

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
Novartis Corporation Political Action Committee

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  07 / 01 / 2011 through  07 / 31 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel P. Casserly

Signature of Treasurer Daniel P. Casserly [Electronically Filed] Date  11 / 28 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

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

|  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2011"/>  | <input type="text" value="132644.07"/> | <input type="text" value="132644.07"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="107902.07"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="29670.95"/>  | <input type="text" value="189250.05"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="137573.02"/> | <input type="text" value="321894.12"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="1280.00"/>   | <input type="text" value="185601.10"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="136293.02"/> | <input type="text" value="136293.02"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |  |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 9291.46                       | 40032.41                          |
| (ii) Unitemized .....   | 20379.49                      | 148967.64                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 29670.95                      | 189000.05                         |
| (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) .....  | 29670.95                      | 189000.05                         |
| 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                          | 250.00                            |
| 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))..... ▶                        | 29670.95                      | 189250.05                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 29670.95                      | 189250.05                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 30.00                         | 1120.00                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 30.00                         | 1120.00                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 179000.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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                          | 585.00                            |
| (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                          | 585.00                            |
| 29. Other Disbursements .....  | 1250.00                       | 4896.10                           |
| 30. Federal Election Activity (2 U.S.C. §431(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)) ..      | 1280.00                       | 185601.10                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1280.00                       | 185601.10                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 29670.95                      | 189000.05                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 585.00                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 29670.95                      | 188415.05                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 30.00                         | 1120.00                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 250.00                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 30.00                         | 870.00                            |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 51  |
| <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. Gary J Appio**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Dir US Safety/Risk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-166552**

Amount of Each Receipt this Period  
**30.00**

**B. Andrew Arline**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Dir Multicultural Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666015**

Amount of Each Receipt this Period  
**30.00**

**C. Usman Azam**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Head US Medical Affairs & DRA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 13 / 2011**

**Transaction ID : A2011-1658021**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **310.00**

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

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

Form/Schedule: SA11AI  
Transaction ID :

Please note that this report is being amended to correct the summary totals in Column B, lines 11(a)(i) and 11(a)(ii), as well as the YTD aggregates on 11(a)(i).

Form/Schedule:  
Transaction ID:

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 51  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Banko</b>  |                                     | Date of Receipt   |
| Mailing Address One Health Plaza  |                                     | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| East Hanover  | NJ                                  | 07936   |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>A2011-1665657</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="50.00"/>  |
| Name of Employer  | Occupation                          |   |
| Novartis Pharmaceuticals  | IT Service Manager                  |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="350.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Tracy L Baroni Allmon</b>                                      |                                     | Date of Receipt   |
| Mailing Address One Health Plaza  |                                     | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| East Hanover  | NJ                                  | 07936   |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>A2011-1666591</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="100.00"/>   |
| Name of Employer  | Occupation                          |   |
| Novartis Pharmaceuticals  | Exec Dir Public Health Policy       |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="700.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Elisa Bauer</b>  |                                     | Date of Receipt   |
| Mailing Address One Health Plaza  |                                     | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| East Hanover  | NJ                                  | 07936   |
| FEC ID number of contributing federal political committee.  |                                     | Transaction ID : <b>A2011-1666071</b>   |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="50.00"/>  |
| Name of Employer  | Occupation                          |   |
| Novartis Pharmaceuticals  | Medical Information Mgr             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="350.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="200.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |



**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 51  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)  
**A. Michael Beck**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Assoc Dir Reg Strat & Bus Plan

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665845**

Amount of Each Receipt this Period  
**75.00**

Full Name (Last, First, Middle Initial)  
**B. Peri K Bonner**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Dir Regl Accts Proj

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665335**

Amount of Each Receipt this Period  
**58.99**

Full Name (Last, First, Middle Initial)  
**C. Troy L Borill**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Oncology Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665891**

Amount of Each Receipt this Period  
**37.56**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>171.55</b> |
| <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 51                |
|   | <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. Leonard J Brandt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Dir Business Plan'g & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665638**  
 Amount of Each Receipt this Period  
 50.00

**B. Ellen M Browne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation ED Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665715**  
 Amount of Each Receipt this Period  
 50.00

**C. Thomas R Brunner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Director Systems Planning and  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1666041**  
 Amount of Each Receipt this Period  
 50.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 51                |
|   | <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. Jonca C Bull**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation VP DRA Liaison  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1666534**  
Amount of Each Receipt this Period **50.00**

**B. Richard Burns**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Dir Sales  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665060**  
Amount of Each Receipt this Period **30.00**

**C. James P Carey**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Services Incorporated Occupation VP Health Policy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **703.48**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665838**  
Amount of Each Receipt this Period **102.08**

**SUBTOTAL** of Receipts This Page (optional)..... **182.08**  
**TOTAL** This Period (last page this line number only).....

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 51   |
| <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. James L Carrico**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Senior District Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665255**

Amount of Each Receipt this Period  
**300.00**

**B. Daniel P Casserly**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation VP Fed'l Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665368**

Amount of Each Receipt this Period  
**300.00**

**C. Atindra N Chaturvedi**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation ED Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665559**

Amount of Each Receipt this Period  
**50.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>380.00</b> |
| <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 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Barbara Christensen-Boner</b>  |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665102</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>56.58   |
| City<br>East Hanover  | State<br>NJ                                | Zip Code<br>07936   |
| FEC ID number of contributing federal political committee.<br>C   |  |   |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Asc Director Gov't Relations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>393.30         |   |

|   |                                       |   |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Roger S Clark Jr.</b>  |                                       | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666555</b> |
| Mailing Address One Health Plaza  |                                       | Amount of Each Receipt this Period<br>30.00   |
| City<br>East Hanover  | State<br>NJ                           | Zip Code<br>07936   |
| FEC ID number of contributing federal political committee.<br>C   |                                       |   |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Senior District Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00    |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Christina M Clinton</b>  |   | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666396</b> |
| Mailing Address One Health Plaza  |   | Amount of Each Receipt this Period<br>50.00   |
| City<br>East Hanover  | State<br>NJ                               | Zip Code<br>07936   |
| FEC ID number of contributing federal political committee.<br>C   |   |   |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Exec Director Internal Comm |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00        |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 136.58 |
| <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 51                |
|   | <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. Mary L Coen**  
Full Name (Last, First, Middle Initial)

Mailing Address Vaccine Headquarters 350 Massachus

City Cambridge State MA Zip Code 02139-4182

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

Name of Employer COMMERCIAL OPS-PRIM CARE ANDNSPEC Occupation Exec Dir US Gov't Affairs & Public

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt **07 / 08 / 2011**

**Transaction ID : A2011-1742957**

Amount of Each Receipt this Period **250.00**

**B. Julie A Collins**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer CIBA Vision Corporation Occupation Sr Dir Con&Prof Mktg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1664950**

Amount of Each Receipt this Period **100.00**

**C. Michael A Conley**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Exe Dir Account Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1665471**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **400.00**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 51  
(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 (Last, First, Middle Initial)  
**A. Seth W Coombs**

Mailing Address Vaccine Headquarters 350 Massachus

City State Zip Code  
 Cambridge MA 02139-4182

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

Name of Employer Occupation  
 COMMERCIAL OPS-PRIM CARE ANDNSPEC Assoc Dir Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2011  
**Transaction ID : A2011-1742960**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Eric Dammeyer**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Dir Life Cycle Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665285**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. WILLIAM DARNALL**

Mailing Address 701 Pennsylvania AveNW  
 Ste 725

City State Zip Code  
 Washington DC 20004

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

Name of Employer Occupation  
 Novartis Corporation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 212.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2011  
**Transaction ID : A2011-1742914**

Amount of Each Receipt this Period  
 30.41

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.41

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 16 OF 51   |
| <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. Candace B Dibblee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Services Incorporated Occupation Asc Dir Fed'l Leg Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665736**  
 Amount of Each Receipt this Period  
 250.00

