

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. 12FE4M5
Novartis Corporation Political Action Committee

ADDRESS (number and street) 801 Pennsylvania Ave. NW Suite 700
Check if different than previously reported. (ACC) Washington DC 20004-2608

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00033969
3. IS THIS REPORT NEW OR AMENDED
[x] (N) [] (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2018 through 07 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
O'Neil, Shawn, ,
Type or Print Name of Treasurer

Signature of Treasurer O'Neil, Shawn, , [Electronically Filed] Date 08 / 14 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Novartis Corporation Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		115984.18
(b) Cash on Hand at Beginning of Reporting Period.....	66176.25	
(c) Total Receipts (from Line 19)	19281.96	144553.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85458.21	260537.81
7. Total Disbursements (from Line 31).....	13518.15	188597.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	71940.06	71940.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Novartis Corporation Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10646.19	49321.12
(ii) Unitemized	8635.77	90232.51
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19281.96	139553.63
(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)	19281.96	139553.63
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
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)).....▶	19281.96	144553.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19281.96	144553.63

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18.15	97.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18.15	97.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	188500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13518.15	188597.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13518.15	188597.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	19281.96	139553.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19281.96	139553.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18.15	97.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18.15	97.75

**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 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Ammon, Brian, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Deputy Head NPMR Alcon & SDZ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474072
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Ammon, Brian, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Deputy Head NPMR Alcon & SDZ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603238
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Anderson, Kurt, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) AD State Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603239
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	117.69
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 the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 97
	<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. Arline, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardio Regional Sales Dir-Great Lakes
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.75

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603016
 Amount of Each Receipt this Period 13.85
 Memo Item

B. Astley, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Senior Area Business Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474150
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Astley, Glenn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Senior Area Business Leader
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603017
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	43.85
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 9 OF 97
<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. Barkhausen, Susana, V, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV2 Sr ABL Miami
---	---

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		06		2018

Transaction ID : A2018-1474157

Amount of Each Receipt this Period
15.00

Memo Item

B. Barkhausen, Susana, V, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV2 Sr ABL Miami
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603024

Amount of Each Receipt this Period
15.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Corporate	Occupation (for Individual) AD State Government Affairs
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
587.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474076

Amount of Each Receipt this Period
57.69

Memo Item

SUBTOTAL of Receipts This Page (optional).....	87.69
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 10 OF 97
	<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	<input type="checkbox"/> 17

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

A. Barnett, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) AD State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 645.21

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603242
 Amount of Each Receipt this Period 57.69
 Memo Item

B. Barninger, Michael, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director Breast Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474158
 Amount of Each Receipt this Period 17.00
 Memo Item

C. Barninger, Michael, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director Breast Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603025
 Amount of Each Receipt this Period 17.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	91.69
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 97
	<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. Baron, Neilda, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) Ex Dir Medical Services
---	--

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		06		2018

Transaction ID : A2018-1474159

Amount of Each Receipt this Period
50.00

Memo Item

B. Baron, Neilda, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) Ex Dir Medical Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603026

Amount of Each Receipt this Period
50.00

Memo Item

C. Baroni Allmon, Tracy, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Corporate	Occupation (for Individual) ED State Public Policy
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474077

Amount of Each Receipt this Period
60.00

Memo Item

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 12 OF 97
<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. Baroni Allmon, Tracy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) ED State Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603243
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Billings, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director - Global Onc. Portfolio Comm.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474688
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Billings, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director - Global Onc. Portfolio Comm.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603038
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 13 OF 97
<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. Booth, Taylor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Fed Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603245
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Borill, Troy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 298.21

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474701
 Amount of Each Receipt this Period 21.63
 Memo Item

C. Borill, Troy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 319.84

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603051
 Amount of Each Receipt this Period 21.63
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	139.41
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 14 OF 97
	<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. Brooks, Michael, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncol Area Sales Mgr
---	--

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		06		2018

Transaction ID : A2018-1474712

Amount of Each Receipt this Period
20.00

Memo Item

B. Brooks, Michael, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncol Area Sales Mgr
---	--

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		20		2018

Transaction ID : A2018-1603062

Amount of Each Receipt this Period
20.00

Memo Item

C. Bylancik, Angela, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharma	Occupation (for Individual) Ex Dir BD&L Alliance Mgmt
---	--

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		06		2018

Transaction ID : A2018-1474725

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 15 OF 97
	<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. Bylancik, Angela, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Ex Dir BD&L Alliance Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603074
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Calabrese, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Assoc Director State Government Affair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 367.38

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474080
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Calabrese, Ashley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Assoc Director State Government Affair
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 425.07

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603246
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	165.38
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 97
	<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. Caldwell, Julie, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 Ste 725
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 257.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474728
 Amount of Each Receipt this Period
 57.69
 Memo Item

B. Caldwell, Julie, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 Ste 725
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603077
 Amount of Each Receipt this Period
 57.69
 Memo Item

C. Campbell, Kimberley, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Head Oncology Medical 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 / 06 / 2018
Transaction ID : A2018-1474115
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.38
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 17 OF 97
	<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	<input type="checkbox"/> 17

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

A. Campbell, Kimberley, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Head Oncology Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602982
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Casserly, Daniel, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Head of Fed Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474081
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Casserly, Daniel, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Head of Fed Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603247
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	409.60
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 97
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christensen-Boner, Barbara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Director State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474082

Amount of Each Receipt this Period
96.15

Memo Item

B. Christensen-Boner, Barbara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Director State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
826.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603248

Amount of Each Receipt this Period
96.15

Memo Item

C. Clary, Cathryn, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Global Head Patient Affairs and Policy
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1078.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474659

Amount of Each Receipt this Period
77.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.30
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 97
<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. Clary, Cathryn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global Head Patient Affairs and Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603097
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Cofone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Portfolio Svc Design Excellence Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474086
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Cofone, Stephen, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Portfolio Svc Design Excellence Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603252
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	107.00
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 20 OF 97
	<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"/>	<input type="checkbox"/> 17

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

A. Cohen, Seth, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) Business Insights - Cardiovascular
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474087

Amount of Each Receipt this Period
21.00

Memo Item

B. Cohen, Seth, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) Business Insights - Cardiovascular
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603253

Amount of Each Receipt this Period
21.00

Memo Item

C. Collins, Julie, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Head Digital
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
646.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474745

Amount of Each Receipt this Period
46.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	88.15
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 97
	<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. Collins, Julie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Global Head Digital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603468
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Colpitts, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Technical Operations Occupation (for Individual) Head of Facilities & Utility Maint. (A)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474664
 Amount of Each Receipt this Period 22.00
 Memo Item

C. Colpitts, Scott, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Novartis Technical Operations Occupation (for Individual) Head of Facilities & Utility Maint. (A)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603102
 Amount of Each Receipt this Period 22.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.15
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 97
	<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"/>	<input type="checkbox"/> 17

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

A. Conley, Michael, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Vice President Trade Ops & Analytics
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
323.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474665

Amount of Each Receipt this Period
23.08

Memo Item

B. Conley, Michael, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Vice President Trade Ops & Analytics
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603103

Amount of Each Receipt this Period
23.08

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Director Fed Gov't Affairs
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474088

Amount of Each Receipt this Period
96.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	142.31
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 97
	<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. Connors, Elenora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Fed Gov't Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603254
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Conoshenti, Joseph, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director Strat. Market Access RD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474667
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Conoshenti, Joseph, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director Strat. Market Access RD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603105
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	156.15
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 97
	<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. Consier, Kirby, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Corporate	Occupation (for Individual) AD State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
696.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474089

Amount of Each Receipt this Period
57.69

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) AD State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
754.59

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603255

Amount of Each Receipt this Period
57.69

Memo Item

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

Mailing Address 350 Massachusetts Avenue

City Cambridge	State MA	Zip Code 02139
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) VP Oncology and Injectable Products
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
646.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474117

Amount of Each Receipt this Period
46.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....	161.53
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 25 OF 97
	<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. Coombs, Seth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 Massachusetts Avenue
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Oncology and Injectable Products
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602984
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Coraggio, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474671
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Coraggio, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Associate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603109
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.15
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 26 OF 97
	<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. Corcoran, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 204.23

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474672
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Corcoran, Mary, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) MSL Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.23

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603110
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Couture, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head RA GDD Neuroscience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474677
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
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 27 OF 97
	<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. Couture, Eric, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head RA GDD Neuroscience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603115
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Daugherty, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474685
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603123
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
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 28 OF 97
	<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. Deason, Terry, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) MSL 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		06		2018

Transaction ID : A2018-1474183

Amount of Each Receipt this Period
20.00

Memo Item

B. Deason, Terry, H, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oncology	Occupation (for Individual) MSL Director
---	---

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		20		2018

Transaction ID : A2018-1603132

Amount of Each Receipt this Period
20.00

Memo Item

C. Dixon, Dwayne, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Director Market Development HQ
--	---

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		06		2018

Transaction ID : A2018-1474748

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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 29 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Dixon, Dwayne, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Director Market Development HQ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603471
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ellis, Fred, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Executive Director - Professional Affa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474202
 Amount of Each Receipt this Period 21.00
 Memo Item

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

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603151
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
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 30 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Esquea, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474119
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Esquea, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602986
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Fairchild, Michael, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head IRIS Bus Process Transformation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 215.32

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474750
 Amount of Each Receipt this Period 15.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.38
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 97
	<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. Fairchild, Michael, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head IRIS Bus Process Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603473
 Amount of Each Receipt this Period 15.38
 Memo Item

B. Farber, Leo, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 745.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474093
 Amount of Each Receipt this Period 95.00
 Memo Item

C. Farber, Leo, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603259
 Amount of Each Receipt this Period 95.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	205.38
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 97
<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. Fellers, Thomas, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Medical Account Management & FME
 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 / 06 / 2018
Transaction ID : A2018-1474209
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Fellers, Thomas, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Medical Account Management & FME
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603158
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Fry, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP US Country Head Communications
 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 / 06 / 2018
Transaction ID : A2018-1474067
 Amount of Each Receipt this Period
 50.00
 Memo Item

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 33 OF 97
<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. Fry, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP US Country Head Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603233
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Gaudin, David, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Sr Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474225
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603297
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 97
<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. Gentry, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Svc Del & Ops Lead Connectivity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474095
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Gentry, Michael, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Svc Del & Ops Lead Connectivity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603261
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Goldfarb, Steven, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) VP Legal Section Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474237
 Amount of Each Receipt this Period 77.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	231.00
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 35 OF 97
	<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. Goldfarb, Steven, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) VP Legal Section Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603309
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Gorcz, Damon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Specialty Area Business Leader II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474240
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Gorcz, Damon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Specialty Area Business Leader II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603311
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	107.00
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 36 OF 97
	<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. Grande, Nancy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Sr. Brand Safety Leader
 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 / 06 / 2018
Transaction ID : A2018-1474242
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Grande, Nancy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Sr. Brand Safety Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603313
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Grzegorzewski, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) VP CDMA Solid Tumors Franchise
 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 / 06 / 2018
Transaction ID : A2018-1474247
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	140.00
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 37 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Grzegorzewski, Kris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) VP CDMA Solid Tumors Franchise
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603318
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Guidi, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Director Commercial Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474249
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Guidi, Joseph, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Director Commercial Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603320
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 38 OF 97
<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. Gulick, David, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Director New Products
---	--

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	/	06	/	2018

Transaction ID : A2018-1474250

Amount of Each Receipt this Period
30.00

Memo Item

B. Gulick, David, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Director New Products
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

Transaction ID : A2018-1603321

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) Goaling Design and Analytics
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
323.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

Transaction ID : A2018-1474100

Amount of Each Receipt this Period
23.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....	83.08
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 39 OF 97
	<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. Habel, Kurt, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) Goaling Design and Analytics
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603266

Amount of Each Receipt this Period
23.08

Memo Item

B. Hallen, Paul, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Head VITRet & Glaucoma
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
215.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474754

Amount of Each Receipt this Period
15.38

Memo Item

C. Hallen, Paul, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Global Head VITRet & Glaucoma
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
230.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603477

Amount of Each Receipt this Period
15.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.84
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 97
	<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. Haller, Sarah, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP Intl Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474101
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Haller, Sarah, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP Intl Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603267
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Hayden, Kathy-Jo, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) ED Federal Public Policy&Reimburseme
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474102
 Amount of Each Receipt this Period 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	269.00
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 41 OF 97
<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. Hayden, Kathy-Jo, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) ED Federal Public Policy&Reimburseme
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603268
 Amount of Each Receipt this Period 115.00
 Memo Item

B. Hellberg, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBR Occupation (for Individual) Executive Director Chemical Technolog
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474641
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hellberg, Mark, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBR Occupation (for Individual) Executive Director Chemical Technolog
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602947
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	215.00
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 97
<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. Herpin, Misty, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474273
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603344
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Hilkert, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global Program Clinical Head
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.12

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474276
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	53.08
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 43 OF 97
<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. Hilkert, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global Program Clinical Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603347
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Hill, Holli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) AD State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474806
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Hill, Holli, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) AD State Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603270
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	65.08
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 44 OF 97
<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. Hokanson, William, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Director Regional Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474279
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603350
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Hughes, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director State Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474809
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 45 OF 97
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603273
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hughson, Melody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) ED Federal Public Policy & Reimburserr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474810
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Hughson, Melody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) ED Federal Public Policy & Reimburserr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603274
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 97
<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. Hyland, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) BPA Head - Sandoz LatAm
 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 / 06 / 2018
Transaction ID : A2018-1474113
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602980
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Jarvis, Edgar, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL - HOUSTON
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 226.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474296
 Amount of Each Receipt this Period 16.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.15
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 97
	<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. Jarvis, Edgar, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL - HOUSTON
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.25

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603367
 Amount of Each Receipt this Period 16.15
 Memo Item

B. Joines, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr Inflammatory Account Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474303
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Joines, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr Inflammatory Account Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603374
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	46.15
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 48 OF 97
<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. Jones, Heather, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474306

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603377

Amount of Each Receipt this Period 15.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer (for Individual) Oncology Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474310

Amount of Each Receipt this Period 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 80.00

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 49 OF 97
<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. Kamal, Tawfik, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603381
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kamos, Dean, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Lead Incentive Comp and Awards
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474812
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Kamos, Dean, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Lead Incentive Comp and Awards
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603276
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
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 50 OF 97
	<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. Kan, Sarah, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director State Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1078.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474813
 Amount of Each Receipt this Period 77.00
 Memo Item

B. Kan, Sarah, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director State Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603277
 Amount of Each Receipt this Period 77.00
 Memo Item

C. Karlsons, Erik, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) NS Sr Area Business Leader - Washing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 207.75

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603385
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	167.85
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 51 OF 97
<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. Kendrick, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Specialty Area Business Leader 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 / 06 / 2018
Transaction ID : A2018-1474318
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Kendrick, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Specialty Area Business Leader II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603389
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Kendris, Thomas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) President Novartis Corp & US Cntry Pre
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474069
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 52 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kendris, Thomas, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) President Novartis Corp & US Cntry Pre
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603235
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kettler III, Edward, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Domain Architect Generics & Biosimilar
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474814
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Kettler III, Edward, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Domain Architect Generics & Biosimilar
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603278
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	142.00
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 53 OF 97
	<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. Kincaid, Michael, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) ED Oncology Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603392
 Amount of Each Receipt this Period 14.04
 Memo Item

B. Knewtson, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4169 58th Street South
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business L
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474327
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Knewtson, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4169 58th Street South
 City Fargo State ND Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business L
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603398
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	44.04
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 54 OF 97
	<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. Kowalski, Robert, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global Head RA US Head Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 646.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474333
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Kowalski, Robert, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Global Head RA US Head Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603404
 Amount of Each Receipt this Period 46.15
 Memo Item

C. Krayacich, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) VP Head NPC Strategic Plng & BD & Lic
 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 / 06 / 2018
Transaction ID : A2018-1474334
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	122.30
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 55 OF 97
	<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"/>	<input type="checkbox"/> 17

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

A. Krayacich, John, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) VP Head NPC Strategic Plng & BD & Li
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603405
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Kuenzel, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Medical Science Liaison Assoc Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 302.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474338
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Kuenzel, Andrea, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Medical Science Liaison Assoc Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603409
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00
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 56 OF 97
	<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. Landrus, Francis, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Senior Global Program Project Manage
 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 / 06 / 2018
Transaction ID : A2018-1474345
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Landrus, Francis, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Senior Global Program Project Manage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603416
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Lawrence, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Associate Director Systems of Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474351
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 57 OF 97
	<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. Lawrence, Todd, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Associate Director Systems of Care
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603422

Amount of Each Receipt this Period
50.00

Memo Item

B. Leas, Leigh Anne, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) VP and U.S. Country Head Public Polic
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474817

Amount of Each Receipt this Period
145.00

Memo Item

C. Leas, Leigh Anne, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) NBS	Occupation (for Individual) VP and U.S. Country Head Public Policy
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1635.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603281

Amount of Each Receipt this Period
145.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	340.00
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 58 OF 97
	<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	<input type="checkbox"/> 17

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

A. Leatherman, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) NS Sr Area Business Leader - Denver
 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 / 06 / 2018
Transaction ID : A2018-1474353
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Leatherman, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) NS Sr Area Business Leader - Denver
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603424
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Lennon, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Business Franchise Head
 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 / 06 / 2018
Transaction ID : A2018-1474818
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 59 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Lennon, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology Business Franchise Head
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603282
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Lloyd, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Global Head Marketing Value & Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 646.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474369
 Amount of Each Receipt this Period
 46.15
 Memo Item

C. Lloyd, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Global Head Marketing Value & Access
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603440
 Amount of Each Receipt this Period
 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.30
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 60 OF 97
	<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. Lockwood, Jeffrey, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBR Occupation (for Individual) Head NIBR Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.12

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474643
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Lockwood, Jeffrey, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIBR Occupation (for Individual) Head NIBR Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602949
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Lolos, Konstantine, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603441
 Amount of Each Receipt this Period 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.20
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 61 OF 97
<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. Lusso, Steven, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) NS Sr Area Business Leader-Kansas C
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474381

Amount of Each Receipt this Period
21.00

Memo Item

B. Lusso, Steven, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) NS Sr Area Business Leader-Kansas C
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603452

Amount of Each Receipt this Period
21.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Sr Oncology Sales 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		06		2018

Transaction ID : A2018-1474391

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	57.00
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 62 OF 97
	<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. Manolios, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603462
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Marinac, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) MSL Associate Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474393
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602694
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 63 OF 97
<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. Matthews, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.45

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474400
 Amount of Each Receipt this Period 25.59
 Memo Item

B. Matthews, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.04

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602701
 Amount of Each Receipt this Period 25.59
 Memo Item

C. Mc Leer, Arlene, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Junior Global Regulatory Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474408
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	66.18
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 64 OF 97
<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. Mc Leer, Arlene, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Junior Global Regulatory Manager
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

Transaction ID : A2018-1602709

Amount of Each Receipt this Period
15.00

Memo Item

B. McGough, Edward, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) SVP Global Mfg & Tech Ops
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1615.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

Transaction ID : A2018-1474773

Amount of Each Receipt this Period
115.38

Memo Item

C. McGough, Edward, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) SVP Global Mfg & Tech Ops
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

Transaction ID : A2018-1603182

Amount of Each Receipt this Period
115.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....	245.76
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 65 OF 97
	<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. McGowan, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1069.20

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474822
 Amount of Each Receipt this Period 96.15
 Memo Item

B. McGowan, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1165.35

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603286
 Amount of Each Receipt this Period 96.15
 Memo Item

C. McKenna, Edward, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 207.75

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602712
 Amount of Each Receipt this Period 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	206.15
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 66 OF 97
	<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	<input type="checkbox"/> 17

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

A. McNulty, Bruce, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV1 SR ABL - Boston
---	--

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		06		2018

Transaction ID : A2018-1474412

Amount of Each Receipt this Period
15.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV1 SR ABL - Boston
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602713

Amount of Each Receipt this Period
15.00

Memo Item

c. Mennilli, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) Director Key Customers
--	---

