-1903222 Amount of Each Receipt this Period 57.69 Memo Item
SUBTOTAL of Receipts This Page (optional).		r	173.07

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Com	mittee	
Full Name of Individual (Last, First, Middl A. Campbell, Kimberley, J, , Mailing Address One Health Plaza	e Initial) or Full Or	ganization Name	Date of Receipt
City	State	Zip Code	Transaction ID : A2018-1645294
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Sandoz Inc. Receipt For: Primary General Other (specify) ▼	Head	pation (for Individual) I Oncology Medical Affairs /ear-to-Date ▼ 400.00	Memo Item
Full Name of Individual (Last, First, Middl B. Campbell, Kimberley, J, ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Sandoz Inc.		pation (for Individual) d Oncology Medical Affairs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 425.00	
Full Name of Individual (Last, First, Middl C. Campbell, Kimberley, J, ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address One Health Plaza			08 31 2018
City	State	Zip Code	Transaction ID : A2018-1903033
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Sandoz Inc.		pation (for Individual) Oncology Medical Affairs	Memo Item
Receipt For:	Aggregate	/ear-to-Date ▼	
Primary General Other (specify)		450.00]
SUBTOTAL of Receipts This Page (optiona	l)		75.00
TOTAL This Period (last page this line nun			

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

(check only one)

PAGE 25 OF

		Detailed Summary Page	×	-		11b	11c	12									
Any information copied from such Reports	and Statements ma	v not be sold or used by any n	erson f	13 or the		14 pose of	15 soliciting	16 Contribu	17 tions								
or for commercial purposes, other than usi																	
NAME OF COMMITTEE (In Full)																	
> Novartis Corporation Politic	al Action Con	nmittee			_												
Full Name of Individual (Last, First, Mid Carl, Kevin, M, ,	Idle Initial) or Full O	rganization Name		Date of Receipt													
Mailing Address One Health Plaza				м м 08] ′	D D 31	/ Y	y y 2018	Y								
City	State	Zip Code		Transaction ID : A2018-1903229													
East Hanover	NJ	07936	4	\moun	t of	Each Re	eceipt th	is Period									
FEC ID number of contributing federal political committee.	С		Memo Item														
Name of Employer (for Individual) Global Drug Development		upation (for Individual) Global Program Head															
Receipt For:		-	_														
Primary General	Aggregate	Year-to-Date ▼	. -														
Other (specify) V		207.72															
Full Name of Individual (Last, First, Mid Casserly, Daniel, P, ,								Date of Receipt									
Mailing Address One Health Plaza				м м 08	1	D D D 03	/ Y	y y 2018	Y								
City	State	Zip Code		Trans	acti	ion ID : /	A2018-16	345221									
East Hanover	NJ	07936	/				eceipt th										
FEC ID number of contributing federal political committee.	С			192.30													
Name of Employer (for Individual) Corporate		upation (for Individual) Country Head Government Affairs	s	Memo Item													
Receipt For:	Aggregate	Year-to-Date V															
Primary General Other (specify) ▼		3076.80]														
Full Name of Individual (Last, First, Mid C. Casserly, Daniel, P, ,	Idle Initial) or Full O	rganization Name		Date of	F Po	ceint											
Mailing Address One Health Plaza						17	/ Y	2018	Y								
City	State	Zip Code		Trans	sact	ion ID :	A2018-1	883163									
East Hanover	NJ	07936		Amouni	t of	Each Re	eceipt thi	is Period									
FEC ID number of contributing federal political committee.	С				_	9	,	192.	30								
Name of Employer (for Individual)		upation (for Individual)		М	emo	o Item											
Corporate	US (Country Head Government Affairs	;														
Receipt For:	Aggregate	Year-to-Date ▼															
Other (specify)]															
SUBTOTAL of Receipts This Page (option	nal)	······	•	_	-	,	. ,	396.	14								
TOTAL This Period (last page this line nu	umber only)					-											

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 26 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a 11b	11c 12	<u> </u>							
		ay not be sold or used by any pe ddress of any political committee										
NAME OF COMMITTEE (In F Novartis Corporation	Political Action Con	nmittee										
A. Casserly, Daniel, P, ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health F	Plaza		08 / D D 31	/ Y Y Y 2018	Y							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1902886 Amount of Each Receipt this Period									
FEC ID number of contributin federal political committee.	g C		192.30									
Name of Employer (for Individ Corporate	,	upation (for Individual) Country Head Government Affairs	Memo Item									
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 3461.40										
Full Name of Individual (Last, Christensen-Boner, Ba	First, Middle Initial) or Full O	Date of Receipt										
Mailing Address One Health F			08 / D D D 03	/ Y Y Y 2018	Y							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : Amount of Each Re									
FEC ID number of contributin federal political committee.	g C				6.15							
Name of Employer (for Individ Corporate	,	upation (for Individual) ector State Government Affairs	Memo Item									
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 922.55										
Full Name of Individual (Last, C. Christensen-Boner, B	First, Middle Initial) or Full O Barbara, , ,	rganization Name	Date of Receipt									
Mailing Address One Health I			08 / D D 08 17	/ Y Y Y 2018	Y							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : Amount of Each Re									
FEC ID number of contributin federal political committee.	g			91	6.15							
Name of Employer (for Individ Corporate		upation (for Individual) ctor State Government Affairs	Memo Item									
Receipt For: Primary Gener Other (specify)		Year-to-Date ▼ 1018.70										
SUBTOTAL of Receipts This P	age (optional)	•	, .	384	4.60							
TOTAL This Period (last page t	his line number only)	••••••			-							

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

T			Use separate schedule(s)	(ch	eck only	ly one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12				
	/ information copied from such Reports and Sta for commercial purposes, other than using the n												
\	NAME OF COMMITTEE (In Full)												
/	Novartis Corporation Political Act	ion Com	imittee										
A.	Full Name of Individual (Last, First, Middle Initia Christensen-Boner, Barbara, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza				м м 08	1	D 31		2018	Y			
	City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1902887 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		96.15									
	Name of Employer (for Individual) Corporate	Occu Direc		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1114.85										
	Full Name of Individual (Last, First, Middle Initia Clary, Cathryn, M, ,		Date of	f Re	eceipt								
	Mailing Address One Health Plaza				M M 08	1	03		2018	Y			
	City East Hanover	State NJ	Zip Code 07936					: A2018- ' Beceint t	1 645408 his Period				
	FEC ID number of contributing federal political committee.	С	77.00										
	Name of Employer (for Individual) Global Drug Development	Occu Glob	y	M	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 1232.00										
	Full Name of Individual (Last, First, Middle Initia Clary, Cathryn, M, ,	l) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza				08	/	D 17		2018	Y			
	City East Hanover	State NJ	Zip Code 07936						1883448 his Period				
	FEC ID number of contributing federal political committee.	С					,	. ,	77.	_			
	Name of Employer (for Individual) Global Drug Development		pation (for Individual) al Head Patient Affairs and Policy	Cy Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 1309.00										
	JBTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , ,	 			, . , .	,	250.	15			

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 28 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
II EIVILLED KEGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11									
			person for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Con	nmittee										
Full Name of Individual (Last, First, Middle A. Clary, Cathryn, M, ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 31 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903242 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		77.00									
Name of Employer (for Individual) Global Drug Development Receipt For:	Glob	upation (for Individual) pal Head Patient Affairs and Polic	Memo Item									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1386.00	1									
Full Name of Individual (Last, First, Middle B. Cofone, Stephen, R, ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 03 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645226 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) NBS		upation (for Individual) Ifolio Svc Design Excellence Mgr	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]									
Full Name of Individual (Last, First, Middle C. Cofone, Stephen, R, ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 17 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883168 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) NBS		upation (for Individual) íolio Svc Design Excellence Mgr	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00]									
SUBTOTAL of Receipts This Page (optional)		107.00									
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

TEMIZED RECEIPTS	for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12										
	Detailed Summary Page											
Any information copied from such Reports and or for commercial purposes, other than using th		erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) Novartis Corporation Political A	Action Committee											
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt										
Mailing Address One Health Plaza		08 03 / Y Y Y Y 08 03										
City	State Zip Code	Transaction ID : A2018-1645227										
East Hanover	NJ 07936	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	21.00										
Name of Employer (for Individual) Pharma	Occupation (for Individual) Business Insights - Cardiovascular	Memo Item										
Receipt For:	Aggregate Year-to-Date ▼											
Primary General Other (specify) ▼	336.00]										
Full Name of Individual (Last, First, Middle II 3. Cohen, Seth, A, ,	nitial) or Full Organization Name	Date of Receipt										
Mailing Address One Health Plaza		08 17 2018										
City	State Zip Code	Transaction ID : A2018-1883169										
East Hanover	NJ 07936	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	21.00										
Name of Employer (for Individual) Pharma	Occupation (for Individual) Business Insights - Cardiovascular	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 357.00]										
Full Name of Individual (Last, First, Middle In c. Cohen, Seth, A, ,	nitial) or Full Organization Name	Date of Receipt										
Mailing Address One Health Plaza		08 31 2018										
City	State Zip Code	Transaction ID : A2018-1902891										
East Hanover	NJ 07936	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	21.00										
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item										
Pharma	Business Insights - Cardiovascular											
Receipt For:	Aggregate Year-to-Date ▼											
Primary General		1										
Other (specify)	378.00											
SUBTOTAL of Receipts This Page (optional)	· ······	63.00										
TOTAL This Period (last page this line numbe	r only)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 30 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1									
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	al Action Con	nmittee										
Full Name of Individual (Last, First, Mide Collins, Julie, A, ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 03 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645449 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		46.15									
Name of Employer (for Individual) Alcon		upation (for Individual) bal Head Digital	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 738.40										
B. Colpitts, Scott, G, ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Colpitts, Scott, G, , Mailing Address One Health Plaza											
City	State	Zip Code	08 / 03 / 2018 Transaction ID : A2018-1645413									
East Hanover	NJ	07936	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		22.00									
Name of Employer (for Individual) Novartis Technical Operations		upation (for Individual) Id of Facilities & Utility Maint. (A	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 286.00										
Full Name of Individual (Last, First, Mide C. Colpitts, Scott, G, ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883452 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		22.00									
Name of Employer (for Individual) Novartis Technical Operations		upation (for Individual) d of Facilities & Utility Maint. (A	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.00										
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,		90.15									

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

13 14 15 16 17 d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. Date of Receipt Date of Receipt 08 31 2018 Transaction ID : A2018-1903246 Amount of Each Receipt this Period 22.00 Maint. (A Memo Item Memo Item
Mmm / 03 / 2018 Transaction ID : A2018-1903246 Amount of Each Receipt this Period 22.00 Memo Item
Mmm / 03 31 2018 Transaction ID : A2018-1903246 Amount of Each Receipt this Period 22.00 Memo Item
Transaction ID : A2018-1903246 Amount of Each Receipt this Period 22.00 Memo Item
22.00
30.00
Date of Receipt
08 03 2018 Transaction ID : A2018-1645414 Amount of Each Receipt this Period 23.08
& Analytics
69.28
Date of Receipt
08 17 2018 Transaction ID : A2018-1883453 Amount of Each Receipt this Period 23.08 23.08
_

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 32 OF

IT?				separate schedule(s)	(ch	eck only	y or	ne)	L								
116	EMIZED RECEIPTS			ach category of the led Summary Page		4 11a		11b		l1c	12						
	/ information copied from such Reports and St for commercial purposes, other than using the								of soli								
<u> </u>	NAME OF COMMITTEE (In Full)				10 0				IIOIII	ouon	oommaa						
\	Novartis Corporation Political Ac	tion Con	nmitte	е													
A.	Full Name of Individual (Last, First, Middle Initi Conley, Michael, A, ,	ial) or Full O	rganizati	on Name		Date of	Re	eceipt									
	Mailing Address One Health Plaza					M M 08	1	D 31		Y	2018	Y					
	City East Hanover	State NJ		Code 7936		Transaction ID : A2018-1903247 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	С					23.08									
	Name of Employer (for Individual) Pharma	Occu Vice		M	emo	o Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate															
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Connors, Elenora, , ,						Re	eceipt									
	Mailing Address One Health Plaza						/	03		Y	y y 2018	Y					
	City East Hanover	State NJ							45228 s Period								
	FEC ID number of contributing federal political committee.	С								7	96.1	5					
	Name of Employer (for Individual) Corporate			(for Individual) I Gov't Affairs						Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 769.20													
	Full Name of Individual (Last, First, Middle Initi Connors, Elenora, , ,	ial) or Full O	rganizati	on Name		Date of	Re	eceipt									
	Mailing Address One Health Plaza					08	1	D 17		Y	ү 2018	Y					
	City East Hanover	State NJ	· · ·	Code 936							383170 s Period	_					
	FEC ID number of contributing federal political committee.	С				<u> </u>		y		J	96.1	5					
	Name of Employer (for Individual)			for Individual) Gov't Affairs		M	emo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate															
⊢	JBTOTAL of Receipts This Page (optional)						-	, . , .	-	5	215.3	8					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 33 OF

IT.			Use separate schedule(s)	(cł	neck only	y or	ne)							
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12					
	y information copied from such Reports and St for commercial purposes, other than using the													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
]	Novartis Corporation Political Ac	ction Con	nmittee											
A.	Full Name of Individual (Last, First, Middle Initi Connors, Elenora, , ,	ial) or Full O	organization Name		Date of	Re	eceipt							
	Mailing Address One Health Plaza				м м 08	/	D 31	D / Y	2018	Y				
	City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1902892 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			96.15									
	Name of Employer (for Individual) Corporate		upation (for Individual) ector Fed Gov't Affairs		Me	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.50											
в.	Full Name of Individual (Last, First, Middle Initi Conoshenti, Joseph, J, ,		Date of	Re	eceipt									
	Mailing Address One Health Plaza			M M 08	/	03		2018	Y					
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	645416 his Period					
	FEC ID number of contributing federal political committee.	С					-	30.0	00					
	Name of Employer (for Individual) Oncology	upation (for Individual) ector Strat. Market Access RD		Me	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00											
С.	Full Name of Individual (Last, First, Middle Initi Conoshenti, Joseph, J, ,	ial) or Full O	Prganization Name		Date of	Re	eceipt							
	Mailing Address One Health Plaza				M M 08	/	D 17		2018	Y				
	City East Hanover	State NJ	Zip Code 07936					: A2018-1 Receipt th	883455 his Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	30.0	00				
	Name of Employer (for Individual)		upation (for Individual) ctor Strat. Market Access RD		Memo Item									
	Receipt For: Primary General Other (specify)													
	UBTOTAL of Receipts This Page (optional)			•	<u> </u>		, ,		156.1	5				
Т	OTAL This Period (last page this line number of	only)					_							

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

	for each category of the Detailed Summary Page	≭ 11a 11b 11c 12										
	d Statements may not be sold or used by any p the name and address of any political committee											
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Committee											
Full Name of Individual (Last, First, Middle Conoshenti, Joseph, J, ,	Initial) or Full Organization Name	Date of Receipt										
Mailing Address One Health Plaza	State Zip Code	08 31 2018										
East Hanover	NJ 07936	Transaction ID : A2018-1903249 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	30.00										
Name of Employer (for Individual) Oncology	Occupation (for Individual) Director Strat. Market Access RD	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00]										
Full Name of Individual (Last, First, Middle 3. Consier, Kirby, , ,	Initial) or Full Organization Name	Date of Receipt										
Mailing Address One Health Plaza		08 03 2018										
City East Hanover	StateZip CodeNJ07936	Transaction ID : A2018-1645229 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	57.69										
Name of Employer (for Individual) Corporate	Occupation (for Individual) AD State Government Affairs	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 812.28]										
Full Name of Individual (Last, First, Middle Consier, Kirby, , ,	Initial) or Full Organization Name	Date of Receipt										
Mailing Address One Health Plaza		08 / D D / Y Y Y Y 2018										
City East Hanover	StateZip CodeNJ07936	Transaction ID : A2018-1883171 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C	57.69										
Name of Employer (for Individual) Corporate Receipt For:	Occupation (for Individual) AD State Government Affairs	Memo Item										
	Aggregate Year-to-Date ▼											

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 35 OF

			Use separate schedule(s)	(ch	eck only	only one)									
			for each category of the Detailed Summary Page	×	11a		11b	11c	12	17					
	nformation copied from such Reports and Sta														
\	AME OF COMMITTEE (In Full) Iovartis Corporation Political Ac	tion Com	mittee												
	II Name of Individual (Last, First, Middle Initia Consier, Kirby, , ,	al) or Full Or	ganization Name		Date of Receipt										
	ailing Address One Health Plaza				м м 08	1	D 31		ү ү 2018	Y					
Cit Ea	ty ast Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1902893 Amount of Each Receipt this Period										
	EC ID number of contributing deral political committee.	С		57.69											
Co	ame of Employer (for Individual) prporate	Occu AD S		Me	emo	b Item									
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 927.66	1											
вС	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coombs, Seth, , , Mailing Address 350 Massachusetts Avenue						eceipt	D / Y	YYY	Y					
Cit	ty	State MA	Zip Code	_			-	A2018-1							
FE	ambridge EC ID number of contributing deral political committee.	C	02139		Amount	: of	Each F	Receipt th	his Period 46.	15					
Na Sa	ame of Employer (for Individual) ndoz Inc.		pation (for Individual) Dncology and Injectable Product	s	Me	emo	o Item								
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 738.40]											
	III Name of Individual (Last, First, Middle Initia Coombs, Seth, , ,	al) or Full Or	ganization Name		Date of	Re	eceipt								
Ma	ailing Address 350 Massachusetts Avenue				м м 08	1	D 17		2018 [°]	Y					
Cit	ty ambridge	State MA	Zip Code 02139					: A2018-1 Receipt th	883279 his Period						
	EC ID number of contributing deral political committee.	С			<u> </u>		y		46.	15					
Sa	ame of Employer (for Individual) andoz Inc. eceipt For:	VP C	pation (for Individual) Incology and Injectable Products	Memo Item											
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 784.55	1											
SUB	TOTAL of Receipts This Page (optional)			▶			9		149.9	99					
тот	AL This Period (last page this line number or	nly)			L										

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

				ach category of the iled Summary Page		_	1a 3	\square	11 14	· -	11c	12			
	y information copied from such Reports and S for commercial purposes, other than using the					for	the		oos	e of					
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political A	ction Cor	nmitte	e											
Α.	Full Name of Individual (Last, First, Middle Ini Coombs, Seth, , , Mailing Address 350 Massachusetts Avenue	tial) or Full C	rganizat	ion Name		M	te of	Re	_	D D	/	Y Y Y	Ý		
	City Cambridge	State MA	· · ·	Code 2139	08 31 2018 Transaction ID : A2018-1903035 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			46.15										
	Name of Employer (for Individual) Sandoz Inc. Receipt For:	VP	Oncolog	(for Individual) y and Injectable Products			Me	emo	lte	əm					
	Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 830.70												
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Coraggio, Ryan, , ,						te of	Re	cei	pt					
	Mailing Address One Health Plaza						™ 08	/	Ľ	03		2018	Y		
	City East Hanover	State NJ		Code 7936								1645420 this Perio	d		
	FEC ID number of contributing federal political committee.	С			_		,			25	5.00				
	Name of Employer (for Individual) Oncology		upation sociate D			Me	emo	lte	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 400.00]										
C.	Full Name of Individual (Last, First, Middle Ini Coraggio, Ryan, , ,	tial) or Full C	rganizat	ion Name		Date of Receipt									
	Mailing Address One Health Plaza						08 ^M	/	Ľ	D D 17		2018	Y		
	City East Hanover	State NJ	· · ·	Code 7936								-1883459 this Perio	d		
	FEC ID number of contributing federal political committee.	С				Ē	_		y		9	25	5.00		
	Name of Employer (for Individual) Oncology Receipt For:		upation ociate Di	(for Individual) irector			Me	emo	o Ite	əm					
	Primary General Other (specify)	Primary General General													
s	UBTOTAL of Receipts This Page (optional)				<u> </u>				y		9	96	.15		
т	OTAL This Period (last page this line number	only)			•										

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only c	one)				
II LIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	X 11	-	11b 14	11c	12	17	
Any information copied from such Reports a or for commercial purposes, other than using			person for t	he pu	irpose of	f soliciting	g contribu	tions	
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Cor	nmittee							
/ Full Name of Individual (Last, First, Middl A. Coraggio, Ryan, , ,	e Initial) or Full C	rganization Name	Date	e of F	Receipt				
Mailing Address One Health Plaza			M	8	/ 31	D / Y	2018	Y	
City East Hanover	State NJ	Zip Code 07936				A2018-1 Receipt th	903253 his Period		
FEC ID number of contributing federal political committee.	C					1 45	25.	00	
Name of Employer (for Individual) Oncology				Mem	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]						
Full Name of Individual (Last, First, Middl B. Corcoran, Mary, E, ,	e Initial) or Full C	rganization Name			Receipt				
Mailing Address One Health Plaza	State	Zin Code)8	03		2018	Y	
City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1645421 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ing C						15.	00	
Name of Employer (for Individual) Oncology		upation (for Individual) L Director		Mem	no Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.23]						
Full Name of Individual (Last, First, Middl C. Corcoran, Mary, E, ,	e Initial) or Full C	rganization Name	Date	e of F	Receipt				
Mailing Address One Health Plaza				™ 08	/ D 17		2018	Y	
City East Hanover	State NJ	Zip Code 07936				: A2018-1 Receipt th	883460 nis Period		
FEC ID number of contributing federal political committee.	С				7	, , , , , , , , , , , , , , , , , , ,	15.	00	
Name of Employer (for Individual) Oncology		upation (for Individual) . Director		Merr	no Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.23]						
SUBTOTAL of Receipts This Page (optiona	l)				,	. ,	55.0	00	
TOTAL This Period (last page this line num	ber only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 38 OF

тс			Use separate schedule(s)	(ch	eck only	/ or	ne)			
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
	v information copied from such Reports and Sta or commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions
\	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Corr	nmittee							
	Full Name of Individual (Last, First, Middle Initia Corcoran, Mary, E, ,	al) or Full O	rganization Name		Date of	Re	ceipt			
١	Mailing Address One Health Plaza				м м 08	1	31) / Y	y y 2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1		
	FEC ID number of contributing ederal political committee.	С							15.	00
(Name of Employer (for Individual) Oncology	MSL Director				emo	Item			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 264.23]						
	Full Name of Individual (Last, First, Middle Initia Couture, Eric, C, ,	al) or Full O	rganization Name		Date of	Re	ceipt			
ľ	Mailing Address One Health Plaza				M M 08	1	03		y y 2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1		
F	FEC ID number of contributing rederal political committee.	C			Amount	OI		leceipt th	20.	_
	Name of Employer (for Individual) Global Drug Development		upation (for Individual) Id RA GDD Neuroscience		Me	emo	Item			
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]						
	Full Name of Individual (Last, First, Middle Initia Couture, Eric, C, ,	al) or Full O	rganization Name		Date of	Re	ceipt			
-	Mailing Address One Health Plaza				08	/	D 17		2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 leceipt th		
	FEC ID number of contributing ederal political committee.	С			<u> </u>		y .	, y	20.	00
(Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Head RA GDD Neuroscience				emc	tem			
r	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00]						
รเ	JBTOTAL of Receipts This Page (optional)			•			, .	. ,	55.	00
то	TAL This Period (last page this line number o	nly)	·····	•			-	-		

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 39 OF

ITEMIZED RECEIP	, TQ		Use separate schedule(s)	(ch	eck only	y or	ne)			
	13		for each category of the Detailed Summary Page		4 11a		11b	11c	12	_
			/ not be sold or used by any poldress of any political committee							
	· /									
> Novartis Corpora	ition Political Acti	ion Com	mittee							
Full Name of Individual (A. Couture, Eric, C, ,	Last, First, Middle Initial) or Full Or	ganization Name		Date of	f Re	eceipt			
Mailing Address One He	alth Plaza				м м 08	/	D 31		2018	Y
City East Hanover		State NJ	Zip Code 07936					: A2018- Receipt t	1903259 his Period	
FEC ID number of contri federal political committe	•	С			<u> </u>	20.	00			
Name of Employer (for I Global Drug Developmen	,		pation (for Individual) I RA GDD Neuroscience		Me	emo	ttem			
Receipt For: Primary □ 0 Other (specify) ▼	General	Aggregate Y	/ear-to-Date ▼ 360.00]						
Full Name of Individual (B. Cullen, Thomas, G) or Full Org	ganization Name		Date of	Re	eceipt			
Mailing Address One He	alth Plaza				08	/	31		2018	Y
City East Hanover		State NJ	Zip Code 07936	Transaction Amount of E		-				
FEC ID number of contri federal political committe	•	С							11.	54
Name of Employer (for I Sandoz Inc.	ndividual)		pation (for Individual) sor Scientific		Me	emc	tem			
Receipt For: Primary 0 Other (specify) ▼	General	Aggregate Y	/ear-to-Date ▼ 207.72]						
Full Name of Individual (c. Daugherty, Mark ,) or Full Or	ganization Name		Date of	Re	eceipt			
Mailing Address One He	alth Plaza				08 M	/	03		2018	Y
City East Hanover		State NJ	Zip Code 07936					: A2018- Receipt t	1645434 his Period	
FEC ID number of contri federal political committe	0	С			<u> </u>		,	. ,	15.	00
Name of Employer (for I Oncology	ndividual)		pation (for Individual) ncology Specialist		M	emo	o Item			
Receipt For: Primary 0 Other (specify)	àeneral	Aggregate Y	/ear-to-Date ▼ 240.00]						
SUBTOTAL of Receipts Th				• -		-	, . , .		46.	54

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

		for each category of the Detailed Summary Page	×	-		11b	11c	12				
Any information copied from such Reports a or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Con	nmittee										
Full Name of Individual (Last, First, Middl A. Daugherty, Mark, , , Mailing Address One Health Plaza	e Initial) or Full O	rganization Name		Date of Receipt								
City East Hanover	State NJ	Zip Code 07936		Trans		ion ID :	A2018-1	883474				
FEC ID number of contributing federal political committee.	С			Amoun	t of	Each R	leceipt th	iis Period 15.	_			
Name of Employer (for Individual) Oncology		upation (for Individual) Oncology Specialist		М	emc	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00										
Full Name of Individual (Last, First, Middl B. Daugherty, Mark, , ,	e Initial) or Full O	rganization Name		Date o	f Re	eceipt						
Mailing Address One Health Plaza				08	/	31	/ Y	2018	Y			
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-19032 Amount of Each Receipt this P									
FEC ID number of contributing federal political committee.	С			15.00								
Name of Employer (for Individual) Oncology		upation (for Individual) Dncology Specialist		M	emc	ltem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]									
Full Name of Individual (Last, First, Middl C. Deason, Terry, H, ,	e Initial) or Full O	rganization Name		Date o	f Re	eceipt						
Mailing Address One Health Plaza				08	/	03) / Y	2018 [°]	Y			
City East Hanover	State NJ	Zip Code 07936				-	A2018-1 Receipt th	645443 his Period				
FEC ID number of contributing federal political committee.	С			<u> </u>		, ,	. ,	20.				
Name of Employer (for Individual) Oncology Receipt For:		upation (for Individual) Director SA Research Networks		М	emo	tem						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00										
SUBTOTAL of Receipts This Page (optional	l)		•			, ,	. ,	50.	00			
TOTAL This Period (last page this line num	ber only)		•			-						

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

(check only one)

PAGE 41 OF

			Detailed Summary Page	×	11a 13		11b	11c		12 16	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Acti	ion Con	nmittee										
A.	Full Name of Individual (Last, First, Middle Initial Deason, Terry, H, ,) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza	1			ү 018	Y							
	City East Hanover	State NJ	Zip Code 07936	A				A2018-1 eceipt th					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) Oncology		upation (for Individual) Director SA Research Networks		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00										
в.	Full Name of Individual (Last, First, Middle Initial Deason, Terry, H, ,) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza				м м 08	/	D D 31	/ Y	20)18	Y		
	City East Hanover	State NJ	Zip Code 07936	A				A2018-1 eceipt th					
	FEC ID number of contributing federal political committee.	С		20.00									
	Name of Employer (for Individual) Oncology		upation (for Individual) Director SA Research Networks		Me	emc	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00										
C.	Full Name of Individual (Last, First, Middle Initial Degner, Clinton, D, ,) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza				08 ^M	1	D D D 31	/ Y)18 [°]	Y		
	City East Hanover	State NJ	Zip Code 07936	A				A2018-1 eceipt th					
	FEC ID number of contributing federal political committee.	С					, .	.,	_	11.5	54		
	Name of Employer (for Individual) Oncology Receipt For:	Regi	upation (for Individual) ional Account Manager		Me	emo	tem						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 207.72]									
s	UBTOTAL of Receipts This Page (optional)						, .	. ,		51.5	54		
т	OTAL This Period (last page this line number on	ly)					-						

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 42 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(cheo	ck only	y or	ıe)			
		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>
Any information copied from such Reports and or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Con	nmittee							
Full Name of Individual (Last, First, Middle A. Dixon, Dwayne, T, ,	e Initial) or Full O	rganization Name		ate of	Re	eceipt			
Mailing Address One Health Plaza				™ 08	1	03		Y Y Y 2018	Y
City East Hanover	State NJ	Zip Code 07936						- 1645452 this Period	k
FEC ID number of contributing federal political committee.	С					-		50	.00
Name of Employer (for Individual) Alcon		upation (for Individual) ctor Market Development HQ		M	emc	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]						
Full Name of Individual (Last, First, Middle Dixon, Dwayne, T, ,	e Initial) or Full O	rganization Name	_	ate of	Re	eceipt			
Mailing Address One Health Plaza	Otata	Zin Oode	_[08	1	D 17		2018	Y
City East Hanover	State NJ	Zip Code 07936						1883857 this Period	4
FEC ID number of contributing federal political committee.	С			mourn			Teceipt		.00
Name of Employer (for Individual) Alcon		upation (for Individual) actor Market Development HQ		M	emc	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00]						
Full Name of Individual (Last, First, Middle C. Dixon, Dwayne, T, ,	e Initial) or Full O	rganization Name		ate of	Re	eceipt			
Mailing Address One Health Plaza				08 ^M	1	D 31		Y Y Y 2018	Y
City East Hanover	State NJ	Zip Code 07936						-1903118 this Period	ł
FEC ID number of contributing federal political committee.	С		ļ			,		50	.00
Name of Employer (for Individual) Alcon		upation (for Individual) ctor Market Development HQ	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	1						
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,					,		150	.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 43 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politie	cal Action Con	nmittee	
Full Name of Individual (Last, First, Mid Dodge , Robert, , ,	ddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 17 2018
City	State NJ	Zip Code 07936	Transaction ID : A2018-1883415
East Hanover	110	07930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual) NIBR		upation (for Individual) ior Investigator II	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		500.00	1
Full Name of Individual (Last, First, Mid B. Douglas, Alastair, M, ,	ddle Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address One Health Plaza		08 31 2018	
City	State	Zip Code	Transaction ID : A2018-1903119
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		11.54
Name of Employer (for Individual) Alcon		upation (for Individual) ector US Surgical Sales Training	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72]
Full Name of Individual (Last, First, Mid C. Ellis, Fred, , ,	ddle Initial) or Full C	Prganization Name	Date of Receipt
Mailing Address One Health Plaza			M M / D D / Y Y Y Y 08 03 2018
City	State	Zip Code	Transaction ID : A2018-1645480
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Pharma		cutive Director - Professional Affa	-
Receipt For:		Year-to-Date ▼	
Primary General	, iggi oguto		1
Other (specify)		336.00]
SUBTOTAL of Receipts This Page (optic	nal)		532.54
TOTAL This Period (last page this line n	umber only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 44 OF

ידו			Use separate schedule(s)	(ch	eck only	y or	ne)	L		
			for each category of the Detailed Summary Page		1 1a		11b 14	11c 15	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmittee							
Α.	Full Name of Individual (Last, First, Middle Initi Esquea, Alison, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 608 Fifth Avenue				08 ^M	/	03) / Y	ү ү 2018	Y
	City New York	State NY	Zip Code 10020					A2018-1 Receipt th		_
	FEC ID number of contributing federal political committee.	С						y	30.	00
	Name of Employer (for Individual) Sandoz Inc.	nc. DirectorSandoz Health Policy				emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	1						
в.	Full Name of Individual (Last, First, Middle Initi Esquea, Alison, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 608 Fifth Avenue				м м 08	1	D D D 17) / Y	2018	Y
	City	State NY	Zip Code	_				A2018-1		
	New York FEC ID number of contributing federal political committee.	NY 10020			Amount	tof	Each H	Receipt th	is Period 30.	00
	Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) ectorSandoz Health Policy		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00]						
C.	Full Name of Individual (Last, First, Middle Initi Esquea, Alison, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 608 Fifth Avenue	01-1-			08	1	31		2018	Y
	City New York	State NY	Zip Code 10020					A2018-1 Receipt th		
	FEC ID number of contributing federal political committee.	ů.			Ľ.		,	. ,	30.	00
	Name of Employer (for Individual) Sandoz Inc. Receipt For:	Dire	upation (for Individual) ctorSandoz Health Policy		M	emo	o Item			
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 540.00]						
s	UBTOTAL of Receipts This Page (optional)			•			y	. ,	90.	00
т	OTAL This Period (last page this line number o	only)		•						

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 45 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED KEVEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Con	nmittee	
Full Name of Individual (Last, First, Middl A. Ewalt, Judith, J, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 31 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903107 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		11.54
Name of Employer (for Individual) Oncology		upation (for Individual) Dncol Area Sales Manager	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72]
Full Name of Individual (Last, First, Middl B. Fairchild, Michael, E, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 03 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.38
Name of Employer (for Individual) Alcon		upation (for Individual) ad IRIS Bus Process Transforma	ior
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 246.08]
Full Name of Individual (Last, First, Middl C. Fairchild, Michael, E, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 17 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883859 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.38
Name of Employer (for Individual) Alcon		upation (for Individual) d IRIS Bus Process Transformati	on Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 261.46]
SUBTOTAL of Receipts This Page (optiona	l)		42.30
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 46 OF

177			Use separate schedule(s)	(che	eck only	y or	ne)	L		
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
<u> </u>	NAME OF COMMITTEE (In Full)		,							
$\Big\rangle$	Novartis Corporation Political Ac	tion Corr	nmittee							
Α.	Full Name of Individual (Last, First, Middle Initia Fairchild, Michael, E, ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address One Health Plaza				м м 08	/	D D D 31	/ Y	ү ү 2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	903120 iis Period	
	FEC ID number of contributing federal political committee.	eral political committee.							15.3	8
	Name of Employer (for Individual)		upation (for Individual) d IRIS Bus Process Transformatior	<u>ו</u>	Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.84							
	Full Name of Individual (Last, First, Middle Initia Farber, Leo, A, ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address One Health Plaza				08	1	03	/ Y	y y 2018	Y
	City	State	Zip Code					A2018-1		
	East Hanover	NJ	07936	-	Amount	of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	C				_	-		95.0	0
	Name of Employer (for Individual) Corporate		upation (for Individual) c Dir Fed Govt Affairs		Me	emo	tem			
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		935.00							
	Full Name of Individual (Last, First, Middle Initia Farber, Leo, A, ,	al) or Full Oi	rganization Name		Date of	Re	eceipt			
	Mailing Address One Health Plaza	-			^M 08	1	D D 17	/ Y	2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1	883175 iis Period	
	FEC ID number of contributing federal political committee.	°					,	. y	95.0	00
	Name of Employer (for Individual) Corporate		upation (for Individual) c Dir Fed Govt Affairs		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1030.00							
s	UBTOTAL of Receipts This Page (optional)		•				, .		205.3	8
т	OTAL This Period (last page this line number of	nly)	••••••				-	-		

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 47 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(checl	< only	on	e)			
II EIVIIZED RECEIFIJ		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c 15	12	17
Any information copied from such Reports a or for commercial purposes, other than usin			erson for	the p		ose of	soliciting	g contribut	ions
		•••							
> Novartis Corporation Politica	al Action Con	nmittee							
Full Name of Individual (Last, First, Mide A. Farber, Leo, A, ,	dle Initial) or Full O	rganization Name	Da	ate of	Red	ceipt			
Mailing Address One Health Plaza			N.	08	/	D D D 31	/ Y	ү 2018	Y
City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	902897 his Period	
FEC ID number of contributing federal political committee.	C						- 	95.0	00
Name of Employer (for Individual) Corporate		upation (for Individual) c Dir Fed Govt Affairs		Me	mo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1125.00							
Full Name of Individual (Last, First, Mide B. Fellers, Thomas, S, ,	dle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt			
Mailing Address One Health Plaza			N	08	/	03	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2 Amount of Each Rec						
FEC ID number of contributing federal political committee.	С					.		50.0	00
Name of Employer (for Individual) Pharma		upation (for Individual) ad Med Comms & FM Capabilities		Me	mo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]						
Full Name of Individual (Last, First, Mido C. Fellers, Thomas, S, ,	dle Initial) or Full O	rganization Name	Da	ate of	Re	ceipt			
Mailing Address One Health Plaza			Ν	08 ^M	/	D D 17	/ Y	2018 Y	Y
City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	1883507 his Period	
FEC ID number of contributing federal political committee.	С					, .	. y	50.0	00
Name of Employer (for Individual) Pharma	harma Head Med C		Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00							
SUBTOTAL of Receipts This Page (option	al)					,	, , , , , , , , , , , , , , , , , , ,	195.0	00
TOTAL This Period (last page this line nu	mber only)		. [,			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other	than using the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu Novartis Corporation	-	nmittee	
Full Name of Individual (Last, F A. Fellers, Thomas, S, ,		rganization Name	Date of Receipt
Mailing Address One Health Pla		The Outle	08 / D D / Y Y Y Y 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903109
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individu Pharma	,	upation (for Individual) d Med Comms & FM Capabilities	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 900.00	
Full Name of Individual (Last, F B. Foster, Matthew, C, ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Pla	aza		08 31 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1902920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		11.54
Name of Employer (for Individu Pharma	,	upation (for Individual) rm Sales Regional Director- Centr	al Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 207.72	
Full Name of Individual (Last, F C. Freeland, Jon, S, ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Pla	aza		08 17 2018
City	State	Zip Code	Transaction ID : A2018-1883487
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		12.50
Name of Employer (for Individu Oncology	·	upation (for Individual) Dncology Sales Manager	Memo Item
Receipt For:		Year-to-Date 🔻	
Other (specify)		212.50	1
SUBTOTAL of Receipts This Pag	ge (optional)		74.04
TOTAL This Period (last page thi			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		×	11a		-	11b		11c		12	
	y information copied from such Reports and State								rpo						
or	for commercial purposes, other than using the na	ame and a	laar	ess of any political committee	10 SC	OII	CIL CO	mtri	มน	uor	IS TR	un su	un co	unnit	lee.
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Acti	ion Con	nm	ittee											
A.	Full Name of Individual (Last, First, Middle Initial) or Full C)rga	nization Name		D	ate d	of R	ec	eip	t				
	Mailing Address One Health Plaza			-		ľ	™ 08	Л	/	D	31	1		018	Y
	City	State		Zip Code			Tran	sac	tio	on I	D : /	2018-	1902	2921	
	East Hanover	NJ		07936	_	A	mour	nt of	Ē	Eacl	n Re	ceipt	this F	Period	
	FEC ID number of contributing federal political committee.	С							_	_	Ξ			12.	50
	Name of Employer (for Individual) Oncology		•	tion (for Individual) ology Sales Manager		l	N	1em	0	Iter	n				
	Receipt For:	Aggregate	Yea	ar-to-Date V											
	Primary General Other (specify) ▼		- J -	225.00											
в.	Full Name of Individual (Last, First, Middle Initial, Fry, Amy, , ,) or Full C	rga	nization Name		D	ate d	of R	ec	eip	t				
	Mailing Address One Health Plaza					ľ	M 08		/		03	/		018	Y
	City	State		Zip Code		2	Tran	sact	tio	n II	D : A	2018-	1645	207	
	East Hanover	NJ		07936		A	mour	nt of	Ε	Eacl	n Re	ceipt	this F	Period	
	FEC ID number of contributing federal political committee.	С				ļ			-,	_	_	-		50.	00
	Name of Employer (for Individual) Corporate		•	tion (for Individual) Country Head Communication	s		N	lem	0	lter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 800.00											
с.	Full Name of Individual (Last, First, Middle Initial, Fry, Amy, , ,) or Full C	rga	nization Name		D	ate d	of R	ec	eip	t				
	Mailing Address One Health Plaza					ľ	[™] 08	Л	/		р 17	1		018	Y
	City East Hanover	State NJ		Zip Code 07936								2018- ceipt			
	FEC ID number of contributing federal political committee.	С				ļ			,	,	_	9		50.	00
	Name of Employer (for Individual) Corporate			tion (for Individual) Country Head Communications	3	ļ	N	/lem	0	Iter	n				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 850.00											
\vdash	UBTOTAL of Receipts This Page (optional)				-	Γ	-		,			,		112.	50

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 50 OF

ITEMIZED RECEIPTS		Detailed Summary Page	×	11a 13		11b		11c 15	12	17
Any information copied from such Reports or for commercial purposes, other than us				for the		pose d		oliciting	contribu	utions
NAME OF COMMITTEE (In Full) Novartis Corporation Politi	cal Action Comr	nittee								
Full Name of Individual (Last, First, Mi A. Fry, Amy, , ,	ddle Initial) or Full Orga	anization Name		Date o	f Re	eceipt				
Mailing Address One Health Plaza		1		м м 08	1	D 3		/ Y	ү ү 2018	Y
City	State NJ	Zip Code 07936							902872	
East Hanover		07936		Amoun	t of	Each	Red	ceipt th	is Period	ł
FEC ID number of contributing federal political committee.	С				_	-		-9-	50	.00
Name of Employer (for Individual) Corporate		ation (for Individual) Country Head Communicatior	IS	М	emo	Item				
Receipt For:	Aggregate Ye	ar-to-Date 🔻								
Primary General Other (specify) ▼		900.00	1							
Full Name of Individual (Last, First, Mi B. Gaudin, David, E, ,	ddle Initial) or Full Orga	anization Name		Date o	f Re	ceipt				
Mailing Address One Health Plaza				M M 08	/	D 0		/ Y	2018	Y
City	State	Zip Code		Trans	acti	on ID	: A	2018-1	645503	
East Hanover	NJ	07936	,	Amoun	t of	Each	Red	ceipt th	is Period	ł
FEC ID number of contributing federal political committee.	C							-9-	15	.00
Name of Employer (for Individual) Oncology		ation (for Individual) ogy Sr Specialist		М	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 240.00]							
Full Name of Individual (Last, First, Mi C. Gaudin, David, E, ,	ddle Initial) or Full Orga	anization Name		Date o	f Re	eceipt				
Mailing Address One Health Plaza				м м 08	/	D 1	р 7	/ Y	y 2018	Y
City	State	Zip Code		Trans	sact	ion ID	: A	2018-1	883494	
East Hanover	NJ	07936	·	Amoun	t of	Each	Red	ceipt th	is Period	ł
FEC ID number of contributing federal political committee.	С					9		9		.00
Name of Employer (for Individual) Oncology		ation (for Individual) gy Sr Specialist		М	emc	ltem				
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 255.00]							
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line r					-	y 1		9	80	.00

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

116	EMIZED RECEIPTS			for each category of the Detailed Summary Page		× 11a	a		11	H	_	11c	12	
	y information copied from such Reports and Stat for commercial purposes, other than using the n									se of	soli			
	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	ion Con	nm	littee										
Α.	Full Name of Individual (Last, First, Middle Initial Gaudin, David, E, ,	l) or Full O	rgar	nization Name		Date		Re	cei	ipt				
	Mailing Address One Health Plaza	State		Zip Code		[™] 08	3	/	L	31		Ý	2018	Y
	City East Hanover	NJ		07936	\vdash				-		-		02928	
	FEC ID number of contributing federal political committee.	С					uni	OI	Ea		lece		s Perioo 15	.00
	Name of Employer (for Individual) Oncology Receipt For: Primary General Other (specify) V	Onc		tion (for Individual) gy Sr Specialist ar-to-Date ▼ 270.00]		Me	mo	Ite	em				
	Full Name of Individual (Last, First, Middle Initial Gentry, Michael, L, ,	l) or Full O	rgar	nization Name		Date	of	Re	cei	ipt				
	Mailing Address One Health Plaza			_		M 08		/	Ľ	03	/	Y	y y 2018	Y
	City East Hanover	State NJ		Zip Code 07936					-		-		45235 s Period	1
	FEC ID number of contributing federal political committee.	С	_			Ε		_	,			-	77	.00
	Name of Employer (for Individual) NBS		•	tion (for Individual) I & Ops Lead Connectivity		Ц	Me	mo	lte	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1232.00										
	Full Name of Individual (Last, First, Middle Initial Gentry, Michael, L, ,	l) or Full O	rgar	nization Name		Date	of	Re	cei	ipt				
	Mailing Address One Health Plaza					M 0		/		D D 17	/	Y	2018 Y	Y
	City East Hanover	State NJ		Zip Code 07936	_				-				83177 s Period	1
	FEC ID number of contributing federal political committee.	С	_			Ē			,			9	77	.00
	Name of Employer (for Individual) NBS Receipt For:	Svc	Del	tion (for Individual) & Ops Lead Connectivity		Ц	Me	emo	∙ Ite	em				
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1309.00										
SI	JBTOTAL of Receipts This Page (optional)			•••••	• •	Ľ			,			,	169	.00
т	OTAL This Period (last page this line number on	ly)		••••••	•				-			-		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

TEMIZED RECEIPTS		each category of the ailed Summary Page	×	-		11b	11c	12	<u> </u>
Any information copied from such Reports or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	•								
Full Name of Individual (Last, First, Mid Gentry, Michael, L, ,	ldle Initial) or Full Organiza	ation Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				M M 08	/	31	/ Y	ү ү 2018	Y
City East Hanover		p Code 07936				on ID : A			
FEC ID number of contributing federal political committee.	С			Amount	. 01		ceipt th	iis Period 77.	
Name of Employer (for Individual) NBS Receipt For: Primary General Other (specify) ▼		i (for Individual) Ops Lead Connectivity p-Date ▼ 1386.00]	Me	emo	Item			
Full Name of Individual (Last, First, Mid 3. Goldfarb, Steven, L, ,	dle Initial) or Full Organiza	ation Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				м м 08	/	03	/ Y	2018	Y
City East Hanover		p Code 07936				on ID : A Each Re		645515 iis Period	
FEC ID number of contributing federal political committee.	С			<u> </u>		.	-9-	77.	00
Name of Employer (for Individual) Pharma		n (for Individual) Section Head		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	o-Date ▼ 1232,00]						
Full Name of Individual (Last, First, Mid C. Goldfarb, Steven, L, ,	ldle Initial) or Full Organiza	ation Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				M M 08	/	D D D 17	/ Y	2018	Y
City East Hanover		p Code 07936				i on ID:A Each Re		883585 iis Period	
FEC ID number of contributing federal political committee.	C			<u> </u>		y	y	77.	00
Name of Employer (for Individual) Pharma Receipt For:	VP Legal S	(for Individual) Section Head		Me	emo	tem			
Primary General Other (specify)	Aggregate Year-to	1309.00]						
	,		_		-	,	y	231.	00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 53 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any per- ng the name and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	al Action Committee	
Full Name of Individual (Last, First, Mide A. Goldfarb, Steven, L, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		M M / D D / Y
City East Hanover	StateZip CodeNJ07936	Transaction ID : A2018-1902940 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	77.00
Name of Employer (for Individual) Pharma	Occupation (for Individual) VP Legal Section Head	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1386.00	_
Full Name of Individual (Last, First, Mide B. Gorcz, Damon, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 03 / Y Y Y Y 2018
City East Hanover	StateZip CodeNJ07936	Transaction ID : A2018-1645517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Pharma	Occupation (for Individual) Specialty Area Business Leader II	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Mide C. Gorcz, Damon, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 17 Y Y Y Y 08 17
City East Hanover	StateZip CodeNJ07936	Transaction ID : A2018-1883587 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer (for Individual) Pharma	Occupation (for Individual) Specialty Area Business Leader II	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 255.00	
SUBTOTAL of Receipts This Page (option	lal)	107.00
TOTAL This Period (last page this line nu	mber only)	

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 54 OF

				for each category of the Detailed Summary Page		×	11a 13		-	11 14	ŀ		11c 15		2	17
	y information copied from such Reports and State for commercial purposes, other than using the na						or the		rpo	os	e of		oliciting	cont	ributi	ons
	NAME OF COMMITTEE (In Full) Novartis Corporation Political Acti	on Cor	nm	nittee												
Α.	Full Name of Individual (Last, First, Middle Initial) Gorcz, Damon, , ,) or Full C)rga	nization Name		[Date c	of Re	ec	cei	pt					
	Mailing Address One Health Plaza	Otata		Zin Onde			08		/	L	31		/ Y	201		Y
	City East Hanover	State NJ		Zip Code 07936	\vdash								2018-1			
	FEC ID number of contributing federal political committee.	С			_	F	Amour			=a		iec	ceipt th	is re	15.0	0
	Name of Employer (for Individual) Pharma Receipt For: Primary General Other (specify) ▼	Spe	ecial	tion (for Individual) Ity Area Business Leader II ar-to-Date ▼ 270.00			N	1em	0	lte	эm					
В.	Full Name of Individual (Last, First, Middle Initial) Grande, Nancy, J, ,) or Full C	Drga	nization Name		[Date c	of Re	ec	cei	pt					
	Mailing Address One Health Plaza						M N 08	/	/	ľ	03		/ Y	201		Y
	City East Hanover	State NJ		Zip Code 07936		A							2018-10 ceipt th		-	
	FEC ID number of contributing federal political committee.	С	_			Į			4	,		_	-9	_	50.0	0
	Name of Employer (for Individual) Global Drug Development		•	ation (for Individual) bal Program Safety Lead			N	lem	0	lte	m					
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 800.00												
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) Grande, Nancy, J, ,) or Full C	Drga	nization Name			Date c	of Re	ec	cei	pt					
	Mailing Address One Health Plaza						M 08	1 /	/	ľ	17		/ Y	201		Y
	City East Hanover	State NJ		Zip Code 07936		A			-	-			2018-1 ceipt th			
	FEC ID number of contributing federal political committee.	С	_			ļ			,	9	_	-	y	_	50.0	0
	Name of Employer (for Individual) Global Drug Development		•	tion (for Individual) al Program Safety Lead			N	/lem	0	lte	эm					
	Receipt For: / Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 850.00												
s	UBTOTAL of Receipts This Page (optional)			•			-	-	,	,	+		9	1	115.0	0
Т	OTAL This Period (last page this line number only	y)		••••••	,				_	,	_					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 55 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politi	cal Action Con	nmittee	
Full Name of Individual (Last, First, Mi Grande, Nancy, J, ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza	State	Zip Code	08 / 31 / 2018 Transaction ID : A2018-1902944
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Global Drug Development Receipt For: Primary General	Sr G	upation (for Individual) Bobal Program Safety Lead Year-to-Date ▼	Memo Item
Other (specify)		900.00	
Full Name of Individual (Last, First, Mi B. Grzegorzewski, Kris, , ,	adie Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 03 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645524 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) Oncology		upation (for Individual) USOM Solid Tumors Franchise	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00]
Full Name of Individual (Last, First, Mi C. Grzegorzewski, Kris, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			M M / D / Y
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883594 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual) Oncology		upation (for Individual) JSOM Solid Tumors Franchise	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		680.00]
SUBTOTAL of Receipts This Page (option	nal)		130.00
TOTAL This Period (last page this line r			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

			for each category of the Detailed Summary Page	×	11a 13		11	-	11c	12	17
or	y information copied from such Reports and Staterr for commercial purposes, other than using the nam				or the		pos	se of s	oliciting	g contribu	tions
	NAME OF COMMITTEE (In Full) Novartis Corporation Political Action	n Comr	nittee								
Α.	Full Name of Individual (Last, First, Middle Initial) of Grzegorzewski, Kris, , ,	or Full Org	anization Name		Date of	Re	_				
	Mailing Address One Health Plaza	State	Zip Code		08 08	/	L	31		2018	Y
	5	NJ	07936							902949 nis Period	
	FEC ID number of contributing federal political committee.				anount					40.	00
	Name of Employer (for Individual) Oncology	· · ·	ation (for Individual) SOM Solid Tumors Franchise		Me	emo) Ite	əm			
	Receipt For: Ag Primary General Other (specify) ▼	gregate Ye	ear-to-Date ▼ 720.00								
	Full Name of Individual (Last, First, Middle Initial) c Guidi, Joseph, M, ,	or Full Org	anization Name		Date of	Re	ecei	pt			
	Mailing Address One Health Plaza				м м 08	/		03	/ Y	y y 2018	Y
	,	State NJ	Zip Code 07936				-			645526 nis Period	
	FEC ID number of contributing federal political committee.						-		-9	20.	00
	Name of Employer (for Individual) Oncology		ation (for Individual) rector Commercial Strategy		Me	emo) Ite	əm			
	Receipt For: Ag Primary General Other (specify) ▼	gregate Ye	ear-to-Date ▼ 320.00								
	Full Name of Individual (Last, First, Middle Initial) c Guidi, Joseph, M, ,	or Full Org	anization Name		Date of	Re	ecei	pt			
	Mailing Address One Health Plaza				м м 08	/		D D D 17	/ Y	2018	Y
	5	State NJ	Zip Code 07936							883596 his Period	
	FEC ID number of contributing federal political committee.						y		,	20.	00
	Name of Employer (for Individual) Oncology Receipt For:	Sr. Dir	ation (for Individual) ector Commercial Strategy		M	emo	o Ite	em			
	Primary General Other (specify)	gregate Ye	ear-to-Date ▼ 340.00								
	UBTOTAL of Receipts This Page (optional)			.	-		9	-	9	80.	00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 57 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check of	nly o	ne)			
II EIVIIZED KEGEIF13		for each category of the Detailed Summary Page	X 11a		11b	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full)								
Novartis Corporation Politica	I Action Con	nmittee						
Full Name of Individual (Last, First, Middle Guidi, Joseph, M, ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			M 08		31) / Y	y y 2018	Y
City East Hanover	State NJ	Zip Code 07936				A2018-1		
FEC ID number of contributing federal political committee.	С						20.0	
Name of Employer (for Individual) Oncology		upation (for Individual) Director Commercial Strategy		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]					
Full Name of Individual (Last, First, Middle B. Guilbault, Matthew, , ,	e Initial) or Full O	rganization Name	Date	of B	eceint			
Mailing Address One Health Plaza			08	M /	31	/ Y	y y 2018	Y
City	State	Zip Code			-	A2018-19		
	NJ	07936	Amou	nt of	Each R	leceipt th	is Period	
FEC ID number of contributing federal political committee.	C				-		57.6	69
Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs		Memo	o Item			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		249.99]					
Full Name of Individual (Last, First, Middle C. Gulick, David, E, ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			08		03		2018	Y
City	State NJ	Zip Code			-	A2018-1		_
East Hanover FEC ID number of contributing		07936	Amou	nt of	Each R	leceipt th	is Period	_
federal political committee.	C		니뇨		y	9	30.0	00
Name of Employer (for Individual) Pharma		upation (for Individual) ctor New Products		Mem	o Item			
Receipt For:		Year-to-Date V						
Other (specify)		480.00]					
SUBTOTAL of Receipts This Page (optiona	I)				9	5	107.6	69
TOTAL This Period (last page this line num	ber only)				-	-		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 58 OF

			Use separate schedule(s)	(ch	eck only	у ог	ne)			
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
	rmation copied from such Reports and St ommercial purposes, other than using the				for the		pose of	soliciting	contribu	tions
\ \	E OF COMMITTEE (In Full) vartis Corporation Political Ac	tion Con	nmittee							
	Name of Individual (Last, First, Middle Initi ick, David, E, ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
Mailir	ng Address One Health Plaza				м м 08	/	D D D D D D D D D D D D D D D D D D D) / Y	y y 2018	Y
City East	Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	883597 is Period	
	ID number of contributing al political committee.	С							30.	00
Phar			upation (for Individual) ctor New Products		M	emo	tem Item			
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	1						
	Name of Individual (Last, First, Middle Initi lick, David, E, ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	ng Address One Health Plaza				08 M	/	31) / Y	2018	Y
City	Henever	State NJ	Zip Code					A2018-1		
FEC	Hanover ID number of contributing al political committee.	C	07936		Amoun	t of	Each H	eceipt th	is Period 30.0	00
Nam Phari	e of Employer (for Individual) na		upation (for Individual) actor New Products		M	emo	ttem			
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00]						
	Name of Individual (Last, First, Middle Initi bel, Kurt, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt			
	ng Address One Health Plaza				08 ^M		03		ү ү 2018	Y
City East	Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	645240 is Period	
	ID number of contributing al political committee.	С			<u> </u>		,	. ,	23.	08
Phar			upation (for Individual) ling Design and Analytics		M	emo	o Item			
	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 369.28	1						
SUBTO	OTAL of Receipts This Page (optional)			•			, ,	. ,	83.0	08
TOTAL	. This Period (last page this line number c	only)						-		

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 59 OF

ידו			Use separate schedule(s)	(C	heck only	y or	ne)				
11			for each category of the Detailed Summary Page		X 11a]11b	110	; [12	<u> </u>
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,								
$\Big\rangle$	Novartis Corporation Political Ac	tion Con	nmittee								
Α.	Full Name of Individual (Last, First, Middle Initi Habel, Kurt, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address One Health Plaza				м м 08	1	D 1		Y	y y 2018	Y
	City East Hanover	State NJ	Zip Code 07936					: A2018 Receipt		83182 s Period	
	FEC ID number of contributing federal political committee.	С						-		23.0)8
	Name of Employer (for Individual) Pharma		upation (for Individual) ling Design and Analytics		M	emo	b Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 392.36								
в.	Full Name of Individual (Last, First, Middle Initi Habel, Kurt, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address One Health Plaza				M M 08	/	3		Y	y 2018	Y
	City	State	Zip Code				-	: A2018			
	East Hanover	NJ	07936		Amount	t of	Each	Receipt	this	s Period	
	FEC ID number of contributing federal political committee.	С			Ŀ					23.0)8
	Name of Employer (for Individual) Pharma		upation (for Individual) Iling Design and Analytics		M	emo	b Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 415.44								
С.	Full Name of Individual (Last, First, Middle Initi Haberthur, Charles, L, ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address One Health Plaza				м м 08	/	D 1		Y	y y 2018	Y
	City East Hanover	State NJ	Zip Code 07936					: A201 Receipt		83598 s Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,		12.5	50
	Name of Employer (for Individual) Pharma		upation (for Individual) SPEC - SAN ANTONIO W TX		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50								
\vdash	UBTOTAL of Receipts This Page (optional)			► ►			, .			58.6	6

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 60 OF

ידו			Use separate schedule(s)	(ch	eck only	y or	ne)	L		
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	itions
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmittee							
A.	Full Name of Individual (Last, First, Middle Initi Haberthur, Charles, L, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address One Health Plaza				08 ^M	1	31) / Y	ү ү 2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th		1
	FEC ID number of contributing federal political committee.	С							12	.50
	Name of Employer (for Individual) Pharma		upation (for Individual) SPEC - SAN ANTONIO W TX		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00							
B.	Full Name of Individual (Last, First, Middle Initi Hagan, Laura, A, , Mailing Address One Health Plaza	al) or Full O	rganization Name		Date of	f Re	eceipt		Y Y	Y
	City	State	Zip Code		08	acti	31	A2018-1	2018	
	East Hanover	NJ	07936				-	Receipt th		1
	FEC ID number of contributing federal political committee.	С								.54
	Name of Employer (for Individual) Global Drug Development		upation (for Individual) bal Head Clinical Disclosure Off	ice	M	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72]						
с.	Full Name of Individual (Last, First, Middle Initi Hallen, Paul, R, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address One Health Plaza				08 ^M	1	03		ү ү 2018	Ŷ
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th		1
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	15	.38
	Name of Employer (for Individual) Alcon		upation (for Individual) pal Head VITRet & Glaucoma		M	emo	ttem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 246.08							
	UBTOTAL of Receipts This Page (optional)			▶ ▶			, . , .	, , , ,	39	42

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 61 OF

	-	Use separate schedule(s)	(check onl	y one)							
Mailing Address One Health Plaza City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Alcon Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Hallen, Paul, R, , Mailing Address One Health Plaza City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Alcon Receipt For: Primary General Other (specify) ▼ Fec ID number of contributing federal political committee. Name of Employer (for Individual) Alcon Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle In Haller, Sarah, E, ,		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
NAME OF COMMITTEE (In Full)											
> Novartis Corporation Politic	al Action Cor	nmittee									
A. Hallen, Paul, R, ,	dle Initial) or Full C	rganization Name	Date o	f Receipt							
			08	المتنبعا ليبا لتنا							
	State NJ	Zip Code 07936		t of Each R							
5	C				- T	15.3	8				
Alcon		upation (for Individual) bal Head VITRet & Glaucoma	M	emo Item							
Primary General	Aggregate	Year-to-Date ▼ 261.46	1								
Full Name of Individual (Last, First, Mic B. Hallen, Paul, R, ,	dle Initial) or Full C	rganization Name	Date o	f Receipt							
Mailing Address One Health Plaza			M M 08	/ D D 31	/ Y	2018	Y				
	State	Zip Code		action ID :							
East Hanover	NJ	07936	Amoun	t of Each R	eceipt th	is Period					
5	C					15.3	8				
Alcon		upation (for Individual) bal Head VITRet & Glaucoma	M	emo Item							
	Aggregate	Year-to-Date 🔻									
		276.84	1								
Full Name of Individual (Last, First, Mic Haller, Sarah, E, ,	dle Initial) or Full C	rganization Name	Date o	f Receipt							
Mailing Address One Health Plaza			08	/ D D 03		2018	Y				
City East Hanover	State NJ	Zip Code 07936		t of Each R							
FEC ID number of contributing federal political committee.	C				y	77.0	0				
Name of Employer (for Individual) Corporate		upation (for Individual) ntl Public Affairs	M	lemo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1232.00]								
SUBTOTAL of Receipts This Page (optio	nal)			. , .	.,	107.7	6				
TOTAL This Period (last page this line no	umber only)										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 62 OF

			for each category of Detailed Summary F		×	11a 13		11b 14		11c 15	12 16	17	
or for	nformation copied from such Reports and Sta commercial purposes, other than using the									oliciting	contribu	utions	
\	ME OF COMMITTEE (In Full) ovartis Corporation Political Ac	tion Con	nmittee										
A . <u>H</u>	ll Name of Individual (Last, First, Middle Initia aller, Sarah, E, , illing Address One Health Plaza	al) or Full O	rganization Name		Date of Receipt								
Cit		State	Zip Code		1.	08			17	2019.1	2018 883183	Y	
	ast Hanover	NJ	07936								is Period	4	
	C ID number of contributing leral political committee.	С				mourin		1	i net			.00	
Co	me of Employer (for Individual) rporate		upation (for Individual) Intl Public Affairs			M	emo	Iten	ı				
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 130	99.00									
	II Name of Individual (Last, First, Middle Initia aller, Sarah, E, ,	al) or Full O	rganization Name		D	ate of	f Re	ceipt					
Ma	iling Address One Health Plaza					м м 08	/	D	31	/ Y	2018	Y	
Cit Ea	y ist Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1902905 Amount of Each Receipt this Period							d	
	C ID number of contributing leral political committee.	С				7		-	77	.00			
	me of Employer (for Individual) rporate	Occ VP		M	emo	Iten	ı						
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	ggregate Year-to-Date ▼ 1386.00										
	II Name of Individual (Last, First, Middle Initia Iayden, Kathy-Jo, B, ,	al) or Full O	rganization Name		D	ate of	f Re	ceipt					
Ma	iling Address One Health Plaza				ΙΓ	08 ^M	/		03	/ Y	y y 2018	Y	
Cit	y ast Hanover	State NJ	Zip Code 07936								645242 is Period	d d	
	C ID number of contributing leral political committee.	С			ļ			,		9	115	.00	
	me of Employer (for Individual) rporate		upation (for Individual) Federal Public Policy&R	eimburseme	Memo Item								
Re	ceipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify)		88	30.00									
SUB	TOTAL of Receipts This Page (optional)			····· •				,		9	269	.00	
тот	AL This Period (last page this line number o	nly)		····· ►	Ī			,		-			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 63 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	al Action Con	nmittee								
Full Name of Individual (Last, First, Mid A. Hayden, Kathy-Jo, B, ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883184 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		115.00							
Name of Employer (for Individual) Corporate		upation (for Individual) Federal Public Policy&Reimburse	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 995.00	1							
Full Name of Individual (Last, First, Mid B. Hayden, Kathy-Jo, B, ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address One Health Plaza	Ctoto	Zin Code	08 / D D / Y Y Y Y 2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1902906 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.00							
Name of Employer (for Individual) Corporate		upation (for Individual) Federal Public Policy&Reimburse	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1110.00]							
Full Name of Individual (Last, First, Mid C. Hellberg, Mark, R, ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address One Health Plaza			M M / D D / Y Y Y Y 08 03 2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645920 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) NIBR		upation (for Individual) sutive Director Chemical Technol	ogi							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00	1							
SUBTOTAL of Receipts This Page (option	nal)		280.00							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 64 OF

IТ			Use separate		(ch	eck only	y or	ne)					
11			for each cate Detailed Sum		×	11a		11b	11c	12	<u> </u>		
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\overline{\ }$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	Novartis Corporation Political Ac	tion Com	nmittee										
Α.	Full Name of Individual (Last, First, Middle Initi Hellberg, Mark, R, ,	al) or Full O	rganization Nam	e		Date of	Re	eceipt					
	Mailing Address One Health Plaza					M M / D / Y							
	City East Hanover	State NJ	Zip Code 07936		_				: A2018- Receipt ti	1883849 his Period			
	FEC ID number of contributing federal political committee.	С						-		50.	00		
	Name of Employer (for Individual)		upation (for Indiv cutive Director C	ridual) hemical Technolog	g	M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	850.00									
в.	Full Name of Individual (Last, First, Middle Initi Hellberg, Mark, R, ,	al) or Full O	rganization Nam	e		Date of	Re	eceipt					
	Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 08 31 2018									
	City East Hanover	State Zip Code NJ 07936						-	A2018-1 Receipt t	1 903597 his Period	_		
	FEC ID number of contributing federal political committee.	С				50.00							
	Name of Employer (for Individual) NIBR	Occupation (for Individual) Executive Director Chemical Technolog				M	emo	o Item					
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼ 900.00										
С.	Full Name of Individual (Last, First, Middle Initi Herpin, Misty, B, ,	al) or Full O	rganization Nam	e		Date of	Re	eceipt					
	Mailing Address One Health Plaza					08	/	03		2018	Y		
	City East Hanover	State NJ	Zip Code 07936						: A2018- Receipt tl	1645550 his Period			
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	5	15.	00		
	Name of Employer (for Individual) Oncology		pation (for Indiv	,		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	240.00									
	UBTOTAL of Receipts This Page (optional)							, ,	5	115.	00		
Т	OTAL This Period (last page this line number o	nıy)		•••••• •		L		-		1 1 4			

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 65 OF

170				e separate schedule(s)	(ch	eck onl	y o	ne)							
111				each category of the ailed Summary Page		11a		11b 14	11c 15	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose of	soliciting	g contribu	utions				
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmitt	ee											
Α.	Full Name of Individual (Last, First, Middle Initia Herpin, Misty, B, ,	al) or Full O	rganiza	ation Name		Date of	f Re	eceipt							
	Mailing Address One Health Plaza					08 / D D / Y Y Y Y 2018									
	City East Hanover	State NJ		p Code 07936	_				A2018-1 Receipt th		d				
	FEC ID number of contributing federal political committee.	С						-y		15	.00				
	Name of Employer (for Individual) Oncology		•	(for Individual) y Specialist		Μ	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	o-Date ▼ 255.00											
B.	Full Name of Individual (Last, First, Middle Initia Herpin, Misty, B, ,	al) or Full O	rganiza	ation Name		Date of	f Re	eceipt							
	Mailing Address One Health Plaza	State Zip Code					08 / D D / Y Y Y Y 2018								
	City East Hanover	StateZip CodeNJ07936							A2018-1 Receipt th		ł				
	FEC ID number of contributing federal political committee.	С						-y		15	.00				
	Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncology Specialist				М	emo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 270.00												
	Full Name of Individual (Last, First, Middle Initia Hilkert, Robert, J, ,	al) or Full O	rganiza	ation Name		Date of	f Re	eceipt							
	Mailing Address One Health Plaza					08 ^M	1	03		2018 [°]	Y				
	City East Hanover	State NJ		p Code 07936					A2018-1 Receipt th		d				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .		23	.08				
	Name of Employer (for Individual) Global Drug Development		Occupation (for Individual) Global Program Clinical Head					o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	o-Date ▼ 369.28											
S	JBTOTAL of Receipts This Page (optional)			•	_		-	9		53	.08				
т	OTAL This Period (last page this line number o	nly)		••••••		L.		_							

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 66 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	and Statements may not be sold or used by any p ng the name and address of any political committe	
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	al Action Committee	
Full Name of Individual (Last, First, Mide Hilkert, Robert , J, , Mailing Address One Health Plaza	dle Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	08 17 2018 Transaction ID : A2018-1883622
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23.08
Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Global Program Clinical Head	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 392.36]
Full Name of Individual (Last, First, Mide B. Hilkert, Robert, J, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 31 2018
City East Hanover	StateZip CodeNJ07936	Transaction ID : A2018-1902977 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23.08
Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Global Program Clinical Head	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 415,44]
Full Name of Individual (Last, First, Mide C. Hill, Holli, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 03 2018
City East Hanover	State Zip Code NJ 07936	Transaction ID : A2018-1645244
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Corporate	Occupation (for Individual) AD State Government Affairs	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General Other (specify)	336.00	1
SUBTOTAL of Receipts This Page (option	nal)	67.16
	mber only)	

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 67 OF

ITI	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			rson for the purpose of soliciting contributions
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	ion Corr	nmittee	
Α.	Full Name of Individual (Last, First, Middle Initia Hill, Holli, , , Mailing Address One Health Plaza	l) or Full Oi	rganization Name	Date of Receipt
				08 17 2018
	City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883186 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		21.00
	Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.00	
в.	Full Name of Individual (Last, First, Middle Initia Hill, Holli, , ,	l) or Full Oi	rganization Name	Date of Receipt
	Mailing Address One Health Plaza			08 31 Y Y Y Y 2018
	City	State	Zip Code	Transaction ID : A2018-1902908
	East Hanover	NJ	07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		21.00
	Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 378.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Hohenwarter, John, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address One Health Plaza			08 17 2018
	City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883187 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		57.69
	Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	
s	UBTOTAL of Receipts This Page (optional)			99.69
т	OTAL This Period (last page this line number or	ıly)	• • • • • •	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 68 OF

ידו			Use separate schedule(s)	(ch	eck only	/ 01	ne)					
11			for each category of the Detailed Summary Page		′ 11a		11b	11c	12			
	y information copied from such Reports and St for commercial purposes, other than using the											
<u>.</u>	NAME OF COMMITTEE (In Full)											
\rangle	Novartis Corporation Political Ac	ction Con	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initi Hohenwarter, John, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				08 / D D / Y Y Y Y 2018							
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	902909 his Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		57.6	69		
	Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45	1								
в.	Full Name of Individual (Last, First, Middle Initi Hokanson, William, C, ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				м м 08	1	03		y y 2018	Y		
	City	State	Zip Code				-	A2018-1				
	East Hanover	NJ	07936		Amount	of	Each F	Receipt th	nis Period			
	FEC ID number of contributing federal political committee.	С		Ľ.				15.0	00			
	Name of Employer (for Individual) Oncology		upation (for Individual) ector Regional Marketing		Me	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]								
С.	Full Name of Individual (Last, First, Middle Initi Hokanson, William, C, ,	ial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address One Health Plaza				08	/	D 17		2018	Y		
	City East Hanover	State NJ	Zip Code 07936					: A2018-1 Receipt th	883625 nis Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	5	15.0	00		
	Name of Employer (for Individual) Oncology		upation (for Individual) ctor Regional Marketing		Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	egate Year-to-Date ▼ 255.00									
s	UBTOTAL of Receipts This Page (optional)						,	9	87.6	<u>}9</u>		
Т	OTAL This Period (last page this line number of	only)	······				49.1	-				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

171				arate schedule(s)	(ch	neck only	у о	ne)					
111	EMIZED RECEIPTS			category of the Summary Page		× 11a		11b	11c	12		□	
	y information copied from such Reports and St for commercial purposes, other than using the										butio		
	NAME OF COMMITTEE (In Full)			, , , , , , , , , , , , , , , , , , ,									
\rangle	Novartis Corporation Political Ac	tion Com	nmittee										
A.	Full Name of Individual (Last, First, Middle Initi Hokanson, William, C, ,	al) or Full O	rganization I	Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza					08 / D D / Y Y Y Y 08 31 2018							
	City East Hanover	State NJ	Zip Coc 07936		_					-1902980 this Peri			
	FEC ID number of contributing federal political committee.	С						-		1	15.00		
	Name of Employer (for Individual) Oncology		upation (for ctor Regiona	,		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	270.00	1								
в.	Full Name of Individual (Last, First, Middle Initi Hughes, Donald, , ,	al) or Full O	rganization I	Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza					08	/	03		2018		1	
	City East Hanover	State Zip Code NJ 07936								1645247 this Peri			
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) Corporate	Occupation (for Individual) Director State Public Policy					emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date]									
с.	Full Name of Individual (Last, First, Middle Initi Hughes, Donald, , ,	al) or Full O	rganization I	Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza					08 M	/	D 17		2018		1	
	City East Hanover	State NJ	Zip Coo 07936							-1883189 this Peri		_	
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .	, y	3	30.00		
	Name of Employer (for Individual) Corporate		Occupation (for Individual) Director State Public Policy					o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	510.00]								
⊢	JBTOTAL of Receipts This Page (optional)			-	• -			, , , ,		7	75.00		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 70 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check or	nly o	ne)									
	2	for each category of the Detailed Summary Page	X 11a		11b	11c	12	_						
		y not be sold or used by any p ddress of any political committe												
NAME OF COMMITTEE (In		mittoo												
Novarus Corporatio	on Political Action Com	mmuee												
Full Name of Individual (Las A. Hughes, Donald, , ,	t, First, Middle Initial) or Full O	rganization Name	Date	of Re	eceipt									
Mailing Address One Health	Plaza		M 08	08 / D D / Y Y Y Y Y 2018										
City East Hanover	State NJ	Zip Code 07936				A2018-1 Receipt th	902911 is Period							
FEC ID number of contributi federal political committee.	ing C						30.0	00						
Name of Employer (for Indiv Corporate	,	upation (for Individual) ctor State Public Policy	י 🗌 ו	Memo	o Item									
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 540.00]											
B. Hughes, Gene, M, ,	t, First, Middle Initial) or Full Or	rganization Name	Date	of Re	eceipt									
Mailing Address One Health			M 08		D 17) / Y	y y 2018	Y						
City East Hanover	State NJ	Zip Code 07936			-	A2018-1								
FEC ID number of contributi federal political committee.						Amount of Each Receipt this Period								
Name of Employer (for Indiv Oncology														
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 204.00]											
Full Name of Individual (Las C. Hughes, Gene, M, ,	t, First, Middle Initial) or Full O	rganization Name	Date	of Re	eceipt									
Mailing Address One Health			08		31		y y 2018	Y						
City East Hanover	State NJ	Zip Code 07936				A2018-1 Receipt th	902988 is Period							
FEC ID number of contributi federal political committee.	ing C				y	,	12.0	00						
Name of Employer (for Indiv Oncology	,	upation (for Individual) Regional Acct. Management		Memo	o Item									
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 216.00]											
	Page (optional)			-	, . , .		54.0	00						

SCHEDULE A (FEC Form 3X) _____

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 71 OF

ידו			Use separate schedule(s)	(che	eck only	у о	ne)	L				
11	r for commercial purposes, other than using NAME OF COMMITTEE (In Full) Novartis Corporation Political Full Name of Individual (Last, First, Middle Hughson, Melody, , , Mailing Address One Health Plaza City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Corporate Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Hughson, Melody, , , Mailing Address One Health Plaza City East Hanover FEC ID number of contributing federal political committee. Name of Employer (for Individual) Corporate Receipt For: FEC ID number of contributing federal political committee. Name of Employer (for Individual) Corporate Receipt For: Primary General Other (specify) ▼		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions		
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	ction Con	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initi Hughson, Melody, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza				08 / D D / Y Y Y Y 2018							
	-	State NJ	Zip Code 07936					A2018-1 Receipt th	645248 iis Period			
	÷	С					-		50.	00		
	Corporate		upation (for Individual) Federal Public Policy & Reimburs	en	M	emo	ttem					
	Primary General	Aggregate	Year-to-Date ▼ 800.00	1								
В.	Full Name of Individual (Last, First, Middle Initi Hughson, Melody, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt					
					м м 08	/	D 17) / Y	2018	Y		
	•	State NJ	Zip Code 07936					A2018-1				
	FEC ID number of contributing	С		Amouni				iis Period 50.	00			
			upation (for Individual) Federal Public Policy & Reimburs	ser	M	emo	tem					
	Primary General	Aggregate	Year-to-Date ▼ 850.00]								
C.	Full Name of Individual (Last, First, Middle Initi Hughson, Melody, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt					
					M M 08		31		2018	Y		
		State NJ	Zip Code 07936					A2018-1 Receipt th	902912 iis Period			
	÷	С					<u>y</u>	, ,	50.	00		
	Corporate		upation (for Individual) Federal Public Policy & Reimburs	err	M	emo	o Item					
		Aggregate	Year-to-Date ▼ 900.00	1								
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	150.	00		
т	OTAL This Period (last page this line number of	only)		•				-				

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 72 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b		11c	12				
Any information copied from such Reports a or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Con	nmittee											
Full Name of Individual (Last, First, Middl A. Hyland, Carlos, , ,	e Initial) or Full O	rganization Name		Date of Receipt 08 03 Transaction ID : A2018-1645292									
Mailing Address One Health Plaza	State	Zip Code											
East Hanover	NJ	07936	-										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) A Head - Sandoz LatAm		M	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00											
Full Name of Individual (Last, First, Middl B. Hyland, Carlos, , ,	e Initial) or Full O	rganization Name		Date of	f Re	ceipt							
Mailing Address One Health Plaza				M M / D D / Y									
City East Hanover	State NJ	Zip Code 07936				-			883275 nis Period				
FEC ID number of contributing federal political committee.	C			<u> </u>		-		-9	15.	00			
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) A Head - Sandoz LatAm		M	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00											
Full Name of Individual (Last, First, Middl C. Hyland, Carlos, , ,	e Initial) or Full O	rganization Name		Date of	f Re	ceipt							
Mailing Address One Health Plaza				08 ^M	1	D 3	D 1	/ Y	2018 Y	Y			
City East Hanover	State NJ	Zip Code 07936				-			903031 his Period				
FEC ID number of contributing federal political committee.	С			<u> </u>		y .		y	15.	00			
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) Head - Sandoz LatAm		M	emo	ltem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00											
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,	r	• -		-	5		9	45.0	00			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 73 OF

ITEMIZED RECEIPTS		ch category of the d Summary Page	X 11a		11b	11c	12	
Any information copied from such Reports								
or for commercial purposes, other than usin	ng the name and address of	any political committee	e to solicit c	ontrib	outions fro	m such	n committ	ee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	al Action Committee	•						
Full Name of Individual (Last, First, Mide Jarvis, Edgar, L, ,	lle Initial) or Full Organizatio	n Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			08	M /	03	/ Y	y y 2018	Y
City	State Zip C	Code	Trar	sact	ion ID : A	2018-1	645573	
East Hanover	NJ 079	036	Amou	nt of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-	16.	15
Name of Employer (for Individual) Pharma	Occupation (fo CV2 Sr ABL -	,		Nemo	tem			
Receipt For:	Aggregate Year-to-Da	ate 🔻						
Primary General Other (specify) ▼		258.40]					
Full Name of Individual (Last, First, Mide 3. Jarvis, Edgar, L, ,	lle Initial) or Full Organizatio	n Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			08	/	D D 17	/ Y	2018	Y
City	State Zip C	Code	Trar	sacti	ion ID : A	2018-1	883701	
East Hanover	NJ 079	36	Amou	nt of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-	16.	15
Name of Employer (for Individual) Pharma	Occupation (fo CV2 Sr ABL -	,		Nemo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 274.55]					
Full Name of Individual (Last, First, Mide C. Jarvis, Edgar, L, ,	lle Initial) or Full Organizatio	n Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			08	M /	D D D 31	/ Y	ү 2018	Y
City	State Zip C		Trai	sact	ion ID : A	2018-1	903170	
East Hanover	NJ 0793	36	Amou	nt of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C				,	y	16.	15
Name of Employer (for Individual) Pharma	Occupation (fo CV2 Sr ABL -	,		Vemo	o Item			
Receipt For:	Aggregate Year-to-D	ate 🔻						
Other (specify)		290.70]					
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu					9	9	48.4	45

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 74 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVILED REGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Con	nmittee	
Full Name of Individual (Last, First, Middle Joines, Mark, A, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 03 Y Y Y Y Y 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645580 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Pharma		upation (for Individual) nflammatory Account Mgr	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle B. Joines, Mark, A, , Mailing Address One Health Plaza	e Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	08 17 2018 Transaction ID : A2018-1883708
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Pharma		upation (for Individual) nflammatory Account Mgr	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle C. Joines, Mark, A, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903177 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Pharma		upation (for Individual) Iflammatory Account Mgr	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,		45.00

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 75 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×			11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than usin									
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Con	nmittee							
Full Name of Individual (Last, First, Midd Jones, Heather, , , Mailing Address One Health Plaza	le Initial) or Full C	rganization Name		Date of	f Re	· .			
City	State	Zip Code		08) /	03	A2018-1	2018	Y
East Hanover	NJ	07936						nis Period	
FEC ID number of contributing federal political committee.	С							15.	_
Name of Employer (for Individual) Oncology		upation (for Individual) Regional Acct. Management		M	emo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00							
Full Name of Individual (Last, First, Midd B. Jones, Heather, , ,	le Initial) or Full C	rganization Name		Date of	f Re	ceipt			
Mailing Address One Health Plaza				08	1	D D D 17	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936					A2018-1 leceipt th	883711 nis Period	
FEC ID number of contributing federal political committee.	C			<u> </u>				15.	00
Name of Employer (for Individual) Oncology		upation (for Individual) Regional Acct. Management		M	emo	ltem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00							
Full Name of Individual (Last, First, Midd C. Jones, Heather, , ,	le Initial) or Full C	rganization Name		Date of	f Re	ceipt			
Mailing Address One Health Plaza				08	/	31) / Y	2018 Y	Y
City East Hanover	State NJ	Zip Code 07936					A2018-1 leceipt th	1903180 nis Period	
FEC ID number of contributing federal political committee.	C			<u> </u>		, . , .	, ,	15.	
Name of Employer (for Individual) Oncology		upation (for Individual) Regional Acct. Management		М	emc	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00							
SUBTOTAL of Receipts This Page (optional	al)	•	•			, .	. ,	45.	00
TOTAL This Period (last page this line nur	nber only)		•			-			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 76 OF

TEMIZED RECEIPTS	for each category of the	≭ 11a 11b 11c 12
	Detailed Summary Page	
or for commercial purposes, other than u	ts and Statements may not be sold or used by an using the name and address of any political comm	y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Novartis Corporation Polit	ical Action Committee	
Full Name of Individual (Last, First, M A. Kamal, Tawfik, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza	1	M M / D D / Y
City	State Zip Code NJ 07936	Transaction ID : A2018-1645587
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Oncology	Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	800.00	
Full Name of Individual (Last, First, M B. Kamal, Tawfik, , ,	l liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 17 2018
City	State Zip Code	Transaction ID : A2018-1883715
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Oncology	Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name of Individual (Last, First, M C. Kamal, Tawfik, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 31 2018
City	State Zip Code	Transaction ID : A2018-1903184
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Oncology	Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	900.00	
SUBTOTAL of Receipts This Page (opt	ional)	▶
TOTAL This Period (last page this line	number only)	•

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 77 OF

		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Con	nmittee	
Full Name of Individual (Last, First, Middl Kameros, Dean, B, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645250
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Oncology		upation (for Individual) d-FF Execution & Effectiveness	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
Full Name of Individual (Last, First, Middl Kameros, Dean, B, ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 17 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883192 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Oncology		upation (for Individual) d-FF Execution & Effectiveness	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 425.00]
Full Name of Individual (Last, First, Middl	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 31 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1902914 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Oncology Receipt For:	Hea	upation (for Individual) d-FF Execution & Effectiveness	Memo Item
Primary General	Aggregate	Year-to-Date ▼ 450.00	1

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 78 OF

IT!			Use separate schedule		(chec	k onl	у о	ne)				
11			for each category of th Detailed Summary Pag		×	11a 13		11b 14	11c		2 6 [17
	y information copied from such Reports and Sta for commercial purposes, other than using the				son fo	the		pose of	f solicitin	g cont	ributic	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initia Kan, Sarah, G, ,	al) or Full O	rganization Name		Da	ate of	f Re	eceipt				
	Mailing Address One Health Plaza				Г	08	1	03		y 201	Y Y 8	
	City East Hanover	State NJ	Zip Code 07936						: A2018- Receipt tl			
	FEC ID number of contributing federal political committee.	С									77.00)
	Name of Employer (for Individual) Corporate		upation (for Individual) ctor State Public Policy			Μ	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1232.0	00								
B.	Full Name of Individual (Last, First, Middle Initia Kan, Sarah, G, , Mailing Address One Health Plaza	al) or Full O	rganization Name		- I			eceipt			M	
	City	State	Zip Code			08		17		201	8	
	East Hanover	NJ	07936						: A2018- 1 Receipt tl			
	FEC ID number of contributing federal political committee.	С									77.00)
	Name of Employer (for Individual) Corporate		upation (for Individual) octor State Public Policy			М	emo	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1309.0	00								
с.	Full Name of Individual (Last, First, Middle Initia Kan, Sarah, G, ,	al) or Full O	rganization Name		Da	ate of	f Re	eceipt				
	Mailing Address One Health Plaza					08	1	D 31		201		
	City East Hanover	State NJ	Zip Code 07936						: A2018- Receipt ti			
	FEC ID number of contributing federal political committee.	С						y .			77.00)
	Name of Employer (for Individual) Corporate		upation (for Individual) ctor State Public Policy			М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1386.0									
\vdash	UBTOTAL of Receipts This Page (optional)							, . , .	. ,	2	231.00	

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 79 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	1 1a		11b	11c	12	
	Obele			13		14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)									
> Novartis Corporation Political	Action Cor	nmittee							
Full Name of Individual (Last, First, Middle A. Karlsons, Erik, L, ,	Initial) or Full C	Irganization Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				м м 08	/	D D D 03	/ Y	2018	Y
City	State	Zip Code		Trans	acti	on ID : A	2018-1	645591	
East Hanover	NJ	07936	_	Amount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C						-9	13.	85
Name of Employer (for Individual) Pharma		upation (for Individual) Sr Area Business Leader - Washin	g	Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V	-						
Primary General	1.99.094.0								
Other (specify) v		221.60							
Full Name of Individual (Last, First, Middle 3. Karlsons, Erik, L , ,	Initial) or Full C	Irganization Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				м м 08	/	D D 17	/ Y	y y 2018	Ŷ
City	State	Zip Code		Trans	acti	on ID : A	2018-1	883719	
East Hanover	NJ	07936		Amount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-	-9-	13.	85
Name of Employer (for Individual) Pharma		upation (for Individual) Sr Area Business Leader - Washin	nç	Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		, 235.45							
Full Name of Individual (Last, First, Middle C. Karlsons, Erik, L, ,	Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				08 ^M	/	D D D 31	/ Y	ү 2018	Ŷ
City	State	Zip Code		Trans	acti	ion ID : A	2018-1	903188	
East Hanover	NJ	07936		Amount	of	Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					y	y	13.	85
Name of Employer (for Individual)	Occ	upation (for Individual)	-	M	emo	Item			
Pharma		Sr Area Business Leader - Washing	gi						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	33.233.0								
Other (specify)		249.30							
SUBTOTAL of Receipts This Page (optional).		•				<u> </u>	y	41.	55
TOTAL This Period (last page this line number	er only)	>	-						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 80 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one))	L		
ILENIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 1	-	_	1b	11c	12	
Any information copied from such Report or for commercial purposes, other than u			person for			se of :			
NAME OF COMMITTEE (In Full)									
Novartis Corporation Politi	cal Action Con	nmittee							
Full Name of Individual (Last, First, M A. Kendrick, Lisa, , ,	ddle Initial) or Full O	rganization Name	Da	te of I	Rece	eipt			
Mailing Address One Health Plaza				08	/	D D 03	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936						645595 his Period	
FEC ID number of contributing federal political committee.	С			_	-1		-	15.0	00
Name of Employer (for Individual) Pharma		upation (for Individual) cialty Area Business Leader II		Mer	mo lt	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1						
Full Name of Individual (Last, First, M B. Kendrick, Lisa, , ,	ddle Initial) or Full O	rganization Name	Da	te of I	Rece	eipt			
Mailing Address One Health Plaza				08	/	D D 17	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936						883723 nis Period	
FEC ID number of contributing federal political committee.	C			_	-1			15.0	00
Name of Employer (for Individual) Pharma		upation (for Individual) ccialty Area Business Leader II		Mer	mo li	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00]						
Full Name of Individual (Last, First, M C. Kendrick, Lisa, , ,	iddle Initial) or Full O	rganization Name	Da	te of I	Rece	eipt			
Mailing Address One Health Plaza				08 ^M	/	D D 31	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936						903192	
FEC ID number of contributing federal political committee.	С				y		9	15.0	00
Name of Employer (for Individual) Pharma		upation (for Individual) cialty Area Business Leader II		Mei	mo li	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00]						
	,	<u>~ · · · · · · · · · · · · · · · · · · ·</u>			5		· · ·	45.0	00

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 81 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a ☐ 11b ☐ 11c ☐ 12
	y information copied from such Reports and Sta			
<u> </u>	for commercial purposes, other than using the	name and a	uuress or any political committee	to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmittee	
A.	Full Name of Individual (Last, First, Middle Initia Kendris, Thomas, N, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 2018
	City	State	Zip Code	Transaction ID : A2018-1645209
	East Hanover	NJ	07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Corporate		upation (for Individual) sident Novartis Corp & US Cntry F	rε Memo Item
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		1600.00	
	Full Name of Individual (Last, First, Middle Initia Kendris, Thomas, N, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address One Health Plaza			08 17 2018
	City	State	Zip Code	Transaction ID : A2018-1883151
	East Hanover	NJ	07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Corporate		upation (for Individual) sident Novartis Corp & US Cntry F	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1700.00	
	Full Name of Individual (Last, First, Middle Initia Kendris, Thomas, N, ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address One Health Plaza			08 31 2018
	City	State	Zip Code	Transaction ID : A2018-1902874
	East Hanover	NJ	07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Corporate		upation (for Individual) ident Novartis Corp & US Cntry P	re Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1800.00	
	UBTOTAL of Receipts This Page (optional)			300.00

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 82 OF

171			Use separate schedule(s)	(ch	neck only	y or	ne)			
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	
	y information copied from such Reports and Si for commercial purposes, other than using the									
$\overline{\langle}$	NAME OF COMMITTEE (In Full)									
\rangle	Novartis Corporation Political Ac	ction Corr	nmittee							
Α.	Full Name of Individual (Last, First, Middle Init Kettler III, Edward, W, ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 6201 South Freeway				08	/	03		үүү 2018	Y
	City Fort Worth	State TX	Zip Code 76134-2001	_				A2018-1 Receipt th	1645252 his Period	
	FEC ID number of contributing federal political committee.	С					-		21.(00
	Name of Employer (for Individual) NBS		upation (for Individual) nain Architect Generics & Biosimili	ar	Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00							
B.	Full Name of Individual (Last, First, Middle Init Kettler III, Edward, W, ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 6201 South Freeway	Otata	Zin Oodo		08	/	D 17		2018	Y
	City Fort Worth	State TX	Zip Code 76134-2001					A2018-1	883194 his Period	
	FEC ID number of contributing federal political committee.	С							21.0	00
	Name of Employer (for Individual) NBS		upation (for Individual) nain Architect Generics & Biosimil	aı	Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.00							
с.	Full Name of Individual (Last, First, Middle Init Kettler III, Edward, W, ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 6201 South Freeway				08 ^M	/	D 31		2018	Y
	City Fort Worth	State TX	Zip Code 76134-2001					: A2018-1 Receipt th	1902991 his Period	
	FEC ID number of contributing federal political committee.	С			Ľ		y	, ,	21.0	00
	Name of Employer (for Individual) NBS		upation (for Individual) nain Architect Generics & Biosimila	ar	M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00							
	UBTOTAL of Receipts This Page (optional)				[. [.		, . , .	· ·	63.0	00

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 83 OF

17	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	/ on	e)			
			for each category of the Detailed Summary Page		X 11a		11b	11c	12	_
	y information copied from such Reports and S									
or	for commercial purposes, other than using the	name and a	ddress of any political committe	ee to s	olicit cor	ntribu	utions fr	rom sucl	n committe	96.
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political A	ction Con	nmittee							
Α.	Full Name of Individual (Last, First, Middle Init Kincaid, Michael, C, ,	tial) or Full O	rganization Name		Date of	Ree	ceipt			
	Mailing Address One Health Plaza				м м 08	/	D D D 03	/ Y	2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	645598 iis Period	
	FEC ID number of contributing federal political committee.	С					y		14.0	4
	Name of Employer (for Individual) Oncology		upation (for Individual) Oncology Sales		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 224.64							
в.	Full Name of Individual (Last, First, Middle Ini Kincaid, Michael, C, ,	tial) or Full O	rganization Name		Date of	Ree	ceipt			
	Mailing Address One Health Plaza				м м 08	/	D D 17	/ Y	2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	883726 iis Period	
	FEC ID number of contributing federal political committee.	С					<u>т</u>	- 7-	14.0	4
	Name of Employer (for Individual) Oncology		upation (for Individual) Oncology Sales		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.68							
	Full Name of Individual (Last, First, Middle Ini Kincaid, Michael, C, ,	tial) or Full O	rganization Name		Date of	Be	ceipt			
	Mailing Address One Health Plaza				08 ^M	/	D D D 31	/ Y	ү ү 2018	Ŷ
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	903195 iis Period	
	FEC ID number of contributing federal political committee.	С					, .		14.0	4
	Name of Employer (for Individual) Oncology		upation (for Individual) Oncology Sales		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.72							
s	UBTOTAL of Receipts This Page (optional)			•			,	.,	42.1	2
т	OTAL This Period (last page this line number	only)		•				1.45		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 84 OF

Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Novartis Corporation Political Act Full Name of Individual (Last, First, Middle Initia Knewtson, Chad, , , Mailing Address 4169 58th Street South City Fargo FEC ID number of contributing federal political committee.	iame and a	ay na addre nm	ittee	to so	13 or the	ntrib	ecei	se of sons fr				
or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) Novartis Corporation Political Act Full Name of Individual (Last, First, Middle Initia Knewtson, Chad, , , Mailing Address 4169 58th Street South City Fargo FEC ID number of contributing federal political committee.	ion Con I) or Full O State ND	nm	ittee ization Name Zip Code	to so	For the licit co	ntrib	pos butic	se of sons fr	soliciting		ntributi	ions
Novartis Corporation Political Act Full Name of Individual (Last, First, Middle Initia Knewtson, Chad, , , Mailing Address 4169 58th Street South City Fargo FEC ID number of contributing federal political committee.	I) or Full O State ND		zip Code					·				
A. Knewtson, Chad, , , Mailing Address 4169 58th Street South City Fargo FEC ID number of contributing federal political committee.	State ND)rgar	Zip Code					·				
City Fargo FEC ID number of contributing federal political committee.	ND		•		M M							
Fargo FEC ID number of contributing federal political committee.	ND		•		08		Ľ	03	/ Y)18	Y
FEC ID number of contributing federal political committee.		_		_					A2018-1			
Name of Employer (for Individual)				_ /	Amoun	t of	Ea	ch Re	eceipt th	nis P	eriod 15.0	0
Pharma		•	ion (for Individual) ascular Area Business L		М	emo) Ite	əm				
Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 240.00									
Full Name of Individual (Last, First, Middle Initia 3. Knewtson, Chad, , ,	l) or Full O	rgar	ization Name		Date o	f Re	ecei	ipt				
Mailing Address 4169 58th Street South					м м 08	/		D D 17	/ Y		18	Y
City Fargo	State ND		Zip Code 58104				-		2018-1			
FEC ID number of contributing federal political committee.	С				Amoun		1			II5 F	15.0	0
Name of Employer (for Individual) Pharma		•	ion (for Individual) ascular Area Business L		Μ	emo) Ite	em				
Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 255.00									
Full Name of Individual (Last, First, Middle Initia C. Knewtson, Chad, , ,	l) or Full O	rgar	ization Name		Date o	f Re	ecei	ipt				
Mailing Address 4169 58th Street South					м м 08	/	ſ	D D D	/ Y)18 18	Y
City Fargo	State ND		Zip Code 58104						42018- 1 eceipt th			
FEC ID number of contributing federal political committee.	С						,		, ee ip (* 1.		15.0	0
Name of Employer (for Individual) Pharma		•	ion (for Individual) ascular Area Business L		Μ	lemc) Ite	em				
Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 270.00									
SUBTOTAL of Receipts This Page (optional)			•••••				,				45.0	0

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 85 OF

IT.				e separate schedule(s)	(ch	neck only	y or	ne)			
				each category of the ailed Summary Page	3	× 11a		11b	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the										
\setminus	NAME OF COMMITTEE (In Full)	_									
$\Big/$	Novartis Corporation Political Ac	tion Corr	hmitt	ee							
Α.	Full Name of Individual (Last, First, Middle Initia Kowalski, Robert, W, ,	al) or Full Oi	rganiza	ation Name		Date of	Re	eceipt			
	Mailing Address One Health Plaza					м м 08	1	D 03		Y Y Y 2018	Y
	City East Hanover	State NJ		p Code 07936						1645610 this Perior	d
	FEC ID number of contributing federal political committee.	С				<u> </u>		-	-	46	.15
	Name of Employer (for Individual) Global Drug Development		•	i (for Individual) ad RA US Head Developmer	n'	Me	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	o-Date ▼ 738.40							
в.	Full Name of Individual (Last, First, Middle Initia Kowalski, Robert, W, ,	al) or Full Oi	rganiza	ation Name		Date of	f Re	eceipt			
	Mailing Address One Health Plaza					08	1	D 17		2018	Y
	City East Hanover	State NJ		p Code 07936						1883739 this Perio	d
	FEC ID number of contributing federal political committee.	С									.15
	Name of Employer (for Individual) Global Drug Development		•	n (for Individual) ad RA US Head Developmer	n	Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	o-Date ▼ 784.55							
С.	Full Name of Individual (Last, First, Middle Initia Kowalski, Robert, W, ,	al) or Full Oi	rganiza	ation Name		Date of	Re	eceipt			
	Mailing Address One Health Plaza					08	/	31		2018	Y
	City East Hanover	State NJ		p Code 07936						- 1903282 this Perio	d
	FEC ID number of contributing federal political committee.	С				<u> </u>		<u>,</u>		46	.15
	Name of Employer (for Individual) Global Drug Development		•	ı (for Individual) Id RA US Head Developmen	nt	M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	o-Date ▼ 830.70							
s	UBTOTAL of Receipts This Page (optional)						_	,		138	.45
Т	OTAL This Period (last page this line number or	nly)				L		-			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 86 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	ly one)			
II EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a	11b	11c	12	_
Any information copied from such Repor or for commercial purposes, other than							
NAME OF COMMITTEE (In Full)							
Novartis Corporation Polit	ical Action Con	nmittee					
Full Name of Individual (Last, First, M Krayacich, John, M, ,	liddle Initial) or Full O	rganization Name	Date o	of Receipt			
Mailing Address One Health Plaza			08	/ D 03		2018	Y
City East Hanover	State NJ	Zip Code 07936		saction ID : nt of Each F			
FEC ID number of contributing federal political committee.	C					30.0	0
Name of Employer (for Individual) Pharma		upation (for Individual) Head NPC Strategic Plng & BD &		lemo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00					
Full Name of Individual (Last, First, M B. Krayacich, John, M, ,	liddle Initial) or Full O	rganization Name	Date o	of Receipt			
Mailing Address One Health Plaza			08	/ D 17		2018	Y
City	State NJ	Zip Code		saction ID :			
East Hanover	NJ	07936	Amoun	nt of Each F	Receipt th	is Period	
FEC ID number of contributing federal political committee.	C				-	30.0	0
Name of Employer (for Individual) Pharma		upation (for Individual) Head NPC Strategic PIng & BD &		lemo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00					
Full Name of Individual (Last, First, M C. Krayacich, John, M, ,	liddle Initial) or Full O	rganization Name	Date o	of Receipt			
Mailing Address One Health Plaza			08	/ 31		2018	Y
City East Hanover	State NJ	Zip Code 07936		saction ID : nt of Each F			_
FEC ID number of contributing federal political committee.	C					30.0	0
Name of Employer (for Individual) Pharma		upation (for Individual) Head NPC Strategic PIng & BD &		lemo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 540.00					
SUBTOTAL of Receipts This Page (opt	ional)					90.0	0
TOTAL This Period (last page this line	number only)		. []		-		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 87 OF

IT.			Use separate schedule(s)	(che	ck only	y or	ne)			
11			for each category of the Detailed Summary Page	×	11a		11b	11c	12	_
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\Big)$	Novartis Corporation Political Ac	tion Corr	nmittee							
Α.	Full Name of Individual (Last, First, Middle Initia Kuenzel, Andrea, , ,	al) or Full Or	rganization Name		ate of	f Re	eceipt			
	Mailing Address One Health Plaza				м м 08	1	03		2018	Y
	City East Hanover	State NJ	Zip Code 07936	A				A2018-1 Receipt th	1645615 his Period	
	FEC ID number of contributing federal political committee.	С					-		21.0	00
	Name of Employer (for Individual) Pharma		upation (for Individual) lical Science Liaison Assoc Director	r	M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 344.00							
в.	Full Name of Individual (Last, First, Middle Initia Kuenzel, Andrea, , ,	al) or Full Or	rganization Name		ate of	f Re	eceipt			
	Mailing Address One Health Plaza				м м 08	/	D 17		2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	883807 nis Period	
	FEC ID number of contributing federal political committee.	C							21.0	00
	Name of Employer (for Individual) Pharma		upation (for Individual) dical Science Liaison Assoc Directo		M	emo	b Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00							
C.	Full Name of Individual (Last, First, Middle Initia Kuenzel, Andrea, , ,	al) or Full Or	rganization Name		ate of	f Re	eceipt			
	Mailing Address One Health Plaza				^M 08	/	31		2018	Y
	City East Hanover	State NJ	Zip Code 07936	A				: A2018-1 Receipt th	1903287 his Period	
	FEC ID number of contributing federal political committee.	C		ļ			y .		21.0	00
	Name of Employer (for Individual) Pharma		upation (for Individual) ical Science Liaison Assoc Director	-	M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 386.00							
⊢	UBTOTAL of Receipts This Page (optional)			[, .		63.0	0
Т	OTAL This Period (last page this line number of	nly)	••••••	L		1	-	-	1	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 88 OF

171			Use separate schedule(s)	(ch	neck only	/ or	ne)	L		
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	contribut	tions
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	Novartis Corporation Political Act	tion Corr	nmittee							
Α.	Full Name of Individual (Last, First, Middle Initia Landrus, Francis, C, ,	al) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address One Health Plaza				м м 08	/	03) / Y	2018	Y
	City	State NJ	Zip Code					A2018-1		_
	East Hanover	INJ	07936	_	Amount	of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С				_	-		15.0	00
	Name of Employer (for Individual)	Occu	pation (for Individual)		Me	emo	Item			
	Global Drug Development	Seni	or Global Program Project Manag	ge						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General		240.00	11.						
	Other (specify)		240.00							
	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	rganization Name			_				
в.	Landrus, Francis, C, ,				Date of	Ке	· .			
	Mailing Address One Health Plaza				08	1	D 17		2018	Y
	City	State	Zip Code				-	A2018-1		
	East Hanover	NJ	07936	_	Amount	of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С				_	-		15.0	00
	Name of Employer (for Individual) Global Drug Development		upation (for Individual) ior Global Program Project Manag	ge	Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General			11.						
	Other (specify)		, 255.00							
C.	Full Name of Individual (Last, First, Middle Initia Landrus, Francis, C, ,	al) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address One Health Plaza				08	1	31		y y 2018	Y
	City	State	Zip Code		Trans	act	ion ID :	A2018-1	903294	
	East Hanover	NJ	07936		Amount	of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	,	15.0	00
	Name of Employer (for Individual)	Occu	pation (for Individual)		Me	emc	Item			
	Global Drug Development	Senie	or Global Program Project Manag	ger						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	· · · ·	270.00	11						
	Other (specify)									
s	UBTOTAL of Receipts This Page (optional)						,	. ,	45.0	00
т	OTAL This Period (last page this line number or	וy)	••••••	•						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 89 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or	nly or	ne)	L		
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	× 11a		11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than usin								
NAME OF COMMITTEE (In Full)								
> Novartis Corporation Politic	al Action Con	nmittee						
Full Name of Individual (Last, First, Mide A. Lawrence, Todd, , ,	dle Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			08		D D 03	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936			Eion ID : A		645628 his Period	
FEC ID number of contributing federal political committee.	C			_			50.0)0
Name of Employer (for Individual) Pharma		upation (for Individual) ociate Director Systems of Care		Vemo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]					
Full Name of Individual (Last, First, Mide B. Lawrence, Todd, , ,	dle Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			M 08		D D 17	/ Y	2018	Y
City _East Hanover	State NJ	Zip Code 07936			ion ID : /		883820 nis Period	
FEC ID number of contributing federal political committee.	C				-y		50.0)0
Name of Employer (for Individual) Pharma		upation (for Individual) ociate Director Systems of Care		Vemo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]					
Full Name of Individual (Last, First, Mide Lawrence, Todd, , ,	dle Initial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			M 08		D D 31	/ Y	2018 Y	Y
City East Hanover	State NJ	Zip Code 07936			t ion ID : Each Re		1903300 nis Period	
FEC ID number of contributing federal political committee.	С			_	y .	- y	50.0)0
Name of Employer (for Individual) Pharma		upation (for Individual) ociate Director Systems of Care		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.00]					
SUBTOTAL of Receipts This Page (option	al)				y	. ,	150.0	10
TOTAL This Period (last page this line nu	mber only)		. []		-	- 7-		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 90 OF

	r R	Use separate schedule(s)	(check only c	ne)		
ITEMIZED RECEIPT	3	for each category of the Detailed Summary Page	X 11a	11b 11c	12	_ 47
		ay not be sold or used by any per ddress of any political committee				
		•				
Novartis Corporatio	on Political Action Con	nmittee				
Full Name of Individual (La Leas, Leigh Anne, A, ,	st, First, Middle Initial) or Full O	rganization Name	Date of R	eceipt		
Mailing Address One Health	ו Plaza		M M M	03	2018	Y
City East Hanover	State NJ	Zip Code 07936		tion ID : A2018- f Each Receipt t		
FEC ID number of contributive federal political committee.	ting			-11-1-11-11-	145.0	0
Name of Employer (for Indi Corporate	,	upation (for Individual) and U.S. Country Head Public Polic		o Item		
Receipt For: Primary Ger Other (specify) ▼	Aggregate	Year-to-Date ▼ 1780.00				
B. Leas, Leigh Anne, A,		rganization Name	Date of R	eceipt		
Mailing Address One Health	ı Plaza		08 M	/ D D / 1 17	2018	Ŷ
City East Hanover	State NJ	Zip Code 07936		tion ID : A2018- f Each Receipt t		
FEC ID number of contributive federal political committee.	ting				145.0	0
Name of Employer (for Indi Corporate	,	upation (for Individual) and U.S. Country Head Public Polic		o Item		
Receipt For: Primary Ger Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 1925.00				
Full Name of Individual (La C. Leas, Leigh Anne, A	st, First, Middle Initial) or Full O	rganization Name	Date of R	eceipt		
Mailing Address One Healt	n Plaza		M M M 08	31	2018	Y
City East Hanover	State NJ	Zip Code 07936		tion ID : A2018- f Each Receipt t		
FEC ID number of contributive federal political committee.	ting			, , , ,	145.0	0
Name of Employer (for Indi Corporate		upation (for Individual) and U.S. Country Head Public Polic		o Item		
Receipt For: Primary Ger Other (specify)	neral Aggregate	Year-to-Date ▼ 2070.00				
SUBTOTAL of Receipts This	Page (optional)	•		, , , ,	435.0	0
TOTAL This Period (last page	e this line number only)	•••••				

