



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		151151.54
(b) Cash on Hand at Beginning of Reporting Period.....	80697.31	
(c) Total Receipts (from Line 19) .....	24676.76	74361.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	105374.07	225513.05
7. Total Disbursements (from Line 31).....	30792.67	150931.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74581.40	74581.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 04 / 30 / 2016

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8481.80	15377.80
(ii) Unitemized .....	16194.96	58983.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	24676.76	74361.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	24676.76	74361.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	24676.76	74361.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	24676.76	74361.51

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	42.67	181.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	42.67	181.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	148000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1250.00	2750.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30792.67	150931.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30792.67	150931.65

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24676.76	74361.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24676.76	74361.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	42.67	181.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	42.67	181.65

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

Form/Schedule: F3XA

Transaction ID :

This report is being amended to disclose a disbursement (see transaction ID# B636310) that was not included on the original report and update Line 23 totals and the PAC balance. Please update your records accordingly.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : A2016-692005**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

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

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : A2016-692309**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Baroni Allmon, Tracy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Exec Director Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : A2016-692317**  
 Amount of Each Receipt this Period 180.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	399.24
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brunner, Thomas, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) IT Expert 1  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692145**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**B. Bylancik, Angela, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Ex Dir BD&L Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691844**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Byler, Timothy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691912**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Campbell, Kimberley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) MSL Director Oncology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691735**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. Cannon, Patricia, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Director State Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692376**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**C. Casserly, Daniel, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) Head of Fed Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1246.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691887**  
 Amount of Each Receipt this Period  
 415.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Christensen-Boner, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 271.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691788**  
 Amount of Each Receipt this Period 92.04  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692377**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Collins, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Laboratories Inc. Occupation (for Individual) Director Digital Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691594**  
 Amount of Each Receipt this Period 138.45  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Conley, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Exe Dir Account Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691920**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

**B. Conoshenti, Joseph, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Director Strategic Account Alliances  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-692391**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. Coombs, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue  
 City Cambridge State MA Zip Code 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Executive Director Oncology Injectable  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691731**  
 Amount of Each Receipt this Period 138.45  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Epstein, David, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) Head Pharma AG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691980**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Farber, Leo, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) Exec Dir Fed Govt Affairs  
 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  
 04 / 29 / 2016  
**Transaction ID : A2016-692413**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Fellers, Thomas, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Medical Account Management & FME  
 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  
 04 / 29 / 2016  
**Transaction ID : A2016-692035**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Frye, Neely, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 571.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691930**  
 Amount of Each Receipt this Period  
 192.09  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692342**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

**C. Grande, Nancy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Head Proc Improv & Compliance IMS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692246**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	492.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Grzegorzewski, Kris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Onco Ex Dir Clinical Res Phys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-692321**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. Gulick, David, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Director Startegic Market Acc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691802**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. Habel, Kurt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Asc Dir Incentive Modeling/Des  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691955**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	279.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	11c
		<input type="checkbox"/>	12
		<input type="checkbox"/>	15
		<input type="checkbox"/>	16
		<input type="checkbox"/>	17

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

**A. Haller, Sarah, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) VP Intl Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691918**  
 Amount of Each Receipt this Period  
 231.00  
 Memo Item

**B. Hayden, Kathy-Jo, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Director Public Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691934**  
 Amount of Each Receipt this Period  
 105.00  
 Memo Item

**C. Hilkert, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Medical Unit Head Critcl Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692273**  
 Amount of Each Receipt this Period  
 69.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	405.24
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Hughes, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Dir Insurance Exchange Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : A2016-692438**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. Hughson, Melody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Ex Director Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : A2016-692344**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Kan, Sarah, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Asc Dir State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt **04 / 29 / 2016**  
**Transaction ID : A2016-692395**  
 Amount of Each Receipt this Period 231.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	471.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kendris, Thomas, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) VPGeneral CounselNPCCountry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691755**  
 Amount of Each Receipt this Period  
 138.45  
 Memo Item

