

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

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

FOR LINE NUMBER:
(check only one)

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☒ 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. Haller, Sarah, E, ,

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novartis Services Incorporated

Occupation (for Individual)

VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : A2019-159739

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

B. Hayden, Kathy-Jo, B, ,

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novartis Services Incorporated

Occupation (for Individual)

ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2019

Transaction ID : A2019-366412

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

C. Hayden, Kathy-Jo, B, ,

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novartis Services Incorporated

Occupation (for Individual)

ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2019

Transaction ID : A2019-159740

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

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

307.00