FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		e instructions)	14		Office use only
NAME OF COMMITTEE (in f	(Check i x is chang		nple: If typying, type the lines	12FE4M5	
Novartis Vacci	nes and Diagnostics, In	c, Employee Pol	itical Action Comr	η- 1	
ADDRESS (number and s	treet) 1300 Eye St.	NW 			
(Check if addre	Sujte 1090 E Washington	<u> </u>		DC	
	113111111111111111111111111111111111111				
COMMITTEE'S E-MAI		CITY▲		STATE▲	ZIP CODE ▲
illarguerite ba	xter@chiron.com				
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
COMMITTEE'S FAX N 2029628643					
2. DATE 0.4	<b>28</b> / <b>200</b>	6 <sup>*</sup>			
3. FEC IDENTIFICA	TION NUMBER	C C00	397828		
4. IS THIS STATEM	ENT X NEW (N)	OR	AMENDED (A)		
I certify that I have examin	ned this Statement and to the bes	st of my knowledge and	d belief it is true, correct a	and complete	
Type or Print Name of	Treasurer Richard	St. Francis			
Signature of Treasurer	Electronically Filed by <b>R</b>	ichard St. Franc	s	Date 0 4	28 / Y 2006
NOTE: Submission of fal	se, erroneous, or incomplete info		e person signing this Sta	·	_
Office Use Only			For further information Federal Election Commi- Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	andidate			
	Name of Candidate				
	Candidate Party Affiliation Office Sought: House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
	(d) This committee is a (National, State (or subordinate) committee of the Republican, etc.) Party.  (e) X This committee is a separate segregated fund  (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.				
ŝ.	Name of Any Connected Organization or Affiliated Committee				
	Novartis Corporation				
L					
	Mailing Address 608 5th Avenue				
	New York New York	020			
	CITY STATE STATE	ZIP CODE A			
	Relationship Connected Organization				
	Type of Connected Organization:				
	X Corporation Corporation w/o Capital Stock Labor Organization	on			
	Membership Organization Trade Association Cooperative				

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W	rite or Type Committee Name			
	Novartis Vaccines and I	Diagnostics, Inc. Employee Politic	cal Action Committee	
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.			
Full Name Marguerite Baxter				
Mailing Address 1300 Eye St. NW				
Suite 1090 E				
		Washington	DC	20005 _
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
	Assistant 7	Freasurer	Telephone number	8640
3.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Richard St. Francis			
Mailing Address 1300 Eye St. NW				
		Suite 1090 E		
		Washington		20005
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Treasurer			Telephone number 202	962 8640
	Full Name of Designated Agent  Margue	erite Baxter		
	Mailing Address	1300 Eye St. NW		
Suite 1090 E				
		Washington	DC	20005 –
	Title or Position ♥	CITY A	STATE A	ZIP CODE A

202

Telephone number

962

8640

**Assistant Treasurer** 

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9.	Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor	maintains funds.	ounts, rents
	Mailing Address	Vachovia  330 North Washington Street	
		Alexandria VA 2	22314   _ [ _ , _ , _
		CITY  STATE	ZIP CODE 🛕

Membership Organization

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Banks or Other Depositories: safety deposit boxes or maintain Name of Bank, Depository, etc.		deposits funds, holds accounts, rents  [ ADDITIONAL ]
Mailing Address		
	CITY 🛆	STATE △ ZIP CODE △
Name of Any Connected Org	ganization or Affiliated Committee	I ADDITIONAL 1
		[ ADDITIONAL ]
Novartis Corporation Pol	itical Action Committee	
Mailing Address	701 Pennsylvania Ave. NW Suite 725	
	Washington	DC 20004 _ 2608
	CITY▲	STATE ▲ ZIP CODE ▲
Relationship Affiliate	ed Committee	
Type of Connected Organization	on:	
Corporation	Corporation w/o Capital Stock	Labor Organization

Trade Association

Cooperative

Designated Agent			[ ADDITIONAL ]
Full Name			
Title or Position ♥	CITY A		ZIP CODE A
	т	Felephone number	