

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. 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)

ADDRESS (number and street) 20 Valley Stream Pkwy

(Check if address is changed)

Malvern

CITY ▲

PA

STATE ▲

19355

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

zspacs@gmail.com

Optional Second E-Mail Address
kmeyer@novocure.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

MM / DD / YYYY
07 / 12 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00562546

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Meyer, Katherine, , ,

Signature of Treasurer

Meyer, Katherine, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 12 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Novocure Inc. PAC (a.k.a. Novocure PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Novocure Inc.

Mailing Address

195 Commerce Way

Portsmouth

NH

03801

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name Meyer, Katherine, , ,

Mailing Address 20 Valley Stream Parkway

Malvern

PA

19356

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 571 - 623 - 4813

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 of Treasurer Meyer, Katherine, , ,

Mailing Address 20 Valley Stream Parkway

Malvern

PA

19356

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 571 - 623 - 4813

Full Name of Designated Agent

Leonard, Francis, , ,

Mailing Address

20 Valley Stream Parkway

Suite 300

Malvern

PA

19355

CITY

STATE

ZIP CODE

Title or Position

Asst Treasurer

Telephone number

212

767

7536

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. Morgan

Mailing Address

270 Park Avenue

New York

NY

10017

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE