

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 (12S)
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 06 01 2010 through 06 30 2010

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 07 19 2010

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Novartis Corporation Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		124624.48
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	66858.55									
(c) Total Receipts (from Line 19)	29774.20	182153.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	96632.75	306777.75								
7. Total Disbursements (from Line 31)	28677.50	238822.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67955.25	67955.25								
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

FEC Form 3X (Rev. 06/2004)

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)	7926.86	31942.65
(ii) Unitemized	21847.34	150210.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29774.20	182153.27
(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)	29774.20	182153.27
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	0.00
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 Transfer (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))	29774.20	182153.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29774.20	182153.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1927.50	2722.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1927.50	2722.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25750.00	228250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	1000.00	7850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	28677.50	238822.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28677.50	238822.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	29774.20	182153.27
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29774.20	182153.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1927.50	2722.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1927.50	2722.50

**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 / 45
	<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.	Full Name (Last, First, Middle Initial) Michael Banko		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 06 / 30 / 2010
	City	State	Zip Code
	East Hanover	NJ	07936
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1587782
Name of Employer Novartis Pharmaceuticals		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Tracy L Baroni Allmon		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 06 / 30 / 2010
	City	State	Zip Code
	East Hanover	NJ	07936
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