**B. David P Drake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Services Incorporated Occupation Ex Dir Fed Leg Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665558**  
 Amount of Each Receipt this Period  
 50.00

**C. David M Eberenz Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Senior Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665432**  
 Amount of Each Receipt this Period  
 30.00

|  |        |
|--|--------|
| <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 17 OF 51                |
|   | <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. James R Elkin**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation VP Head US Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2912.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665153**

Amount of Each Receipt this Period  
**416.00**

**B. David N Elsasser**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr LTC Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665056**

Amount of Each Receipt this Period  
**30.41**

**C. Michael R Emch**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Ex Dir Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665017**

Amount of Each Receipt this Period  
**30.41**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **476.82**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 51                |
|   | <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. David R Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation Head Pharma AG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665609**

Amount of Each Receipt this Period  
**100.00**

**B. Christopher Esposito**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665872**

Amount of Each Receipt this Period  
**75.00**

**C. Patrick G Francke**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Sales Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666415**

Amount of Each Receipt this Period  
**30.41**

**SUBTOTAL** of Receipts This Page (optional)..... ► **205.41**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 19 OF 51   |
| <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. H. P Frederick**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Senior District Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **377.29**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1665454**

Amount of Each Receipt this Period **54.35**

**B. Debra E Freire**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Ex Dir Advocacy & Access

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1665653**

Amount of Each Receipt this Period **50.00**

**C. Neely T Frye**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Director Gov't Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **870.52**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1665498**

Amount of Each Receipt this Period **125.06**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **229.41**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 20 OF 51   |
| <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. Salvatore Fusco Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Account Mgr II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665692**  
Amount of Each Receipt this Period **30.00**

**B. Valerie L Gerbino**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Sr Director Sales Training  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665765**  
Amount of Each Receipt this Period **30.00**

**C. Robert Gines**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Services Incorporated Occupation VP Auditing NA Region  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665342**  
Amount of Each Receipt this Period **100.00**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 21 OF 51   |
| <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. Brian M Goff**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Head Primary Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666493**

Amount of Each Receipt this Period  
**50.00**

**B. David E Gulick**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Dir Customer Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665143**

Amount of Each Receipt this Period  
**50.00**

**C. Kurt Habel**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Director Ops Research

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665554**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 51                |
|   | <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. Sarah E Haller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Services Incorporated Occupation VP International Public Policy  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665469**  
 Amount of Each Receipt this Period  
**50.00**

**B. Jeffrey W Hardy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Area Sales Manager II - MS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1666103**  
 Amount of Each Receipt this Period  
**30.00**

**C. Joseph P Hazelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Director Customer Marketing  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **283.81**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2011  
**Transaction ID : A2011-1665533**  
 Amount of Each Receipt this Period  
**40.93**

**SUBTOTAL** of Receipts This Page (optional)..... **120.93**  
**TOTAL** This Period (last page this line number only).....

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 23 OF 51   |
| <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. Debbie L Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation VP Business Unit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 29 / 2011  
**Transaction ID : A2011-1665996**  
 Amount of Each Receipt this Period 75.00

**B. William S Higgins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Executive Sales Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.46

Date of Receipt 07 / 29 / 2011  
**Transaction ID : A2011-1665406**  
 Amount of Each Receipt this Period 30.41

**C. Cynthia Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation VP IQP (Innovat Quality Prod)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 29 / 2011  
**Transaction ID : A2011-1664994**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 155.41  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 24 OF 51   |
| <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. William C Hokanson**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Oncol Area Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665384**

Amount of Each Receipt this Period  
**30.00**

**B. Woodson M Hopkins**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665930**

Amount of Each Receipt this Period  
**50.00**

**C. Karen A Jacobs**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Director Marketing Science

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665627**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 25 OF 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Edgar L Jarvis</b>   |                                       | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665212</b> |
| Mailing Address One Health Plaza  |                                       | Amount of Each Receipt this Period<br>35.00  |
| City<br>East Hanover  | State<br>NJ                           | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>35.00  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Senior District Manager |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>245.00    |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sheldon Jones</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665137</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>155.77   |
| City<br>East Hanover  | State<br>NJ                            | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>155.77   |
| Name of Employer<br>Novartis Services Incorporated  | Occupation<br>Global Head of Corp Comm |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1071.33    |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Tawfik Kamal</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665618</b> |
| Mailing Address One Health Plaza  |                                    | Amount of Each Receipt this Period<br>40.00  |
| City<br>East Hanover  | State<br>NJ                        | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>40.00  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>VP Oncology BU Head  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 230.77 |
| <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 51   |
| <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. Erik L Karlsons**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation District Manager II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666131**

Amount of Each Receipt this Period  
**30.00**

**B. Karen L Key**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Business Relationship Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666345**

Amount of Each Receipt this Period  
**50.00**

**C. Dennis S Keyes**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation District Manager II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665344**

Amount of Each Receipt this Period  
**39.14**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>119.14</b> |
| <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 51   |
| <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. Michael C Kincaid**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Ex Dir Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666134**

Amount of Each Receipt this Period  
**30.41**

**B. Richard E Knapp**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Executive Director State Gov'

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665295**

Amount of Each Receipt this Period  
**250.00**

**C. Mildred O Kowalski**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Director Marketing Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665851**

Amount of Each Receipt this Period  
**50.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>330.41</b> |
| <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 28 OF 51                |
|   | <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**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Keith A LaDue</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665540</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>110.00   |
| City<br>East Hanover  | State<br>NJ                                  | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Novartis Pharmaceuticals | Occupation<br>VP IT Division Head  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Leigh A Leas</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666356</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>30.41  |
| City<br>East Hanover  | State<br>NJ                                  | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Novartis Pharmaceuticals | Occupation<br>Exec Dir Public Health Policy  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>212.87           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gary D Lindenbaum</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665561</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>30.00  |
| City<br>East Hanover  | State<br>NJ                                  | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   | Name of Employer<br>Novartis Pharmaceuticals | Occupation<br>Area Sales Manager II  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00           |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 110.41 |
| <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 29 OF 51   |
| <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. Richard Lloyd**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Animal Health US Inc. Occupation CBU Head North America

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1664938**

Amount of Each Receipt this Period **100.00**

**B. Jeffrey W Lockwood**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Institutes for BioMed Occupation VP Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1665724**

Amount of Each Receipt this Period **50.00**

**C. Konstantine G Lolos**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Oncol Area Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt **07 / 29 / 2011**

**Transaction ID : A2011-1665671**

Amount of Each Receipt this Period **30.41**

**SUBTOTAL** of Receipts This Page (optional)..... **180.41**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 51                |
|   | <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. Brenda Luckritz**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation VP Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2912.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665150**

Amount of Each Receipt this Period  
**416.00**

**B. Frank Maness**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Finance Corporation Occupation VP HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666511**

Amount of Each Receipt this Period  
**30.41**

**C. Teresa Mason**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Pheasant Run Drive

City Wilmington State DE Zip Code 19810

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

Name of Employer Novartis Pharmaceuticals Occupation VP Health Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666611**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **546.41**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 51                |
|   | <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**

Full Name (Last, First, Middle Initial)  
**A. William R Matthews**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Oncol Area Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **293.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665482**

Amount of Each Receipt this Period  
**42.10**

Full Name (Last, First, Middle Initial)  
**B. Stefanie L Maurer**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Neuro-Psych Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665733**

Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Matthew C Mc Namara**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665397**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **112.10**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 32 OF 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Catharine M McGeehan</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665325</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>75.00  |
| City<br>East Hanover  | State<br>NJ                                | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Asc Director Gov't Relations |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>525.00         |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Paul J McGinley</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666161</b> |
| Mailing Address One Health Plaza  |                                    | Amount of Each Receipt this Period<br>30.41  |
| City<br>East Hanover  | State<br>NJ                        | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Sr Product Director  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>212.87 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Edward J McKenna</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666463</b> |
| Mailing Address One Health Plaza  |                                    | Amount of Each Receipt this Period<br>30.00  |
| City<br>East Hanover  | State<br>NJ                        | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Account Mgr II       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 135.41 |
| <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 33 OF 51                |
|   | <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. William D McLaury**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Exec Dir Supply Chain Mngmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665369**

