Image# 202405309648789541				PAGE 1 / 5
FEC FORM 1	STATEME ORGANIZ			
			Office	Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Novocure Inc. PAC	(a.k.a. Novocure	PAC)		
		· · · · · · · · · · · · · · · · · · ·		
	1550 Liberty Ridge Drive			
ADDRESS (number and street)				
 (Check if address is changed) 	Suite 115			
	CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE				
(Check if address is changed)	zspacs@gmail.com			
	Optional Second E-Mail Ad	ldress		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
2. DATE 05 ' 3	2024	00562546		
-				
IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
certify that I have examined th	nis Statement and to the best	t of my knowledge and belief i	t is true, correct and co	omplete.
ype or Print Name of Treasure	Meyer, Katherine, , ,			
Signature of Treasurer Meye	er, Katherine, , ,		Date 05	30 / Y Y Y 2024
IOTE: Submission of false, erron		may subject the person signing TION SHOULD BE REPORTED		nalties of 52 U.S.C. §30
Office		For further information		EC FORM 1
Use Only		Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		Revised 06/2012)

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5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	te the candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State (Democratic committee is a or subordinate) committee of the (d) This committee is a (National, State (Democratic committee of the	cratic, ican, etc.) Party
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
	X Corporation Corporation w/o Capital Stock	or Organization
	Membership Organization Trade Association Coo	perative
	X In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre- committee. (i.e., nonconnected committee)	gated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	

(g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

. .

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

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۷	rite or Type Committee Nar	ne	
	Novocure Inc. I	PAC (a.k.a. Novocure PAC)	
б.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
	Novocure Inc.		
	Mailing Address	1550 Liberty Ridge Drive	
		Suite 115	
		Wayne PA 19	9087
		CITY A STATE A	ZIP CODE

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Smith, Zaria	a, , ,
Full Name	
Mailing Address	1550 Liberty Ridge Drive
	Suite 115
	Wayne PA 19087
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Assistant Treasurer	Telephone number 732 979 8976

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Meyer, Katherine, , ,
of Treasurer	
Mailing Address	1550 Liberty Ridge Drive
	Suite 115
	Wayne PA 19087
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number 571 - 623 - 4813

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Full Name of Designated Agent	Smith, Zaria, , ,
Mailing Address	1550 Liberty Ridge Drive
	Suite 115
	Wayne PA 19087
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Assistant Treasur	er Telephone number 732 979 8976

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	J.P. Morg	an									
Mailing Address		270 Park	Avenu	Je							
		New Yor	k ∣ ∣						NY	100	
					CI	TY ▲			STATE A		ZIP CODE ▲
Name of Bank, D	Depository, et	с.									
Mailing Address											
					CI	TY ▲			STATE		ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This amended FEC Statement of Organization discloses a new Custodian of Records, Designated Agent, and secondary email address for Novocure PAC.

Form/Schedule: Transaction ID: