

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

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

FOR LINE NUMBER: PAGE 60 OF 183

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Haller, Sarah, E, ,**

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Novartis Services Incorporated

Occupation (for Individual)

VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : A2019-2753220

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**B. Haller, Sarah, E, ,**

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Novartis Services Incorporated

Occupation (for Individual)

VP Intl Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

Transaction ID : A2019-3277340

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**C. Hargrave, Jennifer, M, ,**

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Novartis Pharmaceuticals

Occupation (for Individual)

CV2 SR SPEC - DAYTONA BEACH FL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : A2019-2753493

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

164.00

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