**B. Klinger, Shannon, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Global Head Lgl & Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691732**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**C. Kulesher, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Assoc. Dir. State and External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692397**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	328.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Leas, Leigh Anne, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) VP Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692233**  
 Amount of Each Receipt this Period  
 231.00  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692439**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**C. Lloyd, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Head US Oncology Mgd Markets & Mkt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 415.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692302**  
 Amount of Each Receipt this Period  
 138.45  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	669.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Lockwood, Jeffrey, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIBRI Occupation (for Individual) Head NIBR Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691709**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

**B. Matthews, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.62

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691924**  
 Amount of Each Receipt this Period 70.59  
 Memo Item

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

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691871**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	289.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McGough, Edward, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Laboratories Inc. Occupation (for Individual) SVP Global Mfg & Tech Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.42

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691627**  
 Amount of Each Receipt this Period 346.14  
 Memo Item

**B. Menichini, Gary, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Laboratories Inc. Occupation (for Individual) VP/GM U.S. Pharmaceuticals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691593**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Millard, Susan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Laboratories Inc. Occupation (for Individual) Head HR Alcon R&D  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691598**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	496.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Myrie, Donna, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Associate Director Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691945**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**B. O'Neil, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) Ex Dir Legislative Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 614.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692334**  
 Amount of Each Receipt this Period  
 234.00  
 Memo Item

**C. Olmstead, Sharon, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) VP GL.Hd Reg Policy & Intelli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692348**  
 Amount of Each Receipt this Period  
 69.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	378.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Osten, Craig, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Finance Corporation Occupation (for Individual) Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691760**  
 Amount of Each Receipt this Period  
 69.24  
 Memo Item

**B. Oxner, Serafina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Ex Dir Healthcare Contract Adm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692015**  
 Amount of Each Receipt this Period  
 69.24  
 Memo Item

**C. Phipps, Candice, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) Director Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692407**  
 Amount of Each Receipt this Period  
 330.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	468.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Renz, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Director Communications for Biopharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691734**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**B. Rodgers, Renee, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Head Digital Strategy And Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692350**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**C. Russell, Jason, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Assoc Dir National Accts Spec Pharm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 306.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691715**  
 Amount of Each Receipt this Period  
 102.12  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.12
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Ryan, Joseph, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Therapeutic Area Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-692373**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Sanderson, Adwoa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Ex Dir Advocacy & Access  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-692402**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Schweitzer, Mark, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) Gbl Head Analytical Science & Technolo  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-692412**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Shaw, Christi, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Guinea Hollow Rd  
 City Lebanon State NJ Zip Code 08833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) US Country President & President NPC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-692335**  
 Amount of Each Receipt this Period 180.00  
 Memo Item

**B. Spurr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) US Co Head & VP Patient Access & He  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-692381**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Stevens, Donald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 311.58

Date of Receipt 04 / 29 / 2016  
**Transaction ID : A2016-691820**  
 Amount of Each Receipt this Period 103.86  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Suter, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Dir State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692306**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. Van Pelt, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Services Incorporated Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-692414**  
 Amount of Each Receipt this Period 231.00  
 Memo Item

**C. Warner, Robert, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Laboratories Inc. Occupation (for Individual) Global Franchise Head Vision Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2016  
**Transaction ID : A2016-691632**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Woolford, Stephen, A, ,**

Mailing Address **One 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) **Ex Dir Business Plang & Analy**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.72**

Date of Receipt  
**04 / 29 / 2016**

**Transaction ID : A2016-692013**

Amount of Each Receipt this Period  
**69.24**

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>69.24</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8481.80</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fearless PAC**

Mailing Address 233 Pennsylvania Ave. SE 2nd Floor

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

FEC Identification Number

C00540955

**Transaction ID : B599285**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Carper for Senate**

Mailing Address 303 Massachusetts Ave. NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Carper, Tom, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: DE District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