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 91 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		X	11a 13		11 14	H	_	11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the										so	liciting	contribu	utions
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nm	hittee										
Α.	Full Name of Individual (Last, First, Middle Initi Leatherman, Nancy, , , Mailing Address One Health Plaza	al) or Full C)rga	nization Name			ate of	Re		ipt	2	/ Y	YY	Y
	City	State		Zip Code	_		08 Trans	acti	ion	03 ID:		018-10	2018 6 45630	
	East Hanover FEC ID number of contributing federal political committee.	NJ C		07936	_	A	mount	of	Ea	ch R	lece	eipt thi	is Perioo 15	.00
	Name of Employer (for Individual) Pharma Receipt For:	NS	Sr A	tion (for Individual) Area Business Leader - Denvel	r	[Me	emo	lte	em				
	Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00										
в.	Full Name of Individual (Last, First, Middle Initi Leatherman, Nancy, , ,	al) or Full C)rga	nization Name		D	ate of	Re	cei	ipt				
	Mailing Address One Health Plaza					I	™ 08	1	Ľ	D D 17		/ Y	2018	Y
	City East Hanover	State NJ		Zip Code 07936	_								383822 is Period	1
	FEC ID number of contributing federal political committee.	С	_			Į			,		_		15	.00
	Name of Employer (for Individual) Pharma		•	tion (for Individual) Area Business Leader - Denve	r		Me	emo	lte	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 255.00										
C.	Full Name of Individual (Last, First, Middle Initi Leatherman, Nancy, , ,	al) or Full C)rga	nization Name		D	ate of	Re	cei	ipt				
	Mailing Address One Health Plaza					I	08 ^M	1	Ľ	31		/ Y	2018	Y
	City East Hanover	State NJ		Zip Code 07936									903302 is Perioc	1
	FEC ID number of contributing federal political committee.	С	_			ļ			y		_	g	15	.00
	Name of Employer (for Individual) Pharma Receipt For:	NS	Sr A	tion (for Individual) rea Business Leader - Denver		ļ	Me	emo) Ite	em				
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 270.00										
s	UBTOTAL of Receipts This Page (optional)							_	,	-	+	5	45	.00
Т	OTAL This Period (last page this line number o	only)		••••••		I.			,		-			e

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 92 OF

			Detailed Summary Pa)	_	11a 13] 11 1∠	1b 4		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na					fo	r the		pos	se of		liciting	contrib	utions
	NAME OF COMMITTEE (In Full) Novartis Corporation Political Actio	on Cor	nmittee											
Α.	Full Name of Individual (Last, First, Middle Initial) Lennon, David, , , Mailing Address One Health Plaza	or Full C	Organization Name				ate of	f Re		·				
	City	State	Zip Code			L	08 Trans	acti	L	03		0018-16	2018 205256	Ŷ
	East Hanover	NJ	07936						-				s Perio	d
	FEC ID number of contributing federal political committee.	С]										0.00
	Name of Employer (for Individual) Corporate Receipt For: Primary General Other (specify) ▼	Pre	upation (for Individual) sident AveXis Year-to-Date ▼ 900.	.00			M	emo	o It	em				
в.	Full Name of Individual (Last, First, Middle Initial) Lennon, David, , ,	or Full C	Organization Name			D	ate of	f Re	ece	ipt				
	Mailing Address One Health Plaza					Γ	08	/	ľ	D D 17		/ Y	y y 2018	Y
	City East Hanover	State NJ	Zip Code 07936										883198 s Perio	d
	FEC ID number of contributing federal political committee.	С				ļ			,		_	-	100	.00
	Name of Employer (for Individual) Corporate		cupation (for Individual) sident AveXis				M	emo	o It	em				
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 1000	.00										
<u> </u>	Full Name of Individual (Last, First, Middle Initial) Lennon, David, , ,	or Full C	Organization Name			D	ate of	f Re	ece	ipt				
	Mailing Address One Health Plaza					Γ	08 ^M	/	ľ	D 31	2	/ Y	2018	Y
	City East Hanover	State NJ	Zip Code 07936		-								902995 s Perio	d
	FEC ID number of contributing federal political committee.	С				Ę			,		-	g	100	0.00
	Name of Employer (for Individual) Corporate		upation (for Individual) sident AveXis				М	emc	o It	em				
	Receipt For: A Primary General Other (specify) I	aggregate	Year-to-Date ▼ 1100.											
s	UBTOTAL of Receipts This Page (optional)			····· ►		[,		l	5	300	.00
т	OTAL This Period (last page this line number only	/)		····· ►					_			-		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 93 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Novartis Corporation Politica	al Action Con	nmittee	
Full Name of Individual (Last, First, Midd A. Lloyd, Richard, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			M = M / D = D / Y = Y = Y = Y Y O
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645646
	_		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		46.15
Name of Employer (for Individual)		upation (for Individual)	Memo Item
Oncology Receipt For:		bal Head Marketing Value & Acce	
Primary General	Aggregate	Year-to-Date ▼	
Other (specify) V		738.40]
Full Name of Individual (Last, First, Midd	le Initial) or Full O	rganization Name	
B. Lloyd, Richard, , ,			Date of Receipt
Mailing Address One Health Plaza	State	Zin Code	08 / D D / Y Y Y Y 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		46.15
Name of Employer (for Individual) Oncology		upation (for Individual) bal Head Marketing Value & Acce	Memo Item
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		784.55]
Full Name of Individual (Last, First, Midd C. Lloyd, Richard, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			M M / D D / Y Y Y Y 08 31 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903317
FEC ID number of contributing	_		Amount of Each Receipt this Period
federal political committee.	C		46.15
Name of Employer (for Individual) Oncology		upation (for Individual) al Head Marketing Value & Acce	Memo Item
Receipt For:	I	Year-to-Date V	
Primary General	Ayyreyale		1
Other (specify)		830.70	1
SUBTOTAL of Receipts This Page (optiona		,	138.45
TOTAL This Period (last page this line num	nber only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 94 OF

ודבי			Use separate schedule(s)	(ch	eck onl	у о	ne)				
11 El	WILLED RECEIP 13		for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c	12		17
	information copied from such Reports and Sta r commercial purposes, other than using the				for the		pose of	soliciting	g contrib	utions	<u> </u>
	AME OF COMMITTEE (In Full) Iovartis Corporation Political Ac	tion Con	nmittee								
	ull Name of Individual (Last, First, Middle Initia ockwood, Jeffrey, W, ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
М	ailing Address One Health Plaza				м м 08	1	03		ү ү 2018	Y	
Ci	ity iast Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th		d	
	EC ID number of contributing deral political committee.	С					-y		23	8.08]
	ame of Employer (for Individual) IBR		upation (for Individual) d NIBR Communications		М	emo	ttem				
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.28]							
	II Name of Individual (Last, First, Middle Initia Ockwood, Jeffrey, W, ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
_	ailing Address One Health Plaza				м м 08	1	D 17		ү ү 2018	Y	
Ci	•	State NJ	Zip Code				-	A2018-1			
FE	ast Hanover EC ID number of contributing deral political committee.	C	07936		Amoun	t of	Each F	Receipt th		d 9.08]
	ame of Employer (for Individual) BR		upation (for Individual) ad NIBR Communications		M	emo	ttem				
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 392.36								
	II Name of Individual (Last, First, Middle Initia LOCKWOOd, Jeffrey, W, ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	ailing Address One Health Plaza				08	J.	31		үүү 2018	Y	
Ci	ty ast Hanover	State NJ	Zip Code 07936					Receipt th		d	
	EC ID number of contributing deral political committee.	С			Ľ.		y	,	23	.08]
Ν	ame of Employer (for Individual)		upation (for Individual) d NIBR Communications		М	emo	o Item				
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 415.44								
SUE	BTOTAL of Receipts This Page (optional)			•			7	,	69	.24]
тот	AL This Period (last page this line number o	nly)		•							1

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 95 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Con	nmittee	
Full Name of Individual (Last, First, Middle Lolos, Konstantine, G, ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 03 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645647 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.04
Name of Employer (for Individual) Oncology		upation (for Individual) Oncol Area Sales Manager	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 224.64]
Full Name of Individual (Last, First, Middle Lolos, Konstantine, G, ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 17 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883222 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		14.04
Name of Employer (for Individual) Oncology		upation (for Individual) Dncol Area Sales Manager	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.68]
Full Name of Individual (Last, First, Middle C. Lolos, Konstantine, G, ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 31 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903318 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		14.04
Name of Employer (for Individual) Oncology		upation (for Individual) Incol Area Sales Manager	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.72]
SUBTOTAL of Receipts This Page (optional)			42.12

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 96 OF

			Use separate schedule(s)	(ch	eck only	/ or	ne)			
			for each category of the Detailed Summary Page		4 11a		11b	11c	12	
	rmation copied from such Reports and S ommercial purposes, other than using the									
	E OF COMMITTEE (In Full)									
	vartis Corporation Political A	ction Con	nmittee							
A. Lus	lame of Individual (Last, First, Middle Init so, Steven, J, ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	ng Address One Health Plaza				M M 08	1	D 03		ү ү 2018	Y
City East	Hanover	State NJ	Zip Code 07936	_				A2018-1 Receipt th	645658 his Period	
	ID number of contributing al political committee.	С			<u> </u>				21.(00
Pharr			upation (for Individual) ior Area Business Leader MS Der	יעו	Me	emo	ltem			
	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00							
	Jame of Individual (Last, First, Middle Init so, Steven, J, ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
Mailir	ng Address One Health Plaza				M M 08	/	D 17		y y 2018	Y
City East	Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	883233 nis Period	
	ID number of contributing al political committee.	С							21.(00
Name Pharr	e of Employer (for Individual) na		upation (for Individual) nior Area Business Leader MS Der	nν	Me	emo	ltem			
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.00							
	Jame of Individual (Last, First, Middle Init	tial) or Full O	rganization Name		Date of	Re	ceipt			
Mailir	ng Address One Health Plaza				08 M	/	31		2018 [°]	Y
City East	Hanover	State NJ	Zip Code 07936	_				A2018-1 Receipt th	1903329 nis Period	
	ID number of contributing al political committee.	С			Ē		,	. ,	21.(00
Pharr	· · · · · · · · · · · · · · · · · · ·		upation (for Individual) ior Area Business Leader MS Der	IVE	Me	emc) Item			
	ipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00							
SUBTO	TAL of Receipts This Page (optional)		•	•			, .		63.0	0
TOTAL	This Period (last page this line number	only)		-				1.75		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 97 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)		_									
> Novartis Corporation Political A	Action Con	nmittee									
Full Name of Individual (Last, First, Middle In A. Mac Askill, David, T, ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 31 2018								
City	State NJ	Zip Code 07936	Transaction ID : A2018-1903332								
East Hanover	INJ	07936	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		11.54								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
Pharma	Care	diovascular Area Business Leader	F								
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		207.72									
Full Name of Individual (Last, First, Middle In B. MacKay, Kimberly, A, ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address One Health Plaza			08 31 2018								
City	State	Zip Code	Transaction ID : A2018-1902998								
East Hanover	NJ	07936	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		11.54								
Name of Employer (for Individual) NBS		upation (for Individual) Id Legal and Compliance	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	-								
Primary General											
Other (specify) ▼		, 207.72									
Full Name of Individual (Last, First, Middle In C. Manolios, Frank, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address One Health Plaza			M M / D D / Y Y Y Y 08 03 2018								
City	State	Zip Code	Transaction ID : A2018-1645668								
East Hanover	NJ	07936	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00								
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
Oncology	Sr C	ncology Sales Specialist									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		240.00									
SUBTOTAL of Receipts This Page (optional)			38.08								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 98 OF

ידו			(ch	(check only one)							
11			for each category of the Detailed Summary Page		′ 11a 13		11b 14	11c 15	12	17	
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	tions	
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	ction Con	nmittee								
Α.	Full Name of Individual (Last, First, Middle Init Manolios, Frank, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address One Health Plaza				м м 08	/	D D 17) / Y	y y 2018	Y	
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th		_	
	FEC ID number of contributing federal political committee.	С			<u> </u>				15.	00	
	Name of Employer (for Individual) Oncology		upation (for Individual) Dncology Sales Specialist		M	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00								
в.	Full Name of Individual (Last, First, Middle Init Manolios, Frank, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address One Health Plaza				м м 08	1	31) / Y	ү 2018	Y	
	City	State NJ	Zip Code					A2018-1			
	East Hanover FEC ID number of contributing federal political committee.	C	07936		Amount	tof	Each R	Receipt th	is Period 15.	_	
	Name of Employer (for Individual) Oncology		upation (for Individual) Dncology Sales Specialist		M	emc	tem				
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.00								
С.	Full Name of Individual (Last, First, Middle Init Marinac, Jacqueline, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address One Health Plaza				08 ^M	1	03		2018	Y	
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	, <u>,</u>	15.	00	
	Name of Employer (for Individual) Pharma		upation (for Individual) Associate Director		M	emo	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	45.	00	
т	OTAL This Period (last page this line number of	only)		•			-				

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 99 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	L								
ILEIVILLED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c	12 16	17						
Any information copied from such Reports or for commercial purposes, other than us			erson for the purpose of	f soliciting	contributi	ons						
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	al Action Con	nmittee										
Full Name of Individual (Last, First, Mid A. Marinac, Jacqueline, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 / D		y 2018	Y						
City East Hanover	State NJ	Zip Code 07936	Transaction ID : Amount of Each F									
FEC ID number of contributing federal political committee.	С				15.0	0						
Name of Employer (for Individual) Pharma		upation (for Individual) - Associate Director	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00										
Full Name of Individual (Last, First, Mid B. Marinac, Jacqueline, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 31		y y 2018	Y						
City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1903341 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		15.00									
Name of Employer (for Individual) Pharma		upation (for Individual) _ Associate Director	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00										
Full Name of Individual (Last, First, Mid C. Matthews, William, R, ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 03		2018	Y						
City East Hanover	State NJ	Zip Code 07936	Transaction ID Amount of Each F									
FEC ID number of contributing federal political committee.	С				25.5	9						
Name of Employer (for Individual) Oncology		upation (for Individual) ncol Area Sales Manager	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 403.63										
SUBTOTAL of Receipts This Page (option	nal)		,.		55.5	9						
TOTAL This Period (last page this line nu	Imber only)											

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 100 OF

	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12					
Any information copied from such Reports or for commercial purposes, other than usin												
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Con	nmittee										
Full Name of Individual (Last, First, Mide A. Matthews, William, R, ,	dle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address One Health Plaza				08 17 2018								
City East Hanover	State NJ	Zip Code 07936				: A2018-1 Receipt th						
FEC ID number of contributing federal political committee.	C						25.5	59				
Name of Employer (for Individual) Oncology		upation (for Individual) Incol Area Sales Manager		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 429.22]									
Full Name of Individual (Last, First, Mide Matthews, William, R, , Mailing Address One Health Plaza	dle Initial) or Full O	rganization Name			eceipt		V. V.	N.				
City	State	Zip Code	0	08 31 2018 Transaction ID : A2018-1903348								
East Hanover	NJ	07936				Receipt th						
FEC ID number of contributing federal political committee.	С		25.59									
Name of Employer (for Individual) Oncology		upation (for Individual) Dncol Area Sales Manager		Mem	io Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 454.81]									
Full Name of Individual (Last, First, Mido C. Mc Laughlin, Cynthia, A, ,	dle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address One Health Plaza			M O		/ D 17		2018	Y				
City East Hanover	State NJ	Zip Code 07936				: A2018-1 Receipt th	883309 his Period	_				
FEC ID number of contributing federal political committee.	С				y .	9	12.5	50				
Name of Employer (for Individual) Pharma		upation (for Individual) VP Cardiovascular Sales East		Mem	io Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 212.50	1									
SUBTOTAL of Receipts This Page (option	,			-	, , , ,		63.6	58				

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 101 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	-	11a 13		-	11b 14	-	_	11c 15		2	17				
or	y information copied from such Reports and Sta for commercial purposes, other than using the n					fo	r the		рс	ose		soli	iciting	cont	ributi	ons				
	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	ion Cor	nm	ittee																
Α.	Full Name of Individual (Last, First, Middle Initia Mc Laughlin, Cynthia, A, , Mailing Address One Health Plaza	Idle Initial) or Full Organization Name								Date of Receipt										
	City	State		Zip Code		L	08		io		31		018-19	201	18	Ŷ				
	East Hanover	NJ		07936									eipt thi							
	FEC ID number of contributing federal political committee.	С	_						,		_	-	-	_	12.5	0				
	Name of Employer (for Individual) Pharma		•	tion (for Individual) P Cardiovascular Sales East		[Μ	lemo	οI	ltei	n									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 225.00																
	Full Name of Individual (Last, First, Middle Initia Mc Leer, Arlene, J, ,	l) or Full C	Drgai	nization Name		D	ate o	f Re	ece	eip	t									
	Mailing Address One Health Plaza	1		Zip Code		Ľ	м м 08	/		D	03	1	Y	201	ү 8	Y				
	City East Hanover	State NJ									018-16 eipt thi									
	FEC ID number of contributing federal political committee.	С		15.00								0								
	Name of Employer (for Individual) Global Drug Development		•	tion (for Individual) Global Regulatory Manager			Μ	lemo	οI	ltei	n									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 240.00																
	Full Name of Individual (Last, First, Middle Initia Mc Leer, Arlene, J, ,	l) or Full C	Drgai	nization Name		D	ate o	f Re	ece	eip	t									
	Mailing Address One Health Plaza					Ľ	08	/		D	р 17] ′	/ Y	201	8 8	Y				
	City East Hanover	State NJ		Zip Code 07936									018-18 eipt thi							
	FEC ID number of contributing federal political committee.	С	_			ļ			,		-	-	5	_	15.0	0				
	Name of Employer (for Individual) Global Drug Development Receipt For:	Juni	ior G	tion (for Individual) Global Regulatory Manager			N	lemo	0	Ite	m									
	Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 255.00																
s	UBTOTAL of Receipts This Page (optional)			•••••					,		-	+	9		42.5	0				
Т	OTAL This Period (last page this line number on	ıly)		••••••	.	L	_		,	_	_	_	-							

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 102 OF

ITE		Use separate schedule(s)				(check only one)							
	MIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12				
	information copied from such Reports and Sta												
· · · · ·	r commercial purposes, other than using the r	name and a	doress of any political committe	e to s	olicit cor	ntric	outions	from suc		ee.			
	AME OF COMMITTEE (In Full) Iovartis Corporation Political Ac	tion Corr	nmittee										
	ull Name of Individual (Last, First, Middle Initia Inc Leer, Arlene, J, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
M	ailing Address One Health Plaza				08 31 Y Y Y Y Y								
Ci	ity ast Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	903356 nis Period				
	EC ID number of contributing deral political committee.	С					-		15.0	00			
G	ame of Employer (for Individual) lobal Drug Development		upation (for Individual) or Global Regulatory Manager		Me	emo	o Item						
R(eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00										
	ull Name of Individual (Last, First, Middle Initia AcGough, Edward, D, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
_	ailing Address One Health Plaza				08	1	03		y y 2018	Y			
Ci	ity ast Hanover	State NJ	Zip Code 07936					A2018-1	645159 his Period				
	EC ID number of contributing deral political committee.	С		115.38									
	ame of Employer (for Individual) con		upation (for Individual) 9 Global Mfg & Tech Ops		Me	emo	ttem						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1846.08]									
	II Name of Individual (Last, First, Middle Initia McGough, Edward, D, ,	al) or Full O	rganization Name		Date of	Re	eceipt						
_	ailing Address One Health Plaza	-			08 ^M	1	D 17		2018 Y	Y			
Ci	ty ast Hanover	State NJ	Zip Code 07936					: A2018-1 Receipt th	883101 his Period				
	EC ID number of contributing deral political committee.	С			<u> </u>		y	7	115.3	38			
A	ame of Employer (for Individual) Icon		upation (for Individual) Global Mfg & Tech Ops		M	emo	o Item						
	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1961.46										
SUE	BTOTAL of Receipts This Page (optional)			► '		I	9	7	245.7	76			
тот	AL This Period (last page this line number of	nly)		_ ▶	Γ.								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 103 OF

		Use separate schedule(s)				(check only one)							
	IZED RECEIPTS		for each category of the Detailed Summary Page	2	1 1a		11b	11c	12				
	formation copied from such Reports and Sta												
· · · · · · · · · · · · · · · · · · ·	commercial purposes, other than using the	name and a	doress of any political committe	e to s	DIICIT COI	ITTIC	outions	from suc	n committ	ee.			
	ME OF COMMITTEE (In Full) ovartis Corporation Political Ac	tion Corr	nmittee										
	Name of Individual (Last, First, Middle Initia cGough, Edward, D, ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
Mai	ling Address One Health Plaza				08 31 2018								
City Ea:	st Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	903142 nis Period				
	C ID number of contributing eral political committee.	С			<u> </u>		-		115.3	38			
Nar Alco	ne of Employer (for Individual) on		upation (for Individual) Global Mfg & Tech Ops		Me	emo	ttem						
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2076.84]									
	Name of Individual (Last, First, Middle Initia cGowan, Joseph, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	ling Address One Health Plaza				м м 08	1	03		y y 2018	Y			
City Eas	st Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1645260 Amount of Each Receipt this Period								
	C ID number of contributing eral political committee.	С		96.15									
	ne of Employer (for Individual) porate		upation (for Individual) c Dir Fed Govt Affairs		Me	emo	tem						
Rec	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1261.50]									
	Name of Individual (Last, First, Middle Initia cGowan, Joseph, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
Mai	ling Address One Health Plaza				м м 08	1	D 17		2018	Y			
City Ea	, st Hanover	State NJ	Zip Code 07936					Receipt th	1883202 nis Period				
	C ID number of contributing eral political committee.	С			Ē		y .	7	96. ⁻	15			
Сог	ne of Employer (for Individual) porate		upation (for Individual) Dir Fed Govt Affairs		M	emo	o Item						
Heo	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1357.65]									
SUBT	OTAL of Receipts This Page (optional)			•			, .		307.6	68			
тота	L This Period (last page this line number o	nly)		→	Γ.			1.75					

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 104 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a	a [1	1b	11c	12				
						13			4	15	16	17			
or f	information copied from such Reports and Station commercial purposes, other than using the new second se														
\															
/	Novartis Corporation Political Act														
	Full Name of Individual (Last, First, Middle Initia McGowan, Joseph, , ,	l) or Full C)rgar	nization Name		Date of Receipt									
-	Mailing Address One Health Plaza					м 0		/	D 0 31	/ Y	ү ү 2018	Y			
		State		Zip Code						A2018-1					
-	East Hanover	NJ		07936		Amo	unt d	of E	ach R	eceipt th	is Period	1			
	FEC ID number of contributing federal political committee.	С	_					,			96	.15			
	Name of Employer (for Individual) Corporate		•	tion (for Individual) r Fed Govt Affairs			Mer	no l	tem						
ī	Receipt For:	Aggregate	Yea	ur-to-Date ▼											
	Primary General Other (specify) ▼		-	1453.80											
	Full Name of Individual (Last, First, Middle Initia McKenna, Edward, J, ,	l) or Full C)rgar	nization Name		Date	e of F	Rece	eipt						
-	Mailing Address One Health Plaza					[™] 0		/	D D D 03	/ Y	2018	Ŷ			
(City	State		Zip Code		Tra	nsad	ctio	n ID :	A2018-1	645688				
-	East Hanover	NJ		07936		Amo	unt d	of E	ach R	eceipt th	is Period	1			
	FEC ID number of contributing federal political committee.	С			13.85										
	Name of Employer (for Individual) Oncology		•	tion (for Individual) gional Acct. Management			Mer	no l	tem						
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 221.60											
	Full Name of Individual (Last, First, Middle Initia McKenna, Edward, J, ,	l) or Full C	Drgar	nization Name		Date	of	Becc	aint						
-	Mailing Address One Health Plaza					M	8	/	ייףנ 17	/ Y	2018	Y			
(City	State		Zip Code		Tra	ansa	ctio	n ID :	A2018-1	883314				
-	East Hanover	NJ		07936		Amo	unt d	of E	ach R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С	_			Ē		,		, ,	13	.85			
	Name of Employer (for Individual) Oncology		•	tion (for Individual) ional Acct. Management			Mer	no l	tem						
I	Receipt For: Primary General	Aggregate	Yea	ur-to-Date ▼											
	Other (specify)	L	7	235.45											
รเ	JBTOTAL of Receipts This Page (optional)				<u> </u>			9		9	123	85			
тс	OTAL This Period (last page this line number or	ıly)		•••••	•			,							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 105 OF

ידו	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	y or	ne)						
111			for each category of the Detailed Summary Page		11a		11b	11c		2			
	y information copied from such Reports and Sta for commercial purposes, other than using the								ng conti				
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big $	Novartis Corporation Political Ac	tion Corr	nmittee										
Α.	Full Name of Individual (Last, First, Middle Initia McKenna, Edward, J, ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza				M M / D D / Y								
	City East Hanover	State NJ	Zip Code 07936						-190336 this Per				
	FEC ID number of contributing federal political committee.	С					-y 1			13.85	5		
	Name of Employer (for Individual) Oncology		upation (for Individual) Regional Acct. Management		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.30	1									
	Full Name of Individual (Last, First, Middle Initia McNulty, Bruce, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza				08	1	03		2018		1		
	City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1645689 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00									
	Name of Employer (for Individual) Pharma		upation (for Individual) SR ABL - MASSACHUSETTS		M	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]									
	Full Name of Individual (Last, First, Middle Initia McNulty, Bruce, , ,	al) or Full Oi	rganization Name		Date of	Re	eceipt						
	Mailing Address One Health Plaza				08	1	D 17		Y Y 201		1		
	City East Hanover	State NJ	Zip Code 07936						-188331 this Per		_		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,		15.00)		
	Name of Employer (for Individual) Pharma		upation (for Individual) SR ABL - MASSACHUSETTS		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00	1									
	UBTOTAL of Receipts This Page (optional)			<u> </u>		_	, ,			43.85			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 106 OF

		Use separate schedule(s)	(check only one)								
II EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c								
Any information copied from such Reports a or for commercial purposes, other than usin											
NAME OF COMMITTEE (In Full)	<u> </u>										
> Novartis Corporation Politica	al Action Con	nmittee									
Full Name of Individual (Last, First, Midd A. McNulty, Bruce, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address One Health Plaza			M M / D D / 08 31	2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018 Amount of Each Receipt								
FEC ID number of contributing federal political committee.	C			15.00							
Name of Employer (for Individual) Pharma		upation (for Individual) SR ABL - MASSACHUSETTS	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00									
Full Name of Individual (Last, First, Midd B. Mennilli, David , , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address One Health Plaza			08 03	2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645302 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) ctor Key Customers	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00									
Full Name of Individual (Last, First, Midd C. Mennilli, David, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address One Health Plaza			08 17 /	2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018 Amount of Each Receipt								
FEC ID number of contributing federal political committee.	С			30.00							
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) ctor Key Customers	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00									
SUBTOTAL of Receipts This Page (optionation)				75.00							

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 107 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, oth	er than using the name and a		e to solicit contributions from such committee.
NAME OF COMMITTEE (In F Novartis Corporation	-ull) n Political Action Con	nmittee	
A. Mennilli, David, , ,	, First, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health I		7.0.1	08 / D D / Y Y Y Y 2018 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903044 Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		30.00
Name of Employer (for Individ Sandoz Inc.	,	upation (for Individual) ctor Key Customers	Memo Item
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 540.00]
Full Name of Individual (Last, B. Meyer, Stephanie, , ,	, First, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health F	Plaza		M M / D / Y
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645695 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		15.00
Name of Employer (for Indivi Pharma	,	upation (for Individual) 2 ABL I - Pittsburgh	Memo Item
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 240.00]
Full Name of Individual (Last C. Meyer, Stephanie, , ,	, First, Middle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health	Plaza		M M / D D / Y Y Y Y 08 17 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883321 Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	^g C		15.00
Name of Employer (for Individ Pharma	,	upation (for Individual) ABL I - Pittsburgh	Memo Item
Receipt For: Primary Generation Other (specify)		Year-to-Date ▼ 255.00	1
SUBTOTAL of Receipts This P	age (optional)		60.00
TOTAL This Period (last page	this line number only)		