Amount of Each Receipt this Period  
**100.00**

**B. Brian J McNamara**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Consumer Health Inc. Occupation OTC Region BU Head Americas

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1664958**

Amount of Each Receipt this Period  
**100.00**

**C. Wayne P Merkelson**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Finance Corporation Occupation VP Tax Law

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665661**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **275.00**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 34 OF 51   |
| <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. Laurie C Mills**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Clinical Operations Occupation Clinical Research Asc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666167**

Amount of Each Receipt this Period  
**30.00**

**B. Stacey L Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Exec Xolair Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.38**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665300**

Amount of Each Receipt this Period  
**35.82**

**C. Led R Morehead**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Sales Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666357**

Amount of Each Receipt this Period  
**30.00**

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>95.82</b> |
| <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 35 OF 51                |
|   | <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. Glenn H Morton**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation ED IT Risk and Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1089.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-166527**

Amount of Each Receipt this Period  
**156.12**

**B. Marion T Morton**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation VP Business Unit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665647**

Amount of Each Receipt this Period  
**100.00**

**C. David Scott Murdoch**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Massachusetts Ave  
350 MA # 256B

City Cambridge State MA Zip Code 02139

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Dir Communications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2011**

**Transaction ID : A2011-1742908**

Amount of Each Receipt this Period  
**30.41**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **286.53**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 OF 51                |
|   | <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. Polly L Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Xolair Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666175**

Amount of Each Receipt this Period  
**30.41**

**B. Michael E Nanfito**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Senior District Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665062**

Amount of Each Receipt this Period  
**30.00**

**C. Vas Narasimhan**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Massachusetts Ave  
350 MA # 222

City Cambridge State MA Zip Code 02139

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Region Head of North America

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2011**

**Transaction ID : A2011-1742895**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **160.41**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 37 OF 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |                             |  |
|---|-----------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. John Chong Neal</b>  |                             | Date of Receipt<br>MM / DD / YYYY<br>07 / 08 / 2011<br><b>Transaction ID : A2011-1742898</b> |
| Mailing Address 350 Massachusetts Ave<br>350 MA # 212F  |                             | Amount of Each Receipt this Period<br>70.00  |
| City<br>Cambridge   | State<br>MA                 |  |
| FEC ID number of contributing federal political committee.<br>C   |                             | Aggregate Year-to-Date ▼<br>450.00   |
| Name of Employer<br>Novartis Vaccines & Diagnostics   | Occupation<br>Dir Marketing |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                             |  |

|   |                              |  |
|---|------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. James R Niebanck</b>   |                              | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665474</b> |
| Mailing Address One Health Plaza  |                              | Amount of Each Receipt this Period<br>30.41  |
| City<br>East Hanover  | State<br>NJ                  |  |
| FEC ID number of contributing federal political committee.<br>C   |                              | Aggregate Year-to-Date ▼<br>212.87   |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Dir Operations |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                              |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>c. Hugh M O'Dowd</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665303</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>50.00  |
| City<br>East Hanover  | State<br>NJ                              |  |
| FEC ID number of contributing federal political committee.<br>C   |  | Aggregate Year-to-Date ▼<br>350.00   |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Latam Region Head Oncology |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.41 |
| <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 38 OF 51                |
|   | <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. Shawn O'Neil**  
Full Name (Last, First, Middle Initial)  
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 Novartis Services Incorporated Occupation Ex Dir Fed Leg Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-166609**  
Amount of Each Receipt this Period **100.00**

**B. Serafina Oxner**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Ex Dir Strategic Planning  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665688**  
Amount of Each Receipt this Period **50.00**

**C. Melissa A Parker**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Regional Dir Acct Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665752**  
Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 39 OF 51   |
| <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. Paul G Pochtar**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation VP Oncology Managed Markets

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665570**

Amount of Each Receipt this Period  
**100.00**

**B. Diana Potter**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Dir Scientific Operations/TTD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665565**

Amount of Each Receipt this Period  
**50.00**

**C. Marilyn Priestley**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation US VP Diversity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665569**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **190.00**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 40 OF 51   |
| <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. Brian C Prout**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Product Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666385**

Amount of Each Receipt this Period  
**50.00**

**B. Rebecca W Reid**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Executive Sales Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665751**

Amount of Each Receipt this Period  
**47.90**

**C. Marc Britton Reuss**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Massachusetts Ave  
350 MA # 274

City Cambridge State MA Zip Code 02139

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2011**

**Transaction ID : A2011-1742896**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **147.90**

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 41 OF 51                |
|   | <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. Randi C Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation VP Business Unit

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666207**

Amount of Each Receipt this Period  
**50.00**

**B. Bruce Ruscio**  
Full Name (Last, First, Middle Initial)

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 Novartis Corporation Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2011**

**Transaction ID : A2011-1742893**

Amount of Each Receipt this Period  
**80.00**

**C. Brett C Russ**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation District Manager II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666583**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.00**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 51                |
|   | <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. Jason T Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Account Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665090**

Amount of Each Receipt this Period  
**59.78**

**B. Alan D Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Dir Account Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.46**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 28 / 2011**

**Transaction ID : A2011-1689124**

Amount of Each Receipt this Period  
**120.00**

**c. Alan D Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Dir Account Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666458**

Amount of Each Receipt this Period  
**30.41**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>210.19</b> |
| <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 43 OF 51   |
| <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. Patricia A Scanlon**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Senior Area Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 13 / 2011**

**Transaction ID : A2011-1658023**

Amount of Each Receipt this Period  
**250.00**

**B. Christopher Sellin**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Dir Sales Force Tech Strat

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666510**

Amount of Each Receipt this Period  
**30.00**

**C. Joseph M Simon**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Exec Xolair Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666350**

Amount of Each Receipt this Period  
**40.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>320.00</b> |
| <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 44 OF 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Katherine E Solon</b>  |                                      | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666340</b> |
| Mailing Address One Health Plaza  |                                      | Amount of Each Receipt this Period<br>250.00  |
| City<br>East Hanover  | State<br>NJ                          | Zip Code<br>07936   |
| FEC ID number of contributing federal political committee.<br>C   |                                      |   |
| Name of Employer<br>Novartis Services Incorporated  | Occupation<br>Ex Dir Fed Leg Affairs |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1750.00  |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. William S Spelta</b>   |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665065</b> |
| Mailing Address One Health Plaza  |                                    | Amount of Each Receipt this Period<br>30.41   |
| City<br>East Hanover  | State<br>NJ                        | Zip Code<br>07936   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Ex Dir Sales         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>212.87 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Victoria M Spry</b>  |                                    | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666498</b> |
| Mailing Address One Health Plaza  |                                    | Amount of Each Receipt this Period<br>40.00   |
| City<br>East Hanover  | State<br>NJ                        | Zip Code<br>07936   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |   |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Oncology Specialist  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 320.41 |
| <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 45 OF 51   |
| <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. Lisa A Steelman**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Director State Gov't Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **805.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665000**  
Amount of Each Receipt this Period **115.00**

**B. Donald P Stevens**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Director State Gov't Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665177**  
Amount of Each Receipt this Period **75.00**

**C. Peter N Streit**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Dir Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 29 / 2011**  
**Transaction ID : A2011-1665658**  
Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **220.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 46 OF 51   |
| <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. John Suchorsky**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Dir BIM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665619**

Amount of Each Receipt this Period  
**50.00**

**B. Thomas A Suter**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Director Gov't Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1666552**

Amount of Each Receipt this Period  
**50.00**

**C. Barbara A Tombros**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Dir Strategic Alliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **516.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665557**

Amount of Each Receipt this Period  
**74.07**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **174.07**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 47 OF 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Christina M Tremains</b>   |   | Date of Receipt   |
| Mailing Address One Health Plaza  |   | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/> |
| City State Zip Code<br>East Hanover NJ 07936  |   | <b>Transaction ID : A2011-1665789</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="65.21"/>                              |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Sr Business Relationship Mgr                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="453.29"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Thomas A Urban</b>   |   | Date of Receipt   |
| Mailing Address One Health Plaza  |   | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/> |
| City State Zip Code<br>East Hanover NJ 07936  |   | <b>Transaction ID : A2011-1665002</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="32.58"/>                              |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Exec Xolair Specialist                            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="226.54"/> |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Lisa R Utt</b>   |   | Date of Receipt   |
| Mailing Address One Health Plaza  |   | <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/> |
| City State Zip Code<br>East Hanover NJ 07936  |   | <b>Transaction ID : A2011-1665144</b>   |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |   | Amount of Each Receipt this Period<br><input type="text" value="30.00"/>                              |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Executive Sales Consultant                        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="127.79"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 48 OF 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Edwin Valeriano</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666258</b> |
| Mailing Address One Health Plaza  |                                    | Amount of Each Receipt this Period<br>50.00  |
| City<br>East Hanover  | State<br>NJ                        | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>Novartis Corporation  | Occupation<br>Dir Investor Rel     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. William W Voegtli</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1666136</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>30.41  |
| City<br>East Hanover  | State<br>NJ                                | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Senior Reimbursement Manager |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>212.87         |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Andrew J Volante</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665461</b> |
| Mailing Address One Health Plaza  |   | Amount of Each Receipt this Period<br>100.00   |
| City<br>East Hanover  | State<br>NJ                             | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>VP Bus Franchise Oncology |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00      |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 180.41 |
| <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 49 OF 51                |
|   | <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. Cynthia K Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Dir Regl Accts Proj

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665477**

Amount of Each Receipt this Period  
**30.00**

**B. Stephan M Webb**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Asc Dir Training

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665885**

Amount of Each Receipt this Period  
**50.00**

**C. Michael D Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Sr Oncology Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.89**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 29 / 2011**

**Transaction ID : A2011-1665757**

Amount of Each Receipt this Period  
**45.67**

**SUBTOTAL** of Receipts This Page (optional)..... **125.67**

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 50 OF 51   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jane E Welborn</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665209</b> |
| Mailing Address One Health Plaza  |   | Amount of Each Receipt this Period<br>53.19  |
| City<br>East Hanover  | State<br>NJ                               | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Sr Oncol Area Sales Manager |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>371.29        |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert T Wohlgamuth</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665381</b> |
| Mailing Address One Health Plaza  |   | Amount of Each Receipt this Period<br>30.00  |
| City<br>East Hanover  | State<br>NJ                               | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Sr Oncol Area Sales Manager |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00        |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stephen A Woolford</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2011<br><b>Transaction ID : A2011-1665684</b> |
| Mailing Address One Health Plaza  |  | Amount of Each Receipt this Period<br>50.00  |
| City<br>East Hanover  | State<br>NJ                                  | Zip Code<br>07936  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>Novartis Pharmaceuticals  | Occupation<br>Ex Dir Business Plan'g & Analy |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00           |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 133.19  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 9291.46 |

**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"/> 24  | <input type="checkbox"/> 25            | <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 |

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Niehaus**

Mailing Address 1131 Little Indian Creek Rd.

City State Zip Code  
New Richmond OH 45157

Purpose of Disbursement  
P-2012 State Senate 14 OH

011

Category/  
Type

Candidate Name

**Tom Niehaus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2011

**Transaction ID : B390627**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Matt Huffman for State Representative**

Mailing Address 2220 Merit Avenue

City State Zip Code  
Lima OH 45085

Purpose of Disbursement  
P-2012 State House 04 OH

011

Category/  
Type

Candidate Name

**Matt Huffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 13 / 2011

**Transaction ID : B390625**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1250.00

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

1250.00