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		06		2018

Transaction ID : A2018-1474123

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 67 OF 97
	<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. Mennilli, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) Director Key Customers
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602990

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV2 ABL I - Pittsburgh
---	---

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		06		2018

Transaction ID : A2018-1474418

Amount of Each Receipt this Period
15.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) CV2 ABL I - Pittsburgh
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602719

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 68 OF 97
	<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. Millard, Susan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head HR Alcon R&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474804
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Millard, Susan, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head HR Alcon R&D
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603214
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Moore, Stacey, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Resp Integrated Account Spec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.15

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474428
 Amount of Each Receipt this Period 23.68
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 73.68
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 69 OF 97
	<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. Moore, Stacey, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) Resp Integrated Account Spec
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602729

Amount of Each Receipt this Period
23.68

Memo Item

B. Mui-Lipnik, Shelly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Exec Dir Fed Govt Affairs & Tax Policy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1161.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474826

Amount of Each Receipt this Period
96.15

Memo Item

C. Mui-Lipnik, Shelly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Exec Dir Fed Govt Affairs & Tax Policy
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1257.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603290

Amount of Each Receipt this Period
96.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	215.98
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 70 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mullins, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) NS Sr Area Business Leader - Dallas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474434
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Mullins, Anthony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) NS Sr Area Business Leader - Dallas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602735
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Murthy, Narashima, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Enterprise Application Archite
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474827
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 71 OF 97
	<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. Murthy, Narashima, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Enterprise Application Archite
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603291
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Neylon, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP & Head Tax for Int IP TP M&A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474828
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Neylon, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) VP & Head Tax for Int IP TP M&A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603292
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 72 OF 97
	<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. O'Neil, Shawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Fifth Avenue

City New York	State NY	Zip Code 10020
------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Head Federal Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2323.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474830

Amount of Each Receipt this Period
192.30

Memo Item

B. O'Neil, Shawn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 608 Fifth Avenue

City New York	State NY	Zip Code 10020
------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Head Federal Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2515.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602956

Amount of Each Receipt this Period
192.30

Memo Item

C. Olmstead, Sharon, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Head RA & Development Policy GDD
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
323.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474458

Amount of Each Receipt this Period
23.08

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	407.68
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 73 OF 97
<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. Olmstead, Sharon, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Head RA & Development Policy GDD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602759
 Amount of Each Receipt this Period 23.08
 Memo Item

B. Osten, Craig, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Vice President & Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.12

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474125
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Osten, Craig, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Vice President & Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602992
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	69.24
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 74 OF 97
	<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. Oxner, Serafina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Ex Dir Healthcare Contract Adm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474462
 Amount of Each Receipt this Period
 23.08
 Memo Item

B. Oxner, Serafina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Ex Dir Healthcare Contract Adm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602763
 Amount of Each Receipt this Period
 23.08
 Memo Item

C. Parker, Melissa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Regional Dir Acct Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 207.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602769
 Amount of Each Receipt this Period
 13.85
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.01
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 75 OF 97
<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. Phipps, Candice, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Director State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1580.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474832

Amount of Each Receipt this Period
115.00

Memo Item

B. Phipps, Candice, C, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Corporate	Occupation (for Individual) Director State Government Affairs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1695.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602958

Amount of Each Receipt this Period
115.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) VP Communications
--	--

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		06		2018

Transaction ID : A2018-1474127

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	280.00
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 76 OF 97
	<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	

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

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

A. Pott, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602994
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Pyle, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Manager Regional Breast Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474495
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Pyle, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr. Manager Regional Breast Marketing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602796
 Amount of Each Receipt this Period 21.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.00
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 77 OF 97
	<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	<input type="checkbox"/> 17

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

A. Repetti, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL Long Island NY
 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 / 06 / 2018
Transaction ID : A2018-1474504
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Repetti, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL Long Island NY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602805
 Amount of Each Receipt this Period
 15.00
 Memo Item

