

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 701 Pennsylvania Ave. NW Suite 725  
 Check if different than previously reported. (ACC)  
Washington DC 20004-2608

2. **FEC IDENTIFICATION NUMBER** C00033969  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

5. Covering Period 04 01 2006 through 04 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dan P. Casserly  
Signature of Treasurer Electronically Filed by Dan P. Casserly Date 05 12 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Novartis Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		45354.60
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	32631.38									
(c) Total Receipts (from Line 19) .....	23323.57	89975.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55954.95	135329.95								
<hr/>										
7. Total Disbursements (from Line 31) .....	27675.00	107050.00								
<hr/>										
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28279.95	28279.95								
<hr/>										
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.00									
<hr/>										
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	.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: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	8693.18	25149.61
(i) Itemized (use Schedule A) .....	14630.39	64825.74
(ii) Unitemized .....	23323.57	89975.35
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23323.57	89975.35
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	.00	.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	.00	.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	.00	.00
(b) Levin Funds (from Schedule H5) .....	.00	.00
(c) Total Transfer (add 18(a) and 18(b)).	.00	.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23323.57	89975.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23323.57	89975.35

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	.00	.00
(ii) Non-Federal Share.....	.00	.00
(b) Other Federal Operating Expenditures.....	.00	.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	.00	.00
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	84500.00
24. Independent Expenditure (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	.00	.00
26. Loan Repayments Made.....	.00	.00
27. Loans Made.....	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	.00	.00
(b) Political Party Committees .....	.00	.00
(c) Other Political Committees (such as PACs) .....	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	.00	.00
29. Other Disbursements.....	2175.00	22550.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	.00	.00
(ii) "Levin" Share .....	.00	.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	.00	.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	.00	.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27675.00	107050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	27675.00	107050.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	23323.57	89975.35
34. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23323.57	89975.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	.00	.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	.00	.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Atef Adly		Date of Receipt
Mailing Address One Health Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code East Hanover NJ 07936		<input type="text"/> 0 4 / <input type="text"/> 2 0 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2006-685839
Name of Employer Occupation Novartis Pharmaceuticals VP Pharmaceutical Operations		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 150.00
Aggregate Year-to-Date ▼		
<input type="text"/> 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph J Affuso		Date of Receipt
Mailing Address One Health Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code East Hanover NJ 07936		<input type="text"/> 0 4 / <input type="text"/> 2 0 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2006-686012
Name of Employer Occupation Novartis Pharmaceuticals Executive Director Environment		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 137.44
Aggregate Year-to-Date ▼		
<input type="text"/> 539.96		

Full Name (Last, First, Middle Initial) <b>C.</b> Joan Antokol		Date of Receipt
Mailing Address One Health Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City State Zip Code East Hanover NJ 07936		<input type="text"/> 0 4 / <input type="text"/> 2 0 / <input type="text"/> 2 0 0 6
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A2006-686081
Name of Employer Occupation Novartis Pharmaceuticals Global Regulatory Advisor		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 180.27
Aggregate Year-to-Date ▼		
<input type="text"/> 707.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 467.71
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Brenda Blanchard</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685262</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Novartis Services Incorporated		Occupation VP Alliance Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B. Deborah A Bumbaugh</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685628</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 64.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Novartis Services Incorporated		Occupation Dir Gov't Affiars Pharmaceut	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.84	

Full Name (Last, First, Middle Initial) <b>C. Catherine T Burton</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685978</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 122.71	
FEC ID number of contributing federal political committee. C			
Name of Employer Novartis Pharmaceuticals		Occupation Exec Dir Statistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 481.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	536.71
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald M Califre		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685787	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 416.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Sr VP R&D			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1664.00	

<b>B.</b> Full Name (Last, First, Middle Initial) James P Carey		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685987	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 70.09	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Exec Dir Public Health Policy			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 274.92	

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel P Casserly		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685532	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Services Incorporated Dir Government Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	686.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Steven J Catalano		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-686014
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 80.00	
Name of Employer Novartis Pharmaceuticals	Occupation Vice President - Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.92	