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 108 OF

				e separate schedule(s)	(ch	eck onl	уо	ne)					
				each category of the tailed Summary Page		11a		11b 14	11c	12	17		
	v information copied from such Reports and Sta or commercial purposes, other than using the					for the		pose of	soliciting	g contribu	utions		
\	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmit	tee									
	Full Name of Individual (Last, First, Middle Initia Meyer, Stephanie, , ,	al) or Full O	rganiz	ation Name		Date o	f Re	eceipt					
1	Mailing Address One Health Plaza					м м 08	/	D 31	D / Y	ү ү 2018	Y		
	City East Hanover	State NJ	Z	lip Code 07936					A2018-1 Receipt th		d		
	FEC ID number of contributing rederal political committee.	С							-	15	.00		
	Name of Employer (for Individual) Pharma		•	n (for Individual) I - Pittsburgh		М	emo	o Item					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 270.00									
	Full Name of Individual (Last, First, Middle Initia Millard, Susan, J, ,	al) or Full O	rganiz	ration Name		Date o	f Re	eceipt					
ľ	Mailing Address One Health Plaza					м м 08	1	03		y y 2018	Y		
	City East Hanover	State NJ		Transaction ID : A2018-1645188 Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С							-		.00		
	Name of Employer (for Individual) Alcon		•	n (for Individual) Alcon R&D		М	emo	o Item					
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 400.00									
	Full Name of Individual (Last, First, Middle Initia Millard, Susan, J, ,	al) or Full O	rganiz	ation Name		Date o	f Re	eceipt					
١	Mailing Address One Health Plaza					08 ^M	/	D 17		2018 Y	Y		
	City East Hanover	State NJ		lip Code 07936					: A2018-1 Receipt th		d		
	FEC ID number of contributing ederal political committee.	С				<u> </u>		y .	9	25	.00		
	Name of Employer (for Individual)		•	n (for Individual) Alcon R&D		М	lem	o Item					
ľ	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 425.00									
SU	JBTOTAL of Receipts This Page (optional)			·····				y .	, ,	65	.00		
то	TAL This Period (last page this line number of	nly)		····· •					-				

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 109 OF

IT.			Use separate schedule(s)	(cł	(check only one)										
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12						
	y information copied from such Reports and Sta														
or	for commercial purposes, other than using the	name and a	ddress of any political committe	e to s	olicit cor	ntrib	utions	from suc	h committ	ee.					
	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Com	nmittee												
/	Full Name of Individual (Last First Middle Initi		veningtion Name												
A.	Full Name of Individual (Last, First, Middle Initi Millard, Susan, J, ,	al) or Full O	rganization Name	Date of Receipt											
	Mailing Address One Health Plaza				м м 08	1	D 1) / Y	2018	Y					
	City	State	Zip Code		Transaction ID : A2018-1902827										
	East Hanover	NJ	07936		Amount	of	Each F	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	ů – Elektrik							25.	00					
	Name of Employer (for Individual) Alcon		upation (for Individual) d HR Alcon R&D		Me	emc	ltem								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.											
	Other (specify) v		450.00	41.											
	Full Name of Individual (Last, First, Middle Initi Miller, Donald, J, ,	al) or Full O	rganization Name		Date of	Po	opint								
D .	Mailing Address One Health Plaza								Y Y	V					
							31	, , т	2018	T					
	City	State	Zip Code		Trans	acti	on ID :	A2018-1	903374						
	East Hanover	NJ	07936		Amount	of	Each F	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С			11.54										
	Name of Employer (for Individual) Pharma		upation (for Individual) Customer Mktg		Me	emc	ltem								
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		207.72	1											
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	reconization Namo	-											
C.	Moore, Stacey, L, ,				Date of	Re	ceipt								
	Mailing Address One Health Plaza				м м 08	/	03		у у 2018	Y					
	City	State	Zip Code		Trans	act	ion ID :	A2018-1	1645705						
	East Hanover	NJ	07936		Amount	of	Each F	Receipt th	nis Period						
	FEC ID number of contributing federal political committee.	С					, .		23.	68					
	Name of Employer (for Individual) Pharma		Me	emo	tem										
	Receipt For: Primary General Other (specify)	Primary General General													
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o					_	9		60.:	22					

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 110 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1									
			person for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Cor	nmittee										
Full Name of Individual (Last, First, Mide Moore, Stacey, L, ,	lle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 / Y Y Y Y Y 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883331 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	23.68										
Name of Employer (for Individual) Pharma		upation (for Individual) p Integrated Account Spec	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 398.19]									
Full Name of Individual (Last, First, Mido B. Moore, Stacey, L, ,	lle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 31 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903382 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		23.68									
Name of Employer (for Individual) Pharma		upation (for Individual) p Integrated Account Spec	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 421.87]									
Full Name of Individual (Last, First, Mido C. Mui-Lipnik, Shelly, , ,	lle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address One Health Plaza			08 03 2018									
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645264 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		96.15									
Name of Employer (for Individual) Corporate	Corporate Exec Dir Fed Govt Affairs & Tax Poli											
Receipt For: Primary General Other (specify)]											
SUBTOTAL of Receipts This Page (option	al)		143.51									
TOTAL This Period (last page this line nur	mber only)											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 111 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		¥ 11a 13		11b	11c	12	17					
Any information copied from such Reports an or for commercial purposes, other than using				n for the		oose of s	soliciting	contribu	tions					
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Cor	nmittee												
Full Name of Individual (Last, First, Middle A. Mui-Lipnik, Shelly, , ,	e Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address One Health Plaza				08 / D D / Y Y Y Y 2018										
City East Hanover	State NJ	Zip Code 07936	-			on ID : A								
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 96.15										
Name of Employer (for Individual) Corporate		upation (for Individual) ec Dir Fed Govt Affairs & Tax	Policy	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1449.95	5											
Full Name of Individual (Last, First, Middle B. Mui-Lipnik, Shelly, , ,	Initial) or Full C	Irganization Name		Date of	Re	ceipt								
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 31 2018											
City East Hanover	State NJ	Zip Code 07936			903003 iis Period									
FEC ID number of contributing federal political committee.	ů l						96.15							
Name of Employer (for Individual) Corporate		cupation (for Individual) ec Dir Fed Govt Affairs & Tax	Policy	Dicy Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1546.10	D											
Full Name of Individual (Last, First, Middle C. Mullins, Anthony, , ,	Initial) or Full C	Organization Name		Date of	Re	ceipt								
Mailing Address One Health Plaza				M M 08	/	03	/ Y	y y 2018	Y					
City East Hanover	State NJ	Zip Code 07936				on ID : /								
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period										
Name of Employer (for Individual) Pharma		upation (for Individual) Sr Area Business Leader - D	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate													
SUBTOTAL of Receipts This Page (optional))		►			,	,	207.3	30					
TOTAL This Period (last page this line numb	per only)		🕨			7	- J -							

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 112 OF

		Use separate schedule(s)	(check only one)										
I EIVILED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11										
Any information copied from such Reports and or for commercial purposes, other than using t													
NAME OF COMMITTEE (In Full)													
Novartis Corporation Political	Action Con	nmittee											
Full Name of Individual (Last, First, Middle I A. Mullins, Anthony, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address One Health Plaza			08 17 2018										
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883337 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Pharma		upation (for Individual) Sr Area Business Leader - Dallas	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00]										
Full Name of Individual (Last, First, Middle I Mullins, Anthony, , , Mailing Address One Health Plaza	nitial) or Full O	rganization Name	Date of Receipt										
City	State	Zip Code	08 31 2018										
East Hanover	NJ	07936	Transaction ID : A2018-1903388										
FEC ID number of contributing federal political committee.	С		15.00										
Name of Employer (for Individual) Pharma		upation (for Individual) Sr Area Business Leader - Dallas	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]										
Full Name of Individual (Last, First, Middle I C. Murthy, Narashima, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address 608 Fifth Avenue			08 03 2018										
City New York	State NY	Zip Code 10020	Transaction ID : A2018-1645265 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		15.00										
Name of Employer (for Individual) NBS		upation (for Individual) erprise Application Archite	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]										
SUBTOTAL of Receipts This Page (optional)		r	45.00										

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 113 OF

TEMIZED RECEIPTS	for each categ		✗ 11a │ 11b │ 11c │ 12										
	Detailed Sumr	nary Page											
Any information copied from such Reports and or for commercial purposes, other than using th			rson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) Novartis Corporation Political A	Action Committee												
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name)	Date of Receipt										
Mailing Address 608 Fifth Avenue			08 / D D / Y Y Y Y 08 17 2018										
City New York	State Zip Code NY 10020		Transaction ID : A2018-1883207										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) NBS	Occupation (for Indivi Enterprise Application	,	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	255.00											
Full Name of Individual (Last, First, Middle In 3. Murthy, Narashima , , ,	nitial) or Full Organization Name)	Date of Receipt										
Mailing Address 608 Fifth Avenue			08 31 2018										
City New York	StateZip CodeNY10020		Transaction ID : A2018-1903004 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		15.00										
Name of Employer (for Individual) NBS	Occupation (for Indivi Enterprise Application	,	Memo Item										
Receipt For: Primary General Other (specify) ▼	eceipt For: Aggregate Year-to-Date ▼ Primary General												
Full Name of Individual (Last, First, Middle In C. Neylon, Thomas, , ,	nitial) or Full Organization Name)	Date of Receipt										
Mailing Address One Health Plaza			08 03 2018										
City East Hanover	StateZip CodeNJ07936		Transaction ID : A2018-1645266 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		50.00										
Name of Employer (for Individual) Corporate	Occupation (for Indivi VP & Head Tax for Int	,	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	800.00											
SUBTOTAL of Receipts This Page (optional)			80.00										
			, , ,										

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 114 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Cor	nmittee											
Full Name of Individual (Last, First, Middle A. Neylon, Thomas, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address One Health Plaza	State	Zip Code	08 17 2018 Transaction ID : A2018-1883208										
East Hanover	NJ	07936	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Corporate		upation (for Individual) & Head Tax for Int IP TP M&A	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00											
Full Name of Individual (Last, First, Middle B. Neylon, Thomas, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 31 2018										
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903005 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri												
Name of Employer (for Individual) Corporate		upation (for Individual) & Head Tax for Int IP TP M&A	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00											
Full Name of Individual (Last, First, Middle C. Nguyen, An, V, ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address One Health Plaza			M M / D J Y										
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903006 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		11.54										
Name of Employer (for Individual) NBS		upation (for Individual) <i>r</i> ice Operations Manager (F&P IT)	Memo Item										
Receipt For: Primary General Other (specify)	mary General Aggregate Teal-to-Date V												
SUBTOTAL of Receipts This Page (optional).			111.54										
TOTAL This Period (last page this line numb	er only)	••••••											

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 115 OF

ITE			Use separate schedule(s)	(ch	(check only one)									
116	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12					
	r information copied from such Reports and Sta or commercial purposes, other than using the r													
	NAME OF COMMITTEE (In Full)													
\rangle	Novartis Corporation Political Act	tion Corr	nmittee											
	Full Name of Individual (Last, First, Middle Initia Nobles, Sharon, L, ,	ll) or Full Or	ganization Name		Date of Receipt									
	Mailing Address One Health Plaza				M M / D D / Y									
-	City East Hanover	State NJ	Zip Code 07936	_				: A2018-1 Receipt th	903405 nis Period					
FEC ID number of contributing federal political committee.							-		11.	54				
	Name of Employer (for Individual) Pharma		pation (for Individual) natology Executive Sales Specialis	st	Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72											
B.	Full Name of Individual (Last, First, Middle Initia O'Neail, Shawn, , ,	ll) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 608 Fifth Avenue			08 03 2018 Transaction ID : A2018-1645268										
	City New York	State NY	Zip Code 10020	-			-		645268 his Period					
-	FEC ID number of contributing rederal political committee.	C							192.3	30				
	Name of Employer (for Individual) Corporate	Occupation (for Individual) Head Federal Government Affairs				Memo Item								
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2707.60											
	Full Name of Individual (Last, First, Middle Initia O'Neail, Shawn, , ,	ll) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 608 Fifth Avenue	1			м м 08	1	D 17		y y 2018	Y				
-	City New York	State NY	Zip Code 10020					: A2018-1 Receipt th	1883210 his Period					
	FEC ID number of contributing rederal political committee.	С			Ľ.		7	9	192.3	30				
Name of Employer (for Individual) Corporate		Occupation (for Individual) Head Federal Government Affairs					o Item							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2899.90													
	JBTOTAL of Receipts This Page (optional)			_			, .		396.1	4				

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 116 OF

IT.				e separate schedule(s)	(ch	(check only one)										
				each category of the tailed Summary Page		11a 13		11b 14	11c 15	12	17					
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose of	soliciting	g contribu	tions					
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmit	tee												
<u> </u>	Full Name of Individual (Last, First, Middle Initi O'Neail, Shawn, , ,	al) or Full O	rganiz	ation Name	Date of Receipt											
	Mailing Address 608 Fifth Avenue					08 31 2018										
	City New York	State NY	Z	lip Code 10020					A2018-1 Receipt th							
	FEC ID number of contributing federal political committee.				Amount of Each Receipt this Period											
	Name of Employer (for Individual) Corporate		•	n (for Individual) eral Government Affairs		М	emo	o Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 3092.20												
в.	Full Name of Individual (Last, First, Middle Initi Olmstead, Sharon, N, ,	rganiz	ation Name		Date of	f Re	eceipt									
	Mailing Address One Health Plaza						/	03) / Y	ү ү 2018	Y					
	City East Hanover	State NJ	Z	′ip Code 07936					A2018-10 Receipt th							
	FEC ID number of contributing federal political committee.	C			23.08											
	Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Head RA & Development Policy GDD				Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 369.28												
C.	Full Name of Individual (Last, First, Middle Initi Olmstead, Sharon, N, ,	al) or Full O	rganiz	ation Name		Date of	f Re	eceipt								
	Mailing Address One Health Plaza					08 ^M	1	D 17		2018 Y	Y					
	City East Hanover	State NJ		(ip Code 07936					A2018-1 Receipt th							
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .	, ,	23.	08					
	Name of Employer (for Individual) Global Drug Development		•	n (for Individual) & Development Policy GDD		М	em	o Item								
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 392.36															
s	UBTOTAL of Receipts This Page (optional)			•				9	, ,	238.	46					
т	OTAL This Period (last page this line number c	only)						_								

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 117 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	×	11a		11b		11c	12						
		, ,		13		14		15	16	17				
Any information copied from such Report or for commercial purposes, other than u														
NAME OF COMMITTEE (In Full) Novartis Corporation Politi	cal Action Cor	nmittee												
Full Name of Individual (Last, First, Mi A. Olmstead, Sharon, N, ,	ddle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 2018											
City	State	Zip Code		Trans	acti	ion ID	: A20)18-19	903412					
East Hanover	NJ	07936	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		23.08											
Name of Employer (for Individual) Global Drug Development		upation (for Individual) Id RA & Development Policy GDD		M	emo	tem								
Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼													
Full Name of Individual (Last, First, Mi B. Orne, Stephanie, , ,	ddle Initial) or Full C	rganization Name		Date of	f Re	eceipt								
Mailing Address One Health Plaza							08 / D D / Y Y Y Y 08 03 2018							
City	State	Zip Code		Trans	acti	ion ID	: A20)18-16	645736					
East Hanover	NJ	07936		Amount	t of	Each	Rece	ipt thi	is Period					
FEC ID number of contributing federal political committee.	C				-		7	250.	00					
Name of Employer (for Individual) Pharma	Occ CV2	G.	G. Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
Full Name of Individual (Last, First, Mi c. Osten, Craig, S, ,	ddle Initial) or Full C	rganization Name		Date of	f Re	eceipt								
Mailing Address One Health Plaza				08 / D / Y Y Y Y Y										
City	State	Zip Code		Trans	act	ion ID	: A20	018-1e	645304					
East Hanover	NJ	07936	/	Amount	t of	Each	Rece	ipt thi	is Period					
FEC ID number of contributing federal political committee.	C					y		9	23.	08				
Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item										
Sandoz Inc.		President CFO North America												
Receipt For:	Aggregate Year-to-Date V													
Primary General Other (specify)														
SUBTOTAL of Receipts This Page (option	onal)	•••••				,		9	296.	16				
TOTAL This Period (last page this line r	umber only)	••••••	.					-		<u> </u>				

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 118 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Cor	nmittee												
Full Name of Individual (Last, First, Middle Osten, Craig, S, ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 2018											
City	State NJ	Zip Code	Transaction ID : A2018-1883289											
East Hanover		07936	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		23.08											
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) e President CFO North America	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		392.36												
Full Name of Individual (Last, First, Middle B. Osten, Craig, S, ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address One Health Plaza			08 31 2018											
City	State	Zip Code	Transaction ID : A2018-1903046											
East Hanover	NJ	07936	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	23.08													
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) e President CFO North America	Memo Item											
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General													
Full Name of Individual (Last, First, Middle C. Oxner, Serafina, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address One Health Plaza			08 03 2018											
City	State	Zip Code	Transaction ID : A2018-1645740											
East Hanover	NJ	07936	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		23.08											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
Pharma		Dir Healthcare Contract Adm	-											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify)	Primary General													
SUBTOTAL of Receipts This Page (optional)			69.24											
TOTAL This Period (last page this line numb	per only)	••••••												

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

(check only one)

PAGE 119 OF

ITEMIZED RECEIPTS		Detailed Summary Page	×	11a] 11b	> [11c	1	12								
			13		14		15	Ĺ	16	17								
Any information copied from such Reports or for commercial purposes, other than us																		
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	cal Action Cor	nmittee																
Full Name of Individual (Last, First, Mic A. Oxner, Serafina, , ,	ddle Initial) or Full C	rganization Name	[Date of Receipt														
Mailing Address One Health Plaza				08 / D D / Y Y Y Y 08 17 2018														
City	State	Zip Code		Trans	acti	ion l	ID : A	2018-1	8835	28								
East Hanover	NJ	07936	Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	C	C						23.08										
Name of Employer (for Individual) Pharma		upation (for Individual) Dir Healthcare Contract Adm		M	emo	b Ite	m											
Receipt For:	Aggregate	Year-to-Date V																
Other (specify) ▼		392.36																
Full Name of Individual (Last, First, Mic B. Oxner, Serafina, , ,	ddle Initial) or Full C	rganization Name		Date of	f Re	eceip	ot											
Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 2018															
City	State	Zip Code		Trans	acti	ion I	ID : A	2018-1	9034 [,]	16								
East Hanover	NJ	07936	/	Amount	t of	Eac	h Re	ceipt th	is Pe	eriod								
FEC ID number of contributing federal political committee.	s a l									23.08								
Name of Employer (for Individual) Pharma										Memo Item								
Receipt For:	Aggregate	Year-to-Date V																
Other (specify) ▼		415.44																
Full Name of Individual (Last, First, Mic C. Palumbo, Joseph, S, ,	ddle Initial) or Full C	rganization Name		Date of	f Re	eceip	ot											
Mailing Address One Health Plaza				08 31 2018														
City	State NJ	Zip Code 07936						2018-1										
East Hanover	143	07930	_ /	Amount	t of	Eac	h Re	ceipt th	is Pe	əriod								
FEC ID number of contributing federal political committee.	C					<u>y</u>		9		11.5	4							
Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item														
Pharma	Ass	ociate Director Org Development																
	Receipt For: Aggregate Year-to-Date ▼																	
Other (specify)																		
SUBTOTAL of Receipts This Page (optio	nal)					7		9		57.7	0							
TOTAL This Period (last page this line n	umber only)	•				-												

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 120 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)											
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16 17 person for the purpose of soliciting contributions ce to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
> Novartis Corporation Politica	Action Con	nmittee												
Full Name of Individual (Last, First, Middle A. Parker, Melissa, A, ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address One Health Plaza			08 03 / Y Y Y Y 08 03											
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645746 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) Pharma		upation (for Individual) ional Dir Acct Management	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 221.60	1											
Full Name of Individual (Last, First, Middle B. Parker, Melissa, A, , Mailing Address One Health Plaza	e Initial) or Full O	rganization Name	Date of Receipt											
City	State	Zip Code	08 17 2018											
East Hanover	NJ	07936	Transaction ID : A2018-1883534 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		13.85											
Name of Employer (for Individual) Pharma		upation (for Individual) jional Dir Acct Management	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.45]											
Full Name of Individual (Last, First, Middle C. Parker, Melissa, A, ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address One Health Plaza			08 31 2018											
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903422 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		13.85											
Name of Employer (for Individual) Pharma		upation (for Individual) ional Dir Acct Management	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.30]											
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	, 		41.55											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 121 OF

				for each category of the Detailed Summary Page		×	11a		11	· –	110		12	Г	- ۲ (
	y information copied from such Reports and Sta for commercial purposes, other than using the n									se of s						
\	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	ion Con	nm	hittee												
A.	Full Name of Individual (Last, First, Middle Initia Phipps, Candice, C, ,	l) or Full C	Drga	nization Name		D	ate of	Re	ecei	ipt						
	Mailing Address One Health Plaza					ľ	^M 08	1	Ľ	03	/	Y	y y 2018	Y	1	
	City	State NJ		Zip Code			Trans	acti	ion	n ID : A	A2018	3-16	645270			
	East Hanover			07936	_	A	mount	of	Ea	ach Re	eceipt	this	s Perio	d		
	FEC ID number of contributing federal political committee.	С				ĺ			-				11	5.00		
	Name of Employer (for Individual) Corporate		•	tion (for Individual) r State Government Affairs		l	Me	emo	o Ite	em						
	Baggint For:	Aggregate	Yea	ar-to-Date 🔻												
	Primary General Other (specify) ▼			1810.00												
	Full Name of Individual (Last, First, Middle Initia Phipps, Candice, C, ,	l) or Full C	Drga	nization Name		D	ate of	Re	ecei	ipt						
	Mailing Address One Health Plaza					ľ	м м 08	/	Γ	D D D 17	/	Y	y y 2018	Y	1	
	City	State		Zip Code			Trans	acti	ion	ID: A	2018	-18	83212	_		
	East Hanover	NJ		07936	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				ļ	_		-		-4		11	5.00		
	Name of Employer (for Individual) Corporate		•	tion (for Individual) r State Government Affairs			Me	emo	o Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1925.00												
	Full Name of Individual (Last, First, Middle Initia Phipps, Candice, C, ,	l) or Full C	Drga	nization Name		D	ate of	Re	ecei	ipt						
	Mailing Address One Health Plaza						M M 08	/	_	31	/	Y	y 2018	Y	1	
	City	State		Zip Code			Trans	acti	ion	n ID : /	A2018	3-19	903009			
	East Hanover	NJ		07936		A	mount	of	Ea	ach Re	eceipt	this	s Perio	bd		
	FEC ID number of contributing federal political committee.	С				ļ			9		,		11	5.00		
	Name of Employer (for Individual) Corporate		•	tion (for Individual) State Government Affairs		1	Me	emo	o It	em						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2040.00												
			Ţ													
SI	JBTOTAL of Receipts This Page (optional)			•••••	_	ļ			9		,		34	5.00		
т	OTAL This Period (last page this line number on	ıly)		••••••		l			-		. ,			-		

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 122 OF

		Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12
		Detailed Summary Page	13 14 15 16 17
or for commercial purposes, other than usin	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Cor	nmittee	
Full Name of Individual (Last, First, Midd Pott, Leslie, , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 08 03 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645306
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) Communications	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]
Full Name of Individual (Last, First, Midd 3. Pott, Leslie, , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 17 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883291 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) Communications	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00]
Full Name of Individual (Last, First, Midd Pott, Leslie , , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 31 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) Communications	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00]
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nur	,		150.00

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 123 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b		11c	12	
Any information copied from such Report or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full) Novartis Corporation Politi	cal Action Cor	nmittee								
Full Name of Individual (Last, First, Mi A. Pyle, Jeremiah, , ,	ddle Initial) or Full C	Prganization Name		Date of	Re	ceipt				
Mailing Address One Health Plaza				08 M	/	0	D 3	/ Y	y y 2018	Y
City	State	Zip Code		Trans	acti	ion ID):A	2018-1	645773	
East Hanover	NJ	07936	_	Amount	of	Each	Red	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-		-	21.	00
Name of Employer (for Individual) Oncology		upation (for Individual) Manager Regional Breast Marketir	ıg	Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00								
Full Name of Individual (Last, First, Mi B. Pyle, Jeremiah, , ,	ddle Initial) or Full C	organization Name		Date of	Re	ceipt				
Mailing Address One Health Plaza				м м 08	/	D 1	D 7	/ Y	2018	Y
City	State	Zip Code		Trans	acti	on ID	: A	2018-1	883561	
East Hanover	NJ	07936	_	Amount	of	Each	Rec	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-		-	21.	00
Name of Employer (for Individual) Oncology		upation (for Individual) Manager Regional Breast Marketii	nç	Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.00								
Full Name of Individual (Last, First, Mi C. Pyle, Jeremiah, , ,	ddle Initial) or Full C	Prganization Name		Date of	Re	ceipt				
Mailing Address One Health Plaza				08 ^M	/	3	D 31	/ Y	ү ү 2018	Ŷ
City	State	Zip Code		Trans	acti	ion ID) : A	2018-1	903449	
East Hanover	NJ	07936		Amount	of	Each	Red	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					9		9	21.	00
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	ltem	1			
Oncology		Vanager Regional Breast Marketin	g							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		378.00								
SUBTOTAL of Receipts This Page (optic	nal)	••••••				,		7	63.	00
TOTAL This Period (last page this line r	number only)		-			,		-		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 124 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ITEIWIIZED REGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Con	nmittee	
Full Name of Individual (Last, First, Middle Repetti, Cynthia, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 08 03 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645782 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Pharma		upation (for Individual) 2 Sr ABL Long Island NY	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name of Individual (Last, First, Middle Repetti, Cynthia , , , Mailing Address One Health Plaza	Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	08 17 2018 Transaction ID : A2018-1883571
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Pharma		upation (for Individual) 2 Sr ABL Long Island NY	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
Full Name of Individual (Last, First, Middle C. Repetti, Cynthia, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 2018
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903459 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		15.00
Name of Employer (for Individual) Pharma		upation (for Individual) Sr ABL Long Island NY	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)			• 45.00

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 125 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly o	ne)	L		
ILEWIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than usi								
NAME OF COMMITTEE (In Full)								
> Novartis Corporation Politic	al Action Con	nmittee						
Full Name of Individual (Last, First, Mide A. Riccobono, Margaret, , ,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			08		D D 31	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936			tion ID : A		903050 his Period	
FEC ID number of contributing federal political committee.	С						11.5	4
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) ociate Director Talent Manageme		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.72						
Full Name of Individual (Last, First, Mide B. Robinson, Melissa, A, ,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			M 08		03	/ Y	2018	Y
City	State	Zip Code			ion ID : /			
East Hanover	NJ	07936	Amou	int of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С						15.0	0
Name of Employer (for Individual) Oncology		upation (for Individual) Dncology Specialist		Memo	o Item			
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify) ▼		240.00						
Full Name of Individual (Last, First, Mide Robinson, Melissa, A, ,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address One Health Plaza			M 08		D D 17	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936			tion ID :		883634 nis Period	
FEC ID number of contributing federal political committee.	C			_	y :	y	15.0	0
Name of Employer (for Individual) Oncology		upation (for Individual) Incology Specialist		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00						
SUBTOTAL of Receipts This Page (option	ial)				,		41.5	4
TOTAL This Period (last page this line nu	mber only)		. []		-	1.40		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 126 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)		
		for each category of the Detailed Summary Page	X 11a 11b	11c 12	
Any information copied from such Repo or for commercial purposes, other than					butions
NAME OF COMMITTEE (In Full)					
> Novartis Corporation Poli	tical Action Con	nmittee			
Full Name of Individual (Last, First, M Robinson, Melissa, A, ,	Aiddle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address One Health Plaza			08 / D D 08 31	/ 2018	
City East Hanover	State NJ	Zip Code 07936	Transaction ID : Amount of Each Re		
FEC ID number of contributing federal political committee.	C			1	5.00
Name of Employer (for Individual) Oncology		upation (for Individual) Oncology Specialist	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00			
Full Name of Individual (Last, First, N B. Rodgers, Renee, C, ,	Aiddle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address One Health Plaza			08 03	/ Y Y 2018	Y
City	State	Zip Code	Transaction ID :		
East Hanover	NJ	07936	Amount of Each Re	eceipt this Perio	bd
FEC ID number of contributing federal political committee.	C			0.00	
Name of Employer (for Individual) Oncology		upation (for Individual) Id Digital Strategy And Svc	Memo Item		
Receipt For:	Aggregate	Year-to-Date V			
Other (specify) V		480.00			
Full Name of Individual (Last, First, M C. Rodgers, Renee, C, ,	Aiddle Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address One Health Plaza			08 / D D 08 17	/ Y Y 2018	Ý
City East Hanover	State NJ	Zip Code 07936	Amount of Each Re		
FEC ID number of contributing federal political committee.	C			3	0.00
Name of Employer (for Individual) Oncology		upation (for Individual) d Digital Strategy And Svc	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00			
SUBTOTAL of Receipts This Page (op	tional)		, .	7	5.00
TOTAL This Period (last page this line	number only)				-