C. Robinson, Melissa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology 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 / 06 / 2018
Transaction ID : A2018-1474512
 Amount of Each Receipt this Period
 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 78 OF 97
	<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. Robinson, Melissa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602818
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Rodgers, Renee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Head Digital Strategy And Svc
 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 / 06 / 2018
Transaction ID : A2018-1474513
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Rodgers, Renee, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Head Digital Strategy And Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602819
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 79 OF 97
	<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. Rouyer, Marc, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Principal Engineer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474052

Amount of Each Receipt this Period
21.00

Memo Item

B. Rouyer, Marc, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Principal Engineer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1603218

Amount of Each Receipt this Period
21.00

Memo Item

C. Ryan, Alan, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Sandoz Inc.	Occupation (for Individual) Dir. US Advocacy
--	---

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		06		2018

Transaction ID : A2018-1474130

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	62.00
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 80 OF 97
	<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. Ryan, Alan, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Dir. US Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602997
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Schoening, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head Global Quality Assurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.32

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474780
 Amount of Each Receipt this Period 15.38
 Memo Item

C. Schoening, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Head Global Quality Assurance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603190
 Amount of Each Receipt this Period 15.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.76
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 81 OF 97
	<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. Schweitzer, Mark, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Novartis Technical Operations	Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight
--	--

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		06		2018

Transaction ID : A2018-1474169

Amount of Each Receipt this Period
50.00

Memo Item

B. Schweitzer, Mark, G, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Novartis Technical Operations	Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602963

Amount of Each Receipt this Period
50.00

Memo Item

C. Simpson-Hunt, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Development QA Senior GCP Auditor
--	--

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		06		2018

Transaction ID : A2018-1474543

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.00
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 82 OF 97
<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. Simpson-Hunt, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Development QA Senior GCP Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602849
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Smith, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Senior Director Biostatistics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474647
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Smith, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Global Drug Development Occupation (for Individual) Senior Director Biostatistics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602953
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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 83 OF 97
<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. Sondhi, Manu, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Clinical Development Medical 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		06		2018

Transaction ID : A2018-1474554

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Global Drug Development	Occupation (for Individual) Clinical Development Medical Director
--	--

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		20		2018

Transaction ID : A2018-1602860

Amount of Each Receipt this Period
20.00

Memo Item

C. Soules, Shane, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Alcon	Occupation (for Individual) Regional Field Service 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		06		2018

Transaction ID : A2018-1474784

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	55.00
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 84 OF 97
<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. Soules, Shane, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) Regional Field Service Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1603194
 Amount of Each Receipt this Period
 15.00
 Memo Item

B. Spelta, William, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Reg Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602862
 Amount of Each Receipt this Period
 14.04
 Memo Item

C. Spurr, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology US Mkt Access &Health Polic
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1610.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474560
 Amount of Each Receipt this Period
 115.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	144.04
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 85 OF 97
<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. Spurr, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oncology Occupation (for Individual) Oncology US Mkt Access &Health Polic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1725.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602866
 Amount of Each Receipt this Period 115.00
 Memo Item

B. Stickley, Lesley, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Associate Director Regional Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474569
 Amount of Each Receipt this Period 15.00
 Memo Item

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

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602875
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	145.00
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 86 OF 97
	<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. Subasinghe, Nishani, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Dir Strategic Alliance Dev.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1081.50

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474103
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Subasinghe, Nishani, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Dir Strategic Alliance Dev.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1177.65

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602970
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Sullivan, Jessica, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr Account Manager-Academic Develop
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474577
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.30
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 87 OF 97
	<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. Sullivan, Jessica, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Sr Account Manager-Academic Develop
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602883
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Suter, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director State Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.20

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474105
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Suter, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director State Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1096.35

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602972
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.30
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 88 OF 97
<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. Troisi, Brian, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Service Operations Expert Prevention
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474107
 Amount of Each Receipt this Period 21.00
 Memo Item

B. Troisi, Brian, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NBS Occupation (for Individual) Service Operations Expert Prevention
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602974
 Amount of Each Receipt this Period 21.00
 Memo Item

C. Urban, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Respiratory Executive Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 295.81

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474607
 Amount of Each Receipt this Period 21.40
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	63.40
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 89 OF 97
<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. Urban, Thomas, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Respiratory Executive Sales Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.21

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602913
 Amount of Each Receipt this Period
 21.40
 Memo Item