Full Name (Last, First, Middle Initial) <b>B.</b> Paulo F Costa		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685065
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 416.00	
Name of Employer Novartis Services Incorporated	Occupation President & CEO Pharma	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Candace B Dibblee		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685877
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 86.25	
Name of Employer Novartis Services Incorporated	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>582.25</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph J Donner		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 608 Fifth Avenue		<b>Transaction ID:</b> A2006-686023	
City State Zip Code New York NY 10020	Amount of Each Receipt this Period 121.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Finance Corporation	Occupation Dir Internal Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.12		

Full Name (Last, First, Middle Initial) <b>B.</b> David P Drake		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685709	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 149.91		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Services Incorporated	Occupation Exec Dir Fed Gov't Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.26		

Full Name (Last, First, Middle Initial) <b>C.</b> James R Elkin		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685266	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 416.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Services Incorporated	Occupation VP Federal Gov't Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1664.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	687.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Steven A Engelhardt</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685762</b>	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 178.95		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Pharmaceuticals	Occupation VP Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 703.70		

Full Name (Last, First, Middle Initial) <b>B. David R Epstein</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685764</b>	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Pharmaceuticals	Occupation President Novartis Oncology		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Robert E Fee</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685858</b>	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 62.45		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Pharmaceuticals	Occupation Executive Director Informatio		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.92		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	341.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<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.** Full Name (Last, First, Middle Initial)  
Neely T Frye

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 393.82

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: A2006-685658

Amount of Each Receipt this Period  
102.64

**B.** Full Name (Last, First, Middle Initial)  
Thomas E Giles

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Services Incorporated ExDirGovAffrsFedHlthcrPolicy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: A2006-685809

Amount of Each Receipt this Period  
175.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Gines

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Services Incorporated ExDr Intrnl Adt/Rgl Adt Mgr NA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: A2006-685509

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	377.64
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mark D Grebenau		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		Transaction ID: A2006-686016	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 109.75		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Pharmaceuticals	Occupation Dir Medical Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.55		

Full Name (Last, First, Middle Initial) <b>B.</b> Sarah E Haller		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		Transaction ID: A2006-685623	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 72.09		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Services Incorporated	Occupation Dir Int'l & Public Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.10		

Full Name (Last, First, Middle Initial) <b>C.</b> Sheldon Jones		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 608 Fifth Avenue		Transaction ID: A2006-685251	
City State Zip Code New York NY 10020	Amount of Each Receipt this Period 71.09		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Novartis Finance Corporation	Occupation VP Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.22		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	252.93
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 31						
	(check only one)							
	<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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Leonard F Kanavy Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685667
City State Zip Code East Hanover NJ 07936	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Novartis Pharmaceuticals	Occupation VP Business Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Barbara K Kennedy		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685783
City State Zip Code East Hanover NJ 07936	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 158.98
Name of Employer Novartis Pharmaceuticals	Occupation Ex Dir Scientific Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 623.10	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael A KinKade		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-602579
City State Zip Code East Hanover NJ 07936	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Novartis Pharmaceuticals	Occupation Director Systems Design and D	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	658.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard E Knapp		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		Transaction ID: A2006-685454
City East Hanover	State NJ	Amount of Each Receipt this Period 200.00
Zip Code 07936	FEC ID number of contributing federal political committee. C	
Name of Employer Novartis Pharmaceuticals	Occupation Exec Dir State Govt Af	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Robert F Laverty		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 608 Fifth Avenue		Transaction ID: A2006-685788
City New York	State NY	Amount of Each Receipt this Period 100.00
Zip Code 10020	FEC ID number of contributing federal political committee. C	
Name of Employer Novartis Finance Corporation	Occupation VP Pharma Media Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Richard E Lemire		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 25 Old Mill Road		Transaction ID: A2006-685077
City Suffern	State NY	Amount of Each Receipt this Period 74.78
Zip Code 10901	FEC ID number of contributing federal political committee. C	
Name of Employer Novartis Pharma Suffern	Occupation Exec Director Project Manageme	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	374.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Margaret Long</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685076</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 137.42	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Assoc Director Gov't Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 525.34	

Full Name (Last, First, Middle Initial) <b>B. Lon D Lowrey</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685240</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Director State Gov't Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mary L Manning</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-686069</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Dir New Prod Mktg			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	345.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Galen W Mc Crum</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-686086</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Novartis Pharmaceuticals VP Special Field Forces			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William D Mc Laury</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685534</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Novartis Pharmaceuticals Director Project Mgmt Plannin			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Catharine M McGeehan</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685485</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Novartis Pharmaceuticals Assoc Director Gov't Relations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 31						
	(check only one)							
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Kathryn C Metcalfe

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
620.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-686070

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
George L Miller

Mailing Address 608 Fifth Avenue

City State Zip Code  
New York NY 10020

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

Name of Employer Occupation  
Novartis Finance Corporation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-686373

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Steven A Mitchell

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-685604

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Regina C Moran		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685999	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 59.62		
FEC ID number of contributing federal political committee. C			
Name of Employer Novartis Pharmaceuticals	Occupation Executive Director Media Rela		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.02		

Full Name (Last, First, Middle Initial) <b>B.</b> Glenn H Morton		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685685	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 128.07		
FEC ID number of contributing federal political committee. C			
Name of Employer Novartis Pharmaceuticals	Occupation Director Info Security Disas		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.40		

Full Name (Last, First, Middle Initial) <b>C.</b> Kathleen P Murphy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID:</b> A2006-685802	
City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 144.56		
FEC ID number of contributing federal political committee. C			
Name of Employer Novartis Pharmaceuticals	Occupation Regl Scientific Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	332.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<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.** Full Name (Last, First, Middle Initial)  
Urs A Naegelin

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer: Novartis Services Incorporated  
Occupation: EVP & CFO Corporate Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: A2006-685591

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Raymond Pawlicki

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer: Novartis Pharmaceuticals  
Occupation: VP IS/CIO Pharma

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: A2006-685775

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Lawrence S Perlow

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer: Novartis Pharmaceuticals  
Occupation: SVP & General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1664.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: A2006-685717

Amount of Each Receipt this Period  
416.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	616.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Paul G Pochtar</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685725</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 186.43	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Executive Director Business R			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 733.20	

Full Name (Last, First, Middle Initial) <b>B. Jose A Ramirez</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685309</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Executive Director Systems De			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. David P Riedel</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address One Health Plaza		<b>Transaction ID: A2006-685614</b>	
City State Zip Code East Hanover NJ 07936		Amount of Each Receipt this Period 62.21	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Novartis Pharmaceuticals Cardio Metabolic Associate			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.62	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	323.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 31
	(check only one)	
<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 (Last, First, Middle Initial)  
Gary E Rosenthal

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals SVP & CFO Pharma

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1664.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-685852

Amount of Each Receipt this Period  
416.00

**B.** Full Name (Last, First, Middle Initial)  
Tricia R Russo

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals Asc Dir State Government Affrs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-685109

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Bette L Schultz

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals VP Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
407.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-685180

Amount of Each Receipt this Period  
104.26

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	595.26
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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.** Full Name (Last, First, Middle Initial)  
Lisa A Steelman

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-685097

Amount of Each Receipt this Period  
115.00

**B.** Full Name (Last, First, Middle Initial)  
Donald P Stevens

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-685303

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Gloria C Stone

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals Director Pubic Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.18

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

**Transaction ID:** A2006-685774

Amount of Each Receipt this Period  
62.32

**SUBTOTAL** of Receipts This Page (optional) ..... ► 252.32

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joseph E Talbott		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		Transaction ID: A2006-685543
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.75
Name of Employer Novartis Pharmaceuticals	Occupation VP Global Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88	

Full Name (Last, First, Middle Initial) B. Barbara A Tombros		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		Transaction ID: A2006-685708
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 122.17
Name of Employer Novartis Pharmaceuticals	Occupation Dir Strategic Alliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.96	

Full Name (Last, First, Middle Initial) C. Ross D Volk		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address One Health Plaza		Transaction ID: A2006-685639
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Novartis Servicios Incorporated	Occupation Exec Dir Corp Secur In	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 31	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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 (Last, First, Middle Initial)  
Barbara E Washington

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals VP Health Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678.26

