

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

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

FOR LINE NUMBER: PAGE 109 OF 156  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Millard, Susan, J, ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Alcon

Occupation (for Individual)  
Head HR Alcon R&D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : A2018-1902827**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Miller, Donald, J, ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharma

Occupation (for Individual)  
Dir Customer Mktg

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

**Transaction ID : A2018-1903374**

Amount of Each Receipt this Period

11.54

☐ Memo Item

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

**C. Moore, Stacey, L, ,**

Mailing Address One Health Plaza

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharma

Occupation (for Individual)  
Resp Integrated Account Spec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

374.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 03 / 2018

**Transaction ID : A2018-1645705**

Amount of Each Receipt this Period

23.68

☐ Memo Item

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

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

60.22