FEC Identification Number

C00349217

**Transaction ID : B599291**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Rand Paul for U.S. Senate**

Mailing Address 451 Baxter Ave. Suite 105

City  
Louisville

State  
KY

Zip Code  
40204

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Paul, Rand, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

FEC Identification Number

C00462069

**Transaction ID : B599284**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scalise for Congress**

Mailing Address 317 15th St NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Scalise, Steve, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

FEC Identification Number

C C00394957

**Transaction ID : B599420**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cory Booker for Senate**

Mailing Address P.O. Box 15293

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Booker, Cory, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: NJ District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

FEC Identification Number

C C00540500

**Transaction ID : B599288**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lance for Congress**

Mailing Address 1006 Pendleton Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lance, Leonard, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

FEC Identification Number

C C00444224

**Transaction ID : B599292**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. People for Ben**

Mailing Address PO Box 31129

City  
Santa Fe

State  
NM

Zip Code  
87594

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lujan, Ben, R, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	6

FEC Identification Number

C C00443689

**Transaction ID : B599297**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Schumer**

Mailing Address 220 I Street NE Suite 250

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Schumer, Charles, E, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	6

FEC Identification Number

C C00346312

**Transaction ID : B599295**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 217 3rd Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Tiberi, Pat, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	6

FEC Identification Number

C C00347492

**Transaction ID : B599290**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Walden, Gregory Paul, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: OR District: 02

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B599286**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Wyden for Senate**

Mailing Address 3612 Newark Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Wyden, Ron, , ,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B599289**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

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

Mailing Address 10 G St. NE Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Casey, Bob, , , Jr.**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B599283**

Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charlie Dent for Congress**

Mailing Address 1217 Delafield Place NW

City Washington State DC Zip Code 20011

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Dent, Charlie, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: PA District: 15

Date of Disbursement  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2016

FEC Identification Number  
 C C00386847  
**Transaction ID : B599296**  
 Amount of Each Disbursement this Period  
 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Rep. Congressional Cmte**

Mailing Address 320 1st St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify)  
 State: District: Not Applicable

Date of Disbursement  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2016

FEC Identification Number  
 C C00075820  
**Transaction ID : B636310**  
 Amount of Each Disbursement this Period  
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Rep. Congressional Cmte**

Mailing Address 320 1st St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: District: Not Applicable

Date of Disbursement  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2016

FEC Identification Number  
 C C00075820  
**Transaction ID : B597016**  
 Amount of Each Disbursement this Period  
 5000.00

Memo Item

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. Hatch Election Committee Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement Contribution  
Candidate Name Hatch, Orrin, G, ,  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: UT District:

Date of Disbursement: 04 / 25 / 2016

FEC Identification Number: C00104752  
Transaction ID : B599278  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. People for Patty Murray**

Full Name (Last, First, Middle Initial)  
Mailing Address 1602 Belle View Boulevard #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement Contribution  
Candidate Name Murray, Patty, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District:

Date of Disbursement: 04 / 25 / 2016

FEC Identification Number: C00257642  
Transaction ID : B599294  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Ryan For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name Ryan, Paul, D, ,  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WI District: 01

Date of Disbursement: 04 / 25 / 2016

FEC Identification Number: C00330894  
Transaction ID : B599287  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Common Values PAC**

Mailing Address 1020 N. Fairfax St. Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B599293**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. Build PA PAC

Mailing Address P.O. Box 412

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
State PAC

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	6

FEC Identification Number

C

Transaction ID : B599299

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

### B. Citizens for Seth Grove

Mailing Address 224 Pine Street

City  
Harrisburg

State  
PA

Zip Code  
17101

Purpose of Disbursement  
G-2016 State House 196 PA

011

Category/  
Type

Candidate Name

**Grove, Seth, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: PA District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	6

FEC Identification Number

C

Transaction ID : B599298

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

1	2	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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