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	6

Transaction ID: A2006-685634

Amount of Each Receipt this Period  
175.80

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.80
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8693.18

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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) <b>A. Kendrick Meeks for Congress</b>		<b>Transaction ID:</b> B139400 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 499 South Capitol Street		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 17 FL		
Candidate Name Kendrick Meek		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pryce for Congress</b>		<b>Transaction ID:</b> B139601 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 217 Third Street SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 15 OH		
Candidate Name Deborah Pryce		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Jon Kyl for US Senate</b>		<b>Transaction ID:</b> B140248 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 507 Capitol Court NE #100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. Senate AZ		
Candidate Name Jon L Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 27 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Rothman for New Jersey		<b>Transaction ID:</b> B140263 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 209 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement P-2006 U.S. House 09 NJ		
Candidate Name Steven R Rothman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Cochran		<b>Transaction ID:</b> B140264 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 228 S. Washington Street Suite B		Amount of Each Disbursement this Period 2000.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. Senate MS		
Candidate Name Thad Cochran		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Burgess for Congress		<b>Transaction ID:</b> B140265 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 217 Third Street SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	011 Category/ Type	
Purpose of Disbursement G-2006 U.S. House 26 TX		
Candidate Name Michael C. Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 28 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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) <b>A. Talent for Senate</b>		<b>Transaction ID:</b> B140266 Date of Disbursement
Mailing Address 507 Capitol Court NE #100		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement P-2006 U.S. Senate MO		<input type="text" value="1000.00"/>
Candidate Name James M Talent		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Committee</b>		<b>Transaction ID:</b> B134390 Date of Disbursement
Mailing Address 320 First Street SE		<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement O-2006 National Party Cmte-Fed Acct US		<input type="text" value="15000.00"/>
Candidate Name		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: US	District: Not Applicable	

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

**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)

PAGE 29 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Election Fund of Pamela R. Lampitt</b>		<b>Transaction ID:</b> B140286 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 2240-15 Route 70		Amount of Each Disbursement this Period 200.00
City Cherry Hill State NJ Zip Code 08002	011 Category/ Type	
Purpose of Disbursement P-2007 State House 6 NJ		
Candidate Name Pamela R Lampitt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Assembly Speaker Joe Roberts</b>		<b>Transaction ID:</b> B140287 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 1362		Amount of Each Disbursement this Period 500.00
City Bellmawr State NJ Zip Code 08099	011 Category/ Type	
Purpose of Disbursement P-2007 State House 05 NJ		
Candidate Name Joe Roberts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cmte to Re-Elect Rosita C. Youngblood</b>		<b>Transaction ID:</b> B140288 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 4613 Morris Street		Amount of Each Disbursement this Period 500.00
City Philadelphia State PA Zip Code 19144	011 Category/ Type	
Purpose of Disbursement P-2006 State House 198 PA		
Candidate Name Rosita Youngblood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 19	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

PAGE 30 / 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Joseph R. Malone III for Assembly</b>		<b>Transaction ID: B140290</b> Date of Disbursement 04 / 28 / 2006	
Mailing Address 15 East Union Street		Amount of Each Disbursement this Period 350.00	
City Bordentown State NJ Zip Code 08505	Purpose of Disbursement P-2007 State House 30 NJ Candidate Name Joseph R Malone	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 30	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Senator Kyrillos Committee</b>		<b>Transaction ID: B140291</b> Date of Disbursement 04 / 28 / 2006	
Mailing Address P.O. Box 421		Amount of Each Disbursement this Period 125.00	
City Middletown State NJ Zip Code 07748	Purpose of Disbursement P-2007 State Senate 13 NJ Candidate Name Joseph Kyrillos	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13	Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. North Carolina House Democratic Committee</b>		<b>Transaction ID: B140625</b> Date of Disbursement 04 / 28 / 2006	
Mailing Address 220 Hillsborough Street		Amount of Each Disbursement this Period 500.00	
City Raleigh State NC Zip Code 27603	Purpose of Disbursement O-2006 State Multi-cand. Party Cmte NC Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	975.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	2175.00

Image# 26940136587

Form/Schedule: SA11A1

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.

\*\*\*\*\*