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 127 OF

	MIZED RECEIPTS				_											
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		Г	17					
	nformation copied from such Reports and Stat commercial purposes, other than using the na				for the		pose o	f solicitin	g contr	ibutio	ons					
	AME OF COMMITTEE (In Full) Iovartis Corporation Political Acti	ion Com	mittee													
	II Name of Individual (Last, First, Middle Initial Rodgers, Renee, C, ,) or Full Or	ganization Name		Date of	f Re	eceipt									
Ma	ailing Address One Health Plaza				08	/	D 31		201	ү ү 8	1					
Cit	ty ast Hanover	State NJ	Zip Code 07936					: A2018- Receipt t			_					
	EC ID number of contributing deral political committee.	С					7	7		30.00	j					
	ame of Employer (for Individual) ncology		pation (for Individual) I Digital Strategy And Svc		M	emo	tem									
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 540.00]												
B R	III Name of Individual (Last, First, Middle Initial Rouyer, Marc, G, ,) or Full Or	ganization Name		Date of	f Re	· .				_					
	ailing Address One Health Plaza				08	/	03		2018							
Cit Ea	ty ast Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1645192 Amount of Each Receipt this Period											
	EC ID number of contributing deral political committee.	С					-			21.00						
	ame of Employer (for Individual) con		pation (for Individual) cipal Engineer		M	emo	tem									
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 336.00]												
	III Name of Individual (Last, First, Middle Initial Rouyer, Marc, G, ,) or Full Or	ganization Name		Date of	f Re	eceipt									
Ma	ailing Address One Health Plaza				08	/	D 17		2018		1					
Cit	ty ast Hanover	State NJ	Zip Code 07936					: A2018- Receipt t								
	EC ID number of contributing deral political committee.	C					y	. ,		21.00	j					
Al	ame of Employer (for Individual) con		pation (for Individual) ipal Engineer		M	emo	o Item									
Re	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 357.00]												
	TOTAL of Receipts This Page (optional)			•		-	,			72.00	-					

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 128 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only c	one)			
II LIVIIZED REGEIFIO		for each category of the Detailed Summary Page	× 11;		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us			person for t	he pu	irpose of	soliciting	contribut	tions
NAME OF COMMITTEE (In Full) Novartis Corporation Polition	cal Action Con	nmittee						
Full Name of Individual (Last, First, Mic A. Rouyer, Marc, G, ,	ddle Initial) or Full C	rganization Name	Date	of R	leceipt			
Mailing Address One Health Plaza			M 0		/ D 1	D / Y	y y 2018	Y
City East Hanover	State NJ	Zip Code 07936				A2018-1 Receipt th	902857 iis Period	
FEC ID number of contributing federal political committee.	C						21.0	00
Name of Employer (for Individual) Alcon		upation (for Individual) cipal Engineer		Mem	no Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 378.00]					
Full Name of Individual (Last, First, Mid B. Ryan, Alan, D, ,	ddle Initial) or Full C	rganization Name	Date	of R	leceipt			
Mailing Address One Health Plaza			0	8	/ D I I 03		2018	Y
City East Hanover	State NJ	Zip Code 07936				A2018-1	645309 iis Period	
FEC ID number of contributing federal political committee.	С						20.0	00
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) US Advocacy		Mem	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]					
Full Name of Individual (Last, First, Mid C. Ryan, Alan, D, ,	ddle Initial) or Full C	rganization Name	Date	of P	leceipt			
Mailing Address One Health Plaza			0	8	/ D 17		ү ү 2018	Y
City East Hanover	State NJ	Zip Code 07936				Receipt th	883295 iis Period	
FEC ID number of contributing federal political committee.	C				9	,	20.0	00
Name of Employer (for Individual) Sandoz Inc. Receipt For:		upation (for Individual) US Advocacy		Merr	no Item			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 340.00]					
SUBTOTAL of Receipts This Page (option	nal)				, .	. ,	61.0	00
TOTAL This Period (last page this line n	umber only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 129 OF

тс			Use separate schedule(s)	(ch	neck only	у о	ne)			
116	MIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	
	r information copied from such Reports and Sta or commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)					TUTIC	Julions			
	Novartis Corporation Political Ac	tion Con	nmittee							
	Full Name of Individual (Last, First, Middle Initia Ryan, Alan, D, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
Ν	Mailing Address One Health Plaza				м м 08	1	D 31	D / Y	2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 Receipt th	902830 nis Period	
	FEC ID number of contributing ederal political committee.	С					-	-	20.0	00
	Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) US Advocacy		Me	emo	ttem			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00							
	Full Name of Individual (Last, First, Middle Initia Rzewnicki, Peter, , ,	al) or Full O	rganization Name		Date of	Re	eceipt			
_	Mailing Address 350 Massachusetts Avenue 350 MA # 234F				08	1	31		2018	Y
	City Cambridge	State MA	Zip Code 02139				-	A2018-1	902831 nis Period	
F	FEC ID number of contributing rederal political committee.	С							11.5	54
	Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) cutive Director Digital Franchise		Me	emo	ttem			
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 207.72]						
	Full Name of Individual (Last, First, Middle Initia Saad, Ahmad, M, ,	al) or Full O	rganization Name		Date of	Re	eceipt			
_	Mailing Address One Health Plaza				08 ^M	1	31		2018 Y	Y
	City East Hanover	State NJ	Zip Code 07936					: A2018-1 Receipt th	1902858 his Period	
	FEC ID number of contributing rederal political committee.	С			<u> </u>		y	9	11.	54
/	Name of Employer (for Individual) Alcon		upation (for Individual) cipal Engineer Test		M	emo	o Item			
r	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 207.72							
su	JBTOTAL of Receipts This Page (optional)			•		1	,		43.0	08
то	TAL This Period (last page this line number o	nly)		►	Γ.					

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 130 OF

	EMIZED RECEIPTS		for each category o Detailed Summary I		×	11a		11b	11c	12	
	y information copied from such Reports and Sta										
	for commercial purposes, other than using the n	name and a	ddress of any political	committee	to soli	icit cor	ntrib	utions fr	om such	n commit	ee.
\backslash	NAME OF COMMITTEE (In Full)		•••								
/	Novartis Corporation Political Act	uon Cor	nmittee								
	Full Name of Individual (Last, First, Middle Initia Santanastasio Krahling, Helene, M, ,	l) or Full O	rganization Name			ate of	Re	ceipt			
	Mailing Address One Health Plaza					M M 08	/	D D 31	/ Y	2018	Y
	City	State	Zip Code			Trans	acti	on ID : /	A2018-1	903013	
	East Hanover	NJ	07936		_ A	mount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С						7		19.	23
	Name of Employer (for Individual) Corporate		upation (for Individual) Public Policy		1	Me	emo	Item			
	Receipt For:		Year-to-Date ▼		1						
	Primary General	, iggi egale									
	Other (specify)	L	20	07.66							
	Full Name of Individual (Last, First, Middle Initia Schoening, David, A, ,	l) or Full O	rganization Name			ate of	Re	ceipt			
	Mailing Address One Health Plaza				ו	м м 08	1	03	/ Y	y y 2018	Y
	City	State	Zip Code		1 "	Trans	actio	on ID : A	A2018-1	645166	
	East Hanover	NJ	07936							is Period	
	FEC ID number of contributing federal political committee.	С						7		15.	38
	Name of Employer (for Individual) Alcon		upation (for Individual) d Global Quality Assura	ance	1	Me	emo	Item			
	Receipt For:	Aggreaate	Year-to-Date ▼		1						
	Primary General Other (specify) ▼			46.08							
	Full Name of Individual (Last, First, Middle Initia Schoening, David, A, ,	l) or Full O	rganization Name			Date of	Re	ceipt			
	Mailing Address One Health Plaza				1	M M 08	/	D D 17	/ Y	2018	Y
	City	State	Zip Code		1_	Trans	acti	on ID : /	A2018-1	883108	
	East Hanover	NJ	07936		A	mount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С						,	,	15.	38
	Name of Employer (for Individual) Alcon		upation (for Individual) d Global Quality Assura	ince		M	emo	Item			
	Receipt For:	1	Year-to-Date ▼		-						
	Primary General	-yyieyale									
	Other (specify)		26	61.46							
S	UBTOTAL of Receipts This Page (optional)			•	ſ	-	-			49.	99
					ĥ	-	-	9	7		-
- 10	DTAL This Period (last page this line number or	шу)		▶	. I.			7			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 131 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only	one	e)			
		for each category of the Detailed Summary Page	X 1	F	_	11b	11c	12	<u> </u>
Any information copied from such Re or for commercial purposes, other that			erson for		ourpo				
NAME OF COMMITTEE (In Full)									
Novartis Corporation Po	olitical Action Con	nmittee							
Full Name of Individual (Last, Firs A. Schoening, David, A, ,	. ,	rganization Name	Da	te of	Rec	eipt			
Mailing Address One Health Plaza				08	1	D D D 31	/ Y	2018	Y
City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	903148 iis Period	
FEC ID number of contributing federal political committee.	C			_	_,			15.3	38
Name of Employer (for Individual) Alcon		upation (for Individual) d Global Quality Assurance		Me	mo l	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.84	1						
Full Name of Individual (Last, Firs B. Schweitzer, Mark, G, ,	t, Middle Initial) or Full O	rganization Name	Da	te of	Rec	eipt			
Mailing Address One Health Plaza			M	08	1	D D D 03	/ Y	ү ү 2018	Y
City	State	Zip Code					A2018-1		
East Hanover	NJ	07936	Am	ount	of E	ach R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					<u>e I</u>		50.0	00
Name of Employer (for Individual) Novartis Technical Operations		upation (for Individual) Id AS&T SCI Initiatives Oversigh		Me	mo l	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]						
Full Name of Individual (Last, Firs C. Schweitzer, Mark, G, ,	t, Middle Initial) or Full O	rganization Name	Da	te of	Rec	eipt			
Mailing Address One Health Plaza			M	08 ^M	1	D D 17	/ Y	2018 Y	Y
City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	883257 iis Period	
FEC ID number of contributing federal political committee.	C			_	y		, <u>,</u>	50.0	00
Name of Employer (for Individual) Novartis Technical Operations		upation (for Individual) d AS&T SCI Initiatives Oversight		Me	mo	ltem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	1						
SUBTOTAL of Receipts This Page	(optional)				,		9	115.3	38
TOTAL This Period (last page this I	ine number only)						-		

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 132 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×] 11a 13	a	\square	11 14	- H		11c 15	12		17
	y information copied from such Reports and Sta for commercial purposes, other than using the n										sol	liciting	contri	butio	ons
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	ion Con	nm	ittee											
Α.	Full Name of Individual (Last, First, Middle Initia Schweitzer, Mark, G, , Mailing Address One Health Plaza	l) or Full O	Drgar	nization Name	_ [Date	of	Re		ipt			Y	V	v
		Ctata		Zin Codo	41	0			L	31			2018	3	
	City East Hanover	State NJ		Zip Code 07936	A	-			-				903014 is Peri		
	FEC ID number of contributing federal political committee.	С							,		-	- 7 -	Ę	50.00	0
	Name of Employer (for Individual) Novartis Technical Operations Receipt For: Primary General	GLH	Hd A	ion (for Individual) S&T SCI Initiatives Oversight Ir-to-Date ▼			Me	emo) Ite	em					
В.	Other (specify) ▼ Full Name of Individual (Last, First, Middle Initia Seeland, Stephen, M, ,	l) or Full O	Drgar	900.00 nization Name	C	Date	of	Re	cei	ipt					
	Mailing Address One Health Plaza	State		Zip Code			nsa		-				2018 202832	2	Y
	East Hanover FEC ID number of contributing federal political committee.	C		07936		\mo	unt	of	Ea	ch Re	эсе	ipt thi	is Peri	od 11.54	4
	Name of Employer (for Individual) Sandoz Inc.		•	tion (for Individual) r Oncology Marketing			Me	emo	lte	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 207,72											
с.	Full Name of Individual (Last, First, Middle Initia Simpson-Hunt, Stephen, , ,	l) or Full O	Drgar	nization Name		Date	of	Re	cei	ipt					
	Mailing Address One Health Plaza					[™] 0	8 8	/	Γ	03	1	/ Y	2018		Ý
	City East Hanover	State NJ		Zip Code 07936	A								6 4582 : is Peri		
	FEC ID number of contributing federal political committee.	С							9		-	9	1	15.00	0
	Name of Employer (for Individual) Global Drug Development Beceint For	Deve	elop	ion (for Individual) ment QA Senior GCP Auditor			Me	emo) It	em					
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 240.00											
	Global Drug Development Receipt For: Primary General	Aggregate	Yea	ment QA Senior GCP Auditor Ir-to-Date ▼ 240.00			Me	emo) It	em			7	76.	54

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 133 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions								
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	ion Con	nmittee									
A.	Full Name of Individual (Last, First, Middle Initia Simpson-Hunt, Stephen, , , Mailing Address One Health Plaza	l) or Full O	rganization Name	Date of Receipt								
	City	State	Zip Code	08 17 2018 Transaction ID : A2018-1883666								
	East Hanover	NJ	07936	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer (for Individual) Global Drug Development Receipt For:		upation (for Individual) elopment QA Senior GCP Auditor	Memo Item								
	Primary General Other (specify) ▼]										
В.	Full Name of Individual (Last, First, Middle Initia Simpson-Hunt, Stephen, , ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address One Health Plaza	08 31 2018										
	City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903499 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	ů l										
	Name of Employer (for Individual) Global Drug Development		upation (for Individual) elopment QA Senior GCP Audito	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00									
С.	Full Name of Individual (Last, First, Middle Initia Smith, Brian, P, ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address One Health Plaza			M M / D D / Y Y Y Y 08 03 2018								
	City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645926 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Global Drug Development Receipt For:	Seni	upation (for Individual) or Director Biostatistics	Memo Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00]								
s	UBTOTAL of Receipts This Page (optional)			60.00								
Т	OTAL This Period (last page this line number on	ıly)	•••••••									

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 134 OF

				or each category of the Detailed Summary Page		_	11a 12] 11 14	- H	11c		12	
	mation copied from such Reports and S mmercial purposes, other than using the					n foi			pos	se of				
	OF COMMITTEE (In Full) artis Corporation Political A	ction Con	nm	ittee										
A. Smit	ame of Individual (Last, First, Middle In h, Brian, P, , g Address One Health Plaza	itial) or Full C)rgar	nization Name		Date of Receipt								
City		State		Zip Code		5	08 Frans	acti	ion	17 ID:	A2018-	1.0	018 348	
East I	Hanover	NJ		07936	Amount of Each Receipt this Period									
	D number of contributing I political committee.	С	_			30.00								
	of Employer (for Individual) I Drug Development		•	ion (for Individual) Director Biostatistics		5	М	emo	o Ite	€				
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 510.00													
	ame of Individual (Last, First, Middle In th, Brian, P, ,	itial) or Full C	rgar	nization Name		Da	ate of	f Re	ecei	pt				
Mailing	Mailing Address One Health Plaza							/	Γ	31)18 18	Y
City East H	Hanover	State NJ	Zip Code 07936					-		A2018- eceipt t				
	D number of contributing I political committee.			ļ			-	_	1.45		30.	00		
Name Global	of Employer (for Individual) Drug Development		•	tion (for Individual) Director Biostatistics			M	emo	o Ite	эm				
	ot For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 540.00]									
	ame of Individual (Last, First, Middle In	itial) or Full C)rgar	nization Name		Da	ate of	f Re	ecei	pt				
Mailing	g Address One Health Plaza					[08	/	Г	03	/)18 [°]	Y
City East I	Hanover	State NJ		Zip Code 07936							A2018- eceipt t			
	D number of contributing I political committee.	С	_			Į			,	_	, y		57.	69
Novar	of Employer (for Individual) tis Technical Operations ot For:													
	Primary General Other (specify)	Ayyreyale	, ied	230.76]									
SUBTO			- y -	230.76	117.69							39		

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

(check only one)

PAGE 135 OF

			mmary Page	×	11a 13		11b		11c 15	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pose		oliciting	contribut	tions		
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political A	ction Con	nmittee											
Α.	Full Name of Individual (Last, First, Middle In Snapp, Jacob, , , Mailing Address One Health Plaza	itial) or Full C	rganization Na	me	[Date of Receipt								
	City	State	Zip Code			08 17 2018 Transaction ID : A2018-1883673								
	East Hanover	NJ	07936		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C			57.69									
	Name of Employer (for Individual) Novartis Technical Operations		upation (for Ind Director Comme	ividual) ercial Supply Chair	ר ז	Me	emo	lte	m					
	Receipt For: Primary General Other (specify) ▼													
В.	Full Name of Individual (Last, First, Middle In Snapp, Jacob, , ,	itial) or Full C	rganization Na	me		Date of	Re	ceip	ot					
	Mailing Address One Health Plaza		м м 08	/	D	^р 31	/ Y	2018	Y					
	City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1903506 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.		57.69											
	Name of Employer (for Individual) Novartis Technical Operations	upation (for Ind Director Comme	lividual) ercial Supply Chai	n	Me	emo	lte	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	346.14]									
С.	Full Name of Individual (Last, First, Middle In Sondhi, Manu, , ,	itial) or Full C	rganization Na	me		Date of	Re	eceip	ot					
	Mailing Address One Health Plaza					м м 08	/	D	03	/ Y	2018	Y		
	City East Hanover	State NJ	Zip Code 07936								645833 iis Period			
	FEC ID number of contributing federal political committee.	С			20.00									
	Name of Employer (for Individual) Global Drug Development		upation (for Ind cal Developme		M	ema	b Ite	m						
	Receipt For: Primary General Other (specify)	Aggregate												
s	UBTOTAL of Receipts This Page (optional)				•		_	9	_	9	135.3	38		
Т	OTAL This Period (last page this line number	only)						-						

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 136 OF

IT.				se separate schedule(s)	(ch	eck onl	у о	ne)					
				r each category of the etailed Summary Page	×	11a 13		11b 14	11c 15	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pose of	soliciting	contrib	utions		
\backslash	NAME OF COMMITTEE (In Full)												
/	Novartis Corporation Political Ac	tion Con	nmi	ttee									
A.	Full Name of Individual (Last, First, Middle Initi Sondhi, Manu, , ,	al) or Full O	rgani	zation Name		Date of Receipt							
	Mailing Address One Health Plaza					08 17 2018							
	City East Hanover	State NJ		Zip Code 07936					A2018-1 Receipt th		b		
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period										
	Name of Employer (for Individual) Global Drug Development	bal Drug Development Clinical Development Medical Director											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 340.00									
B.	Full Name of Individual (Last, First, Middle Initi Sondhi, Manu, , ,	al) or Full O	rgani	zation Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza					08	1	D 31) / Y	2018	Y		
	City East Hanover	State NJ		Zip Code 07936					A2018-1 Receipt th		4		
	FEC ID number of contributing federal political committee.	C						7			.00		
	Name of Employer (for Individual) Global Drug Development			on (for Individual) Development Medical Director	or Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 360.00									
C.	Full Name of Individual (Last, First, Middle Initi Soules, Shane, A, ,	al) or Full O	rgani	zation Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza					08 ^M	1	03		y y 2018	Y		
	City East Hanover	State NJ		Zip Code 07936					A2018-1 Receipt th		d		
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	. ,	15	.00		
	Name of Employer (for Individual) Alcon	Regional Field Service Manager											
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 240.00									
s	UBTOTAL of Receipts This Page (optional)			▶				9	,	55	.00		
т	OTAL This Period (last page this line number o	only)		••••••				_					

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 137 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
			13 14 15 16 17 person for the purpose of soliciting contributions te to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	al Action Con	nmittee								
Full Name of Individual (Last, First, Mide A. Soules, Shane, A, ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address One Health Plaza			08 17 2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883111 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Alcon		upation (for Individual) jonal Field Service Manager	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00]							
Full Name of Individual (Last, First, Mide B. Soules, Shane, A, ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address One Health Plaza										
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903151 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		15.00							
Name of Employer (for Individual) Alcon		upation (for Individual) gional Field Service Manager	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]							
Full Name of Individual (Last, First, Mide C. Spelta, William, S, ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address One Health Plaza			08 / D D / Y Y Y Y Y 03 2018							
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645835 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		14.04							
Name of Employer (for Individual) Oncology		upation (for Individual) Dir Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 224.64]							
SUBTOTAL of Receipts This Page (option	al)		44.04							
TOTAL This Period (last page this line nu	mber only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 138 OF

171			Use separate schedule(s)	(ch	neck only	y or	ne)					
11			for each category of the Detailed Summary Page		K 11a 13		11b 14	11c 15	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose of	soliciting	contribu	itions		
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	ction Con	nmittee									
Α.	Full Name of Individual (Last, First, Middle Init Spelta, William, S, ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address One Health Plaza				08 / D D / Y Y Y Y 08 17 2018							
	City East Hanover	StateZip CodeNJ07936						A2018-1 Receipt th				
	FEC ID number of contributing federal political committee.	С					-		14.	04		
	Name of Employer (for Individual) Oncology		upation (for Individual) Dir Acct Mgmt		M	emo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.68									
в.	Full Name of Individual (Last, First, Middle Init Spelta, William, S, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address One Health Plaza		08	1	31) / Y	y y 2018	Y				
	City East Hanover	State NJ	Zip Code 07936					A2018-19 Receipt th				
	FEC ID number of contributing federal political committee.	С							14.	_		
	Name of Employer (for Individual) Oncology	upation (for Individual) g Dir Acct Mgmt		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	For: Aggregate Year-to-Date ▼										
с.	Full Name of Individual (Last, First, Middle Init Spurr, Robert, A, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 608 Fifth Avenue				08	1	03		2018	Y		
	City New York	State NY	Zip Code 10020					A2018-1 Receipt th				
	FEC ID number of contributing federal political committee.	С			Ľ		,	. ,	115.	.00		
	Name of Employer (for Individual) Oncology	olic	М	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1840.00									
s	UBTOTAL of Receipts This Page (optional)			•			, , , , , , , , , , , , , , , , , , ,	. ,	143.	08		
Т	OTAL This Period (last page this line number of	only)		•								

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 139 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	tion Con	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initia Spurr, Robert, A, ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address 608 Fifth Avenue			08 / D D / Y Y Y Y 2018								
	City New York	State NY	Zip Code 10020	Transaction ID : A2018-1883683								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Oncology		upation (for Individual) cology US Mkt Access &Health Po	Memo Item								
	Receipt For: Primary General Other (specify) ▼											
в.	Full Name of Individual (Last, First, Middle Initia Spurr, Robert, A, ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address 608 Fifth Avenue			M M / D / Y								
	City	State	Zip Code	Transaction ID : A2018-1903516								
	New York	NY	10020	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.00								
	Name of Employer (for Individual) Oncology		upation (for Individual) cology US Mkt Access &Health Po	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2070.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Stecher, Donald, E, ,	al) or Full O	Organization Name	Date of Receipt								
	Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 17 2018								
	City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883263								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Corporate		upation (for Individual) State Government Affairs	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 484.64									
s	UBTOTAL of Receipts This Page (optional)		•••••	530.00								
Т	OTAL This Period (last page this line number or	nly)										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 140 OF

		iled Summary Page	🗶 11a	11b	11c	12					
	Deta		13	14	15	16	17				
Any information copied from such Reports a or for commercial purposes, other than usir											
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Committe	;e									
Full Name of Individual (Last, First, Mide A. Stickley, Lesley, J, ,	le Initial) or Full Organizat	ion Name	Date of	Receipt							
Mailing Address One Health Plaza			M M 08								
City		Code	Trans	action ID :	A2018-1	645848					
East Hanover	NJ 0	7936	Amount	t of Each R	eceipt thi	is Period					
FEC ID number of contributing federal political committee.	C		15.00								
Name of Employer (for Individual) Pharma		(for Individual) irector Regional Account		emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	-Date ▼ 240.00]								
Full Name of Individual (Last, First, Mido 3. Stickley, Lesley, J, ,	le Initial) or Full Organizat	ion Name	Date of	Receipt							
Mailing Address One Health Plaza	08	/ D D 17	/ Y	2018	Y						
City	State Zip	Code	Trans	action ID :	A2018-18	383743					
East Hanover	NJ 0	7936	Amount	t of Each R	eceipt thi	is Period					
FEC ID number of contributing federal political committee.	C				-7-	15.0	00				
Name of Employer (for Individual) Pharma		(for Individual) Director Regional Account		emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 255.00]								
Full Name of Individual (Last, First, Mido C. Stickley, Lesley, J, ,	le Initial) or Full Organizat	ion Name	Date of	Receipt							
Mailing Address One Health Plaza			M M 08	/ D D 31	/ Y	2018	Y				
City		Code	Trans	action ID :	A2018-1	903525					
East Hanover	NJ 07	7936	Amount	t of Each R	eceipt thi	is Period					
FEC ID number of contributing federal political committee.	C			15.00							
Name of Employer (for Individual)	Occupation	(for Individual)	M	emo Item							
Pharma	Associate D	irector Regional Accounts	3								
Receipt For:	Aggregate Year-to-	Date ▼									
Other (specify)	1 1 9 1	270.00]								
SUBTOTAL of Receipts This Page (option	al)					45.0	00				
TOTAL This Period (last page this line num	nber only)										

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 141 OF

			Use separate schedule(s)	(ch	eck only	y oi	ne)	L				
			for each category of the Detailed Summary Page		4 11a		11b	11c	12	<u> </u>		
	nformation copied from such Reports and Sta commercial purposes, other than using the											
<u></u>	ME OF COMMITTEE (In Full)											
⟩ N	ovartis Corporation Political Ac	tion Com	nmittee									
A . S	II Name of Individual (Last, First, Middle Initia tricker, Edson, J, ,	al) or Full O	rganization Name		Date of Receipt							
	iling Address 6201 South Freeway				ү ү 2018	Y						
Cit Fo	y ort Worth	State TX	Zip Code 76134-2001					A2018-1 Receipt th	902864 his Period			
	C ID number of contributing leral political committee.	С			<u> </u>		-		11.	53		
Alo	me of Employer (for Individual)		upation (for Individual) erials Head HOU		Me	emo	o Item					
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 207.54	1								
	ll Name of Individual (Last, First, Middle Initiau ubasinghe, Nishani, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
	ailing Address 608 Fifth Avenue				м м 08	1	03		2018	Y		
Cit	y ew York	State NY	Zip Code 10020					A2018-1				
FE	C ID number of contributing leral political committee.	С			Amount	: of	Each F	Receipt tr	nis Period 96.	15		
	ame of Employer (for Individual) rporate		upation (for Individual) Strategic Alliance Dev.		Me	emo	o Item					
Re	eceipt For: Primary General Other (specify) ▼	Dri Strategic Aniance Dev. ceipt For: Primary General										
	II Name of Individual (Last, First, Middle Initia Subasinghe, Nishani, , ,	al) or Full O	rganization Name		Date of	Re	eceipt					
Ma	iling Address 608 Fifth Avenue				08	1	D 17		2018 Y	Y		
Cit N	y ew York	State NY	Zip Code 10020					: A2018-1 Receipt th	1883265 his Period			
	C ID number of contributing deral political committee.	С			<u> </u>		y .	, y	96.	15		
Co	me of Employer (for Individual)		pation (for Individual) Strategic Alliance Dev.		M	emo	o Item					
	Ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1369.95									
SUB	TOTAL of Receipts This Page (optional)			•			y .	. ,	203.8	33		
тот	AL This Period (last page this line number o	nly)	······					-				

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 142 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions								
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Act	tion Cor	nmittee									
Α.	Full Name of Individual (Last, First, Middle Initia Subasinghe, Nishani, , ,	ll) or Full C	Organization Name	Date of Receipt								
	Mailing Address 608 Fifth Avenue	Otata	Zin Oode	08 31 2018								
	City New York	State NY	Zip Code 10020	Transaction ID : A2018-1903021 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		96.15								
	Name of Employer (for Individual) Corporate		upation (for Individual) Strategic Alliance Dev.	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1466.10									
в.	Full Name of Individual (Last, First, Middle Initia Sullivan, Jessica, L, ,	ll) or Full C	Organization Name	Date of Receipt								
	Mailing Address One Health Plaza			08 03 2018								
	City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1645856 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer (for Individual) Pharma		cupation (for Individual) Account Manager-Academic Devel	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 240.00									
С.	Full Name of Individual (Last, First, Middle Initia Sullivan, Jessica, L, ,	ll) or Full C	Organization Name	Date of Receipt								
	Mailing Address One Health Plaza			08 17 2018								
	City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1883751 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		15.00								
	Name of Employer (for Individual) Pharma Receipt For:		upation (for Individual) Account Manager-Academic Develo	p Memo Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 255.00									
s	UBTOTAL of Receipts This Page (optional)		•••••	126.15								
т	OTAL This Period (last page this line number or	nly)	••••••									

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 143 OF

IT.	EMIZED RECEIPTS			e separate schedule(s)	(ch	eck on	уо	ne)						
				each category of the tailed Summary Page	×	11a 13		11b 14	11		12	Г	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose o	of solic	iting	contrik	outio	ns	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nmit	tee										
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganiz	ation Name										
Α.	Sullivan, Jessica, L, ,			Date of Receipt										
	Mailing Address One Health Plaza					08	1	D 31		Y	2018]	
	City East Hanover	State NJ	Z	íp Code 07936	_			ion ID Fach						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual) Pharma	for Individual) Occupation (for Individual) Sr Account Manager-Academic Develor						o Item						
	Receipt For: Primary General Other (specify) ▼	Year-1	to-Date ▼ 270.00											
в.	Full Name of Individual (Last, First, Middle Initia Suter, Thomas, A, ,	al) or Full O	rganiz	ation Name		Date o	f Re	eceipt						
	Mailing Address One Health Plaza					м м 08	/	03		Y	y y 2018	Y	1	
	City East Hanover	State NJ		íip Code 07936	_			ion ID						
	FEC ID number of contributing federal political committee.	C					t of	Each	Receip	ot thi		oa 6.15		
	Name of Employer (for Individual) Corporate	dual) Occupation (for Individual) Director State Government Affairs						Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-1	to-Date ▼ 1192.50										
с.	Full Name of Individual (Last, First, Middle Initia Suter, Thomas, A, ,	al) or Full O	rganiz	ation Name		Date o	f Re	eceipt						
	Mailing Address One Health Plaza					M M 08	/	D 17		Y	2018	Y	1	
	City East Hanover	State NJ		ip Code 07936	_	Trans Amoun		tion ID						
	FEC ID number of contributing federal political committee.	С				Amoun		J	necei	y un		6.15		
	Name of Employer (for Individual) Corporate	al) Occupation (for Individual) Director State Government Affairs						o Item						
	Receipt For: Primary General Other (specify)	Aggregate												
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o						-	,		5	20	7.30		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 144 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
or for commercial purposes, other than		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Polit	tical Action Committee	
Full Name of Individual (Last, First, N Suter, Thomas, A, , Mailing Address One Health Plaza	liddle Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	08 31 2018 Transaction ID : A2018-1903023
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	96.15
Name of Employer (for Individual) Corporate	Occupation (for Individual) Director State Government Affa	airs
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.8	30
Full Name of Individual (Last, First, M B. Trezza, Richard, , ,	liddle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza	08 / D D / Y Y Y Y 08 17 2018	
City East Hanover	StateZip CodeNJ07936	Transaction ID : A2018-1883778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) Pharma	Occupation (for Individual) Access Lead Cardio/Resp	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	00
Full Name of Individual (Last, First, M C. Troisi, Brian, L, ,	Aiddle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 03 2018
City East Hanover	State Zip Code NJ 07936	Transaction ID : A2018-1645286 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer (for Individual) NBS	Occupation (for Individual) Service Operations Expert Prev	vention
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.0	00
SUBTOTAL of Receipts This Page (opt	tional)	
TOTAL This Period (last page this line	number only)	····· • • • • • • • • • • • • • • • • •

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

(check only one)

PAGE 145 OF

			Detailed Summary Page	×	-		11b	11c	12					
Any :	information conied from such Deports and St	atomonto ma	w not be cold or used by enviro		13 or tho		14	15 coliciting	16	17				
	information copied from such Reports and St r commercial purposes, other than using the													
	AME OF COMMITTEE (In Full)													
\	Iovartis Corporation Political Ac	tion Con	nmittee											
	III Name of Individual (Last, First, Middle Initi roisi, Brian, L, ,	ial) or Full O	rganization Name	[Date of	f Re	eceipt							
Ma	ailing Address One Health Plaza				08 17 / Y Y Y Y 2018									
Ci	ty	State	Zip Code		Trans	act	ion ID :	A2018-1	883269					
E	ast Hanover	NJ	07936	A	mount	t of	Each R	eceipt th	is Perio	d				
	EC ID number of contributing deral political committee.	С					-	-		1.00				
	ame of Employer (for Individual) 3S		upation (for Individual) vice Operations Expert Preventior	n	M	emc	tem							
Re	eceipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		357.00											
	II Name of Individual (Last, First, Middle Initi Toisi, Brian, L, ,	ial) or Full O	rganization Name		Date of	f Re	eceipt							
_	ailing Address One Health Plaza				M M 08	1	D D D 31	/ Y	y y 2018	Y				
Ci		State	Zip Code		Trans	acti	ion ID : /	A2018-19	903025					
Ea	ast Hanover	NJ	07936	A	mount	t of	Each R	eceipt th	is Perio	d				
	EC ID number of contributing deral political committee.	С						-	2'	.00				
Na NE	ame of Employer (for Individual) 3S		upation (for Individual) vice Operations Expert Preventior	ו ו	M	emc	tem							
Re	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼	L	378.00											
). <u> </u>	III Name of Individual (Last, First, Middle Initi Jrban, Thomas, A, ,	ial) or Full O	rganization Name	[Date of	f Re	eceipt							
Ma	ailing Address One Health Plaza				м м 08	1	03	/ Y	2018 ^Y	Y				
Ci	-	State	Zip Code		Trans	act	ion ID :	A2018-1	645886					
E	ast Hanover	NJ	07936	A	mount	t of	Each R	eceipt th	is Perio	d				
	EC ID number of contributing deral political committee.	С					y :	. y	2 [.]	.40				
	ame of Employer (for Individual) harma		upation (for Individual) piratory Executive Sales Specialis		М	emo	o Item							
	eceipt For:													
Γ	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		338.61											
SUB	STOTAL of Receipts This Page (optional)				-		,		63	3.40				
тот	AL This Period (last page this line number of	only)	••••••				-							

SCHEDULE A (FEC Form 3X)

Use separate schedule(s) (check only one)

FOR LINE NUMBER:

PAGE 146 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Con	nmittee	
Full Name of Individual (Last, First, Midc A. Urban, Thomas, A, ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 / D D / Y Y Y Y 08 17 2018
City	State	Zip Code	Transaction ID : A2018-1883782
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.40
Name of Employer (for Individual) Pharma		upation (for Individual) piratory Executive Sales Specialis	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		360.01]
Full Name of Individual (Last, First, Midd B. Urban, Thomas, A, ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 31 2018
City	State	Zip Code	Transaction ID : A2018-1903563
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		21.40
Name of Employer (for Individual) Pharma		upation (for Individual) piratory Executive Sales Speciali	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 381.41]
Full Name of Individual (Last, First, Midc C. Utt, Lisa, R, ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address One Health Plaza			08 03 2018
City	State	Zip Code	Transaction ID : A2018-1645888
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		13.85
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Pharma		a Leader Patient Services	-
Receipt For:	Aggregate	Year-to-Date ▼	-
Primary General			1
Other (specify)		221.60	
SUBTOTAL of Receipts This Page (option	al)		56.65
TOTAL This Period (last page this line nur	mber only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 147 OF

	-	Use separate schedule(s)	(check or	(check only one)							
		for each category of the Detailed Summary Page	× 11a]11b	11c	12				
Any information copied from such Repo or for commercial purposes, other than											
NAME OF COMMITTEE (In Full)											
Novartis Corporation Poli	tical Action Con	nmittee									
Full Name of Individual (Last, First, I A. Utt, Lisa, R, ,	Aiddle Initial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address One Health Plaza			M 08		D D 17	/ Y	2018	Y			
City East Hanover	State NJ	Zip Code 07936				A2018-1 eceipt th	883784 his Period				
FEC ID number of contributing federal political committee.	C						13.8	15			
Name of Employer (for Individual) Pharma		upation (for Individual) a Leader Patient Services		Memo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.45]								
Full Name of Individual (Last, First, I B. Utt, Lisa, R, ,	Aiddle Initial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address One Health Plaza			08		31	/ Y	2018	Y			
City	State	Zip Code	Tran	sacti	ion ID :	A2018-1	903565				
East Hanover	NJ	07936	Amou	nt of	Each R	eceipt th	nis Period				
FEC ID number of contributing federal political committee.	C				-		13.8	5			
Name of Employer (for Individual) Pharma		upation (for Individual) a Leader Patient Services	– – '	Memo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.30]								
Full Name of Individual (Last, First, I C. Van Meter, Jennifer, , ,	Aiddle Initial) or Full O	rganization Name	Date	of Re	eceipt						
Mailing Address One Health Plaza			M 08		D D D 03		2018	Y			
City East Hanover	State NJ	Zip Code 07936				A2018-1 eceipt th	645288 his Period				
FEC ID number of contributing federal political committee.	C			_	y .	,	30.0	0			
Name of Employer (for Individual) Corporate		upation (for Individual) ctor Quality Ext Affairs		Memo	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	1								
SUBTOTAL of Receipts This Page (op	tional)				,		57.7	0			
TOTAL This Period (last page this line	number only)					-					

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 148 OF

	-	Use separate schedule(s)	(check or	(check only one)									
II EIVIIZED KEGEIPIJ		for each category of the Detailed Summary Page	X 11a			12	17						
Any information copied from such Reports or for commercial purposes, other than usin			person for the	e purpos	se of solicitin	g contribut	ions						
NAME OF COMMITTEE (In Full)													
Novartis Corporation Politic	al Action Con	nmittee											
Full Name of Individual (Last, First, Mide A. Van Meter, Jennifer, , ,	dle Initial) or Full C	rganization Name	Date	of Rece	ipt								
Mailing Address One Health Plaza			M 08		D D / Y 17	2018	Y						
City East Hanover	State NJ	Zip Code 07936			ID:A2018- ach Receipt t								
FEC ID number of contributing federal political committee.	С					30.0	00						
Name of Employer (for Individual) Corporate		upation (for Individual) ector Quality Ext Affairs		Memo It	em								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00											
Full Name of Individual (Last, First, Mide B. Van Meter, Jennifer, , ,	dle Initial) or Full C	rganization Name	Date	of Rece	ipt								
Mailing Address One Health Plaza			08		31 / Y	y y 2018	Y						
City East Hanover	State NJ	Zip Code 07936		Transaction ID : A2018-1903027 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			nt of Ea	ach Receipt t	30.0	00						
Name of Employer (for Individual) Corporate		upation (for Individual) ector Quality Ext Affairs		Vemo It	em								
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		540.00]										
Full Name of Individual (Last, First, Mide C. Vanhaecke, Erwin, , ,	dle Initial) or Full C	rganization Name	Date	of Rece	ipt								
Mailing Address One Health Plaza			M 08		03 / Y	2018	Y						
City East Hanover	State NJ	Zip Code 07936			n ID : A2018- ach Receipt t								
FEC ID number of contributing federal political committee.	C			, ,	,	23.0	08						
Name of Employer (for Individual) Alcon		upation (for Individual) cutive		Memo It	em								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 253.88]										
SUBTOTAL of Receipts This Page (option	al)			. ,	,	83.0)8						
TOTAL This Period (last page this line nu	mber only)												

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

(check only one)

PAGE 149 OF

		Detailed Summary Page	×	-		11b	11c	12	<u> </u>
Any information copied from such Reports									
or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full)									
Novartis Corporation Politic	al Action Con	nmittee							
Full Name of Individual (Last, First, Mid A. Vanhaecke, Erwin, , ,	ldle Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address One Health Plaza				м м 08	/	D D 17	/ Y	2018	Y
City	State	Zip Code		Trans	acti	ion ID :	A2018-1	883113	
East Hanover	NJ	07936	A	mount	tof	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С							23.	08
Name of Employer (for Individual) Alcon		upation (for Individual) cutive		M	emo	tem			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General									
Other (specify)		276.96							
Full Name of Individual (Last, First, Mid Vanhaecke, Erwin, , ,	Idle Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address One Health Plaza				м м 08	/	D D D 31	/ Y	ү 2018	Y
City	State	Zip Code		Trans	acti	on ID :	A2018-1	903153	
East Hanover	NJ	07936	A					is Period	
FEC ID number of contributing federal political committee.	C			_				23.	08
Name of Employer (for Individual) Alcon		upation (for Individual) ecutive		M	emo	tem			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General									
Other (specify) ▼		, 300.04							
Full Name of Individual (Last, First, Mid C. Vineis, Mark, , ,	dle Initial) or Full O	rganization Name		Date of	[:] Re	eceipt			
Mailing Address One Health Plaza				M M 08	1	03	/ Y	ү ү 2018	Ŷ
City	State	Zip Code		Trans	acti	ion ID :	A2018-1	645893	
East Hanover	NJ	07936	A	mount	of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	,	,	77.	00
Name of Employer (for Individual) Pharma		upation (for Individual) Access Strategy & Commercializa	utio	M	emc	tem			
Receipt For:	I								
Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		1232.00	1						
SUBTOTAL of Receipts This Page (option	nal)		• [_	, .		123.	16
TOTAL This Period (last page this line nu	Imber only)		- [, , , ,		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 150 OF

	EMIZED RECEIPTS	for each category of the Detailed Summary Page	🗶 11a 🗌 11b 🗌 11c 🗌 12
			13 14 15 16 17
	y information copied from such Reports and Staten for commercial purposes, other than using the name		
\rangle	NAME OF COMMITTEE (In Full) Novartis Corporation Political Actio	n Committee	
A.	Full Name of Individual (Last, First, Middle Initial) o Vineis, Mark, , ,	r Full Organization Name	Date of Receipt
	Mailing Address One Health Plaza		08 / Y Y Y Y 08 17 2018
	5	State Zip Code	Transaction ID : A2018-1883789
	East Hanover	NJ 07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		77.00
	Name of Employer (for Individual) Pharma	Occupation (for Individual) VP Access Strategy & Commercia	alizatic Memo Item
		gregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1309.00	
в.	Full Name of Individual (Last, First, Middle Initial) o	r Full Organization Name	Date of Receipt
	Mailing Address One Health Plaza		08 31 2018
	City	State Zip Code	Transaction ID : A2018-1903570
	East Hanover	NJ 07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.)	77.00
	Name of Employer (for Individual) Pharma	Occupation (for Individual) VP Access Strategy & Commercia	alizati
	Receipt For: Ag Primary General Other (specify) ▼	gregate Year-to-Date ▼ 1386.00	
	Full Name of Individual (Last, First, Middle Initial) o Voegtli, William, W, ,	r Full Organization Name	Date of Receipt
0.	Mailing Address One Health Plaza		08 03 2018
	5	State Zip Code	Transaction ID : A2018-1645894
	East Hanover	NJ 07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.)	14.04
	Name of Employer (for Individual) Oncology	Occupation (for Individual) Senior Reimbursement Manager	Memo Item
	Receipt For: Ag Primary General Other (specify)	gregate Year-to-Date ▼ 224.64	
	UBTOTAL of Receipts This Page (optional)		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 151 OF

TEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	12	
		, ,		13		14		15	16	17
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) Novartis Corporation Political	Action Cor	nmittee								
Full Name of Individual (Last, First, Middle Voegtli, William, W, ,	Initial) or Full C	rganization Name	[Date of	Re	ceipt				
Mailing Address One Health Plaza				м м 08	/	D 1	D 17	/ Y	Y Y 2018	Y
City	State	Zip Code		Trans	acti	on IC): A	2018-1	883790	
East Hanover	NJ	07936	/	Amount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-j-		-	14.	04
Name of Employer (for Individual) Oncology		upation (for Individual) ior Reimbursement Manager		Me	emo	Item	ı			
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		238.68]							
Full Name of Individual (Last, First, Middle B. Voegtli, William, W, ,	Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address One Health Plaza				M M 08	1	D	р 31	/ Y	2018	Y
City	State	Zip Code		Trans	acti	on ID) : A	2018-19	903571	
East Hanover	NJ	07936	A	Amount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C							-7-	14.	04
Name of Employer (for Individual) Oncology		upation (for Individual) iior Reimbursement Manager		Me	emo	Item	ı			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		252.72]							
Full Name of Individual (Last, First, Middle C. Walton, Vikki, D, ,	Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address One Health Plaza				08	/		D3	/ Y	y y 2018	Y
City	State	Zip Code		Trans	acti	ion IE): A	2018-1	645290	
East Hanover	NJ	07936	A	Amount	of	Each	Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					y		y	21.	00
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item	ı			
Corporate		State Public Policy & Ext Affairs								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		336.00]							
SUBTOTAL of Receipts This Page (optional)		\							49.	08
TOTAL This Period (last page this line numb						,		,		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 152 OF

TEMIZED RECEIPTS	Detailed Summary Page	
		e 13 14 15 16 17
or for commercial purposes, other than us		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politic	cal Action Committee	
Full Name of Individual (Last, First, Mid Walton, Vikki, D, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 / D D / Y Y Y Y 2018
City	State Zip Code	Transaction ID : A2018-1883273
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer (for Individual) Corporate	Occupation (for Individual) Dir State Public Policy & Ext Aff	fairs
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 357.00	0
Full Name of Individual (Last, First, Mid 3. Walton, Vikki, D, ,	Idle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 31 2018
City	State Zip Code	Transaction ID : A2018-1903029
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer (for Individual) Corporate	Occupation (for Individual) Dir State Public Policy & Ext Afr	ffairs
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 378.0	0
Full Name of Individual (Last, First, Mic C. Wilkinson, Erik, A, ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address One Health Plaza		08 17 2018
City	State Zip Code	Transaction ID : A2018-1883801
East Hanover	NJ 07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12.50
Name of Employer (for Individual) Pharma	Occupation (for Individual) NS Exec Sales Specialist - Tucs	son
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	212.5	
SUBTOTAL of Receipts This Page (option	nal)	54.50
TOTAL This Period (last page this line n	umber only)	

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 153 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		X			-	1b	11c		12	
	y information copied from such Reports and Sta									se of :				
	for commercial purposes, other than using the	name and a	addr	ess of any political commit	tee to s	so	IICIT CO	ntrib	outi	ons fr	om su	cn co	mmitte	e.
\	NAME OF COMMITTEE (In Full) Novartis Corporation Political Ac	tion Con	nn	nittee										
<u>,</u>	Full Name of Individual (Last, First, Middle Initia Wilkinson, Erik, A, ,	al) or Full O	Drga	nization Name		[Date o	f Re	ece	ipt				
	Mailing Address One Health Plaza						M _ M 08	/		D D 31	/		018	Y
	City	State		Zip Code			Tran	sact	ion	1D : /	42018-	1903	582	
	East Hanover	NJ		07936		A	Amoun	nt of	Ea	ach Re	eceipt 1	this P	eriod	
	FEC ID number of contributing federal political committee.	С							-				12.5	0
	Name of Employer (for Individual) Pharma		•	tion (for Individual) ec Sales Specialist - Tucson			N	1emc	o It	em				
	Receipt For:			ar-to-Date ▼										
	Primary General Other (specify) ▼		1	225.00										
	Full Name of Individual (Last, First, Middle Initia Williams, Donna Lee, , ,	al) or Full O	Drga	nization Name		[Date o	f Re	ece	ipt				
	Mailing Address One Health Plaza						08		_	03) 18	Y
	City	State		Zip Code		_	Trans	sacti	ion	ID: A	2018-	16452	291	
	East Hanover	NJ		07936		A					eceipt		-	
	FEC ID number of contributing federal political committee.	С							-		-		60.0	0
	Name of Employer (for Individual) Corporate		•	tion (for Individual) r Federal Public Policy			N	1emc	o It	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 840.00										
	Full Name of Individual (Last, First, Middle Initia Williams, Donna Lee, , ,	al) or Full O	Drga	nization Name		[Date o	f Re	ece	ipt				
	Mailing Address One Health Plaza						08		_	D D 17	/)18	Ŷ
	City	State	_	Zip Code			Tran	sact	tior	ו ID : ג	42018-	1883	274	
	East Hanover	NJ		07936		A	Amoun	nt of	Ea	ach Re	eceipt 1	this P	eriod	
	FEC ID number of contributing federal political committee.	С							9		,		60.0	0
	Name of Employer (for Individual) Corporate		•	tion (for Individual) r Federal Public Policy			N	lemo	o It	em				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Other (specify)		-	900.00										
	JBTOTAL of Receipts This Page (optional)							+	y			-	132.5	0

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 154 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □
			person for the purpose of soliciting contributions for solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	al Action Con	nmittee	
Full Name of Individual (Last, First, Mide A. Williams, Donna Lee, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address One Health Plaza			M M / D / Y
City East Hanover	State NJ	Zip Code 07936	Transaction ID : A2018-1903030 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) Corporate		upation (for Individual) ctor Federal Public Policy	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00]
Full Name of Individual (Last, First, Mido B. Wojtylak, Melissa, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 608 Fifth Avenue			M M / D D / Y
City New York	State NY	Zip Code 10020	Transaction ID : A2018-1645315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) ector Legal Ops. & Ass. Gen. Co	uns Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]
Full Name of Individual (Last, First, Midc C. Wojtylak, Melissa, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 608 Fifth Avenue			08 / D D / Y Y Y Y 2018
City New York	State NY	Zip Code 10020	Transaction ID : A2018-1883301 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) Sandoz Inc.		upation (for Individual) ctor Legal Ops. & Ass. Gen. Cou	Inse Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00	
SUBTOTAL of Receipts This Page (option	al)		▶ 160.00
TOTAL This Period (last page this line nur	mber only)		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 155 OF

IEWIZED RECEIPIS		Detailed Summary Page		X 11a		11b	11c	12	
			<u> </u>	13		14	15	16	
Any information copied from such Reports a or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) Novartis Corporation Politica	I Action Cor	nmittee							
Full Name of Individual (Last, First, Middl Wojtylak, Melissa, , ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt			
Mailing Address 608 Fifth Avenue				08 N	/	D 31		Y Y Y 2018	
City	State	Zip Code		Trans	acti	on ID	: A2018	8-1902836	;
New York	NY	10020		Amount	of	Each I	Receipt	this Period	bd
FEC ID number of contributing federal political committee.	C							5	0.00
Name of Employer (for Individual) Sandoz Inc.		cupation (for Individual) ector Legal Ops. & Ass. Gen	. Couns	M	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		900.0	0						
Full Name of Individual (Last, First, Middl 3. Wyble, Christine, D, ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				08	1	D 31		2018	Y
City	State	Zip Code		Trans	acti	on ID :	A2018	-1903590	
East Hanover	NJ	07936		Amount	of	Each I	Receipt	this Period	bd
FEC ID number of contributing federal political committee.	C					-		1	1.54
Name of Employer (for Individual) Oncology		cupation (for Individual) I Head Scientific Engageme	nt & Cor	M	emo	Item			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		, 207.7	2						
Full Name of Individual (Last, First, Middl C. Zuluaga, Juan, C, ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt			
Mailing Address One Health Plaza				08	/	03		Y Y 2018	Y
City	State	Zip Code		Trans	acti	ion ID	: A2018	8-1645918	3
East Hanover	NJ	07936		Amount	of	Each I	Receipt	this Perio	bd
FEC ID number of contributing federal political committee.	C					,	,	2	1.00
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item			
Pharma		diovascular ABL Central NJ							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		336.0							
SUBTOTAL of Receipts This Page (optiona	l)		🕨			, ,		8	2.54
TOTAL This Period (last page this line num	nber only)		►	Γ.		- 	. ,		* 1

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 156 OF

ידו	TEMIZED RECEIPTS		(ch	neck only						
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12	,
	y information copied from such Reports and Sta for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)		duress of any political commu						iii commu	
\rangle	Novartis Corporation Political Ac	tion Corr	nmittee							
Α.	Full Name of Individual (Last, First, Middle Initia Zuluaga, Juan, C, ,	al) or Full O	rganization Name		Date of	Red	ceipt			
	Mailing Address One Health Plaza				M M 08	/	D D 17	/ Y	Y Y 2018	Y
	City East Hanover	State NJ	Zip Code 07936					A2018-1 eceipt th	883847 his Period	
	FEC ID number of contributing federal political committee.	С					y		21.0	0
	Name of Employer (for Individual) Pharma		upation (for Individual) diovascular ABL Central NJ		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.00							
D	Full Name of Individual (Last, First, Middle Initia Zuluaga, Juan, C, ,	al) or Full Oi	rganization Name		Date of	Por	coint			
D.	Mailing Address One Health Plaza					net	31	/ Y	2018	Y
	City	State NJ	Zip Code					A2018-1		
	East Hanover	INJ	07936		Amount	of	Each R	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			Ľ.			-	21.0	0
	Name of Employer (for Individual) Pharma		upation (for Individual) diovascular ABL Central NJ		Me	emo	ltem			
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼		378.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Red	ceipt			
	Mailing Address				MM	/	DDD	/ Y	- Y - Y -	Ŷ
	City	State	Zip Code		Amount	of I	Each Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. <u>,</u>		
	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emo	ltem			
	Receipt For: Primary General Other (specify)		Year-to-Date ▼							
⊢	UBTOTAL of Receipts This Page (optional)				ļ.	_	<u>,</u>	- y	42.0 18289.0	
Т	OTAL This Period (last page this line number o	nly)						1.00	10209.0	13