B. Utt, Lisa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharma Occupation (for Individual) Area Leader Patient Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602915
 Amount of Each Receipt this Period
 13.85
 Memo Item

C. Van Meter, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Quality Ext Affairs
 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 / 06 / 2018
Transaction ID : A2018-1474109
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	65.25
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 90 OF 97
	<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. Van Meter, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Quality Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1602976
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Vanhaecke, Erwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) IACH-Head NVS Group Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 207.72

Date of Receipt 07 / 06 / 2018
Transaction ID : A2018-1474786
 Amount of Each Receipt this Period 23.08
 Memo Item

C. Vanhaecke, Erwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alcon Occupation (for Individual) IACH-Head NVS Group Qlty
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 07 / 20 / 2018
Transaction ID : A2018-1603196
 Amount of Each Receipt this Period 23.08
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	76.16
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 91 OF 97
	<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	<input type="checkbox"/> 17

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

A. Vineis, Mark, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) VP Access Strategy & Commercializati
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1078.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2018

Transaction ID : A2018-1474614

Amount of Each Receipt this Period
77.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharma	Occupation (for Individual) VP Access Strategy & Commercializati
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1155.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602920

Amount of Each Receipt this Period
77.00

Memo Item

C. Voegtli, William, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Oncology	Occupation (for Individual) Senior Reimbursement Manager
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
210.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

Transaction ID : A2018-1602921

Amount of Each Receipt this Period
14.04

Memo Item

SUBTOTAL of Receipts This Page (optional).....	168.04
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 92 OF 97
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Novartis Corporation Political Action Committee

A. Walton, Vikki, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Dir State Public Policy & Ext Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474111
 Amount of Each Receipt this Period
 21.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602978
 Amount of Each Receipt this Period
 21.00
 Memo Item

C. Williams, Donna Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Federal Public Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474112
 Amount of Each Receipt this Period
 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	102.00
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 93 OF 97
<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. Williams, Donna Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Health Plaza
 City East Hanover State NJ Zip Code 07936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Corporate Occupation (for Individual) Director Federal Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1602979
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Wojtylak, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Director Legal Ops. & Ass. Gen. Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **07 / 06 / 2018**
Transaction ID : A2018-1474136
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Wojtylak, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) Director Legal Ops. & Ass. Gen. Counse
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 20 / 2018**
Transaction ID : A2018-1603003
 Amount of Each Receipt this Period 50.00
 Memo Item

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 94 OF 97
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zuluaga, Juan, C, ,

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) Pharma	Occupation (for Individual) Cardiovascular ABL Central NJ
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2018
Transaction ID : A2018-1474639

Amount of Each Receipt this Period
21.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zuluaga, Juan, C, ,

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) Pharma	Occupation (for Individual) Cardiovascular ABL Central NJ
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 20 / 2018
Transaction ID : A2018-1602945

Amount of Each Receipt this Period
21.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	10646.19

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marc Veasey Congressional Campaign Cmte

Mailing Address 499 S. Capitol St. SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Veasey, Marc, , ,

Office Sought: House Senate President
State: TX District: 33

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2018

FEC Identification Number

C C00506832

Transaction ID : **B697448**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address P.O. Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2018
 Primary General Other (specify) Not Applicable

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00235655

Transaction ID : **B697649**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kurt Schrader for Congress

Mailing Address 412 First St. SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Schrader, Kurt, , ,

Office Sought: House Senate President
State: OR District: 05

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00446906

Transaction ID : **B697650**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Making America Prosperous PAC

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00445379

Transaction ID : B697450

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Martin Heinrich for Senate

Mailing Address 660 Pennsylvania Ave. SE Suite 201

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Heinrich, Martin, T, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: NM District:

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00434563

Transaction ID : B697447

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Peters, Scott, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
07 / 27 / 2018

FEC Identification Number

C C00503110

Transaction ID : B697449

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Chrissy Houlahan for Congress

Mailing Address PO Box 222

City
Devon

State
PA

Zip Code
19333

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Houlahan, Chrissy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

FEC Identification Number

C C00637371

Transaction ID : B697893

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1000.00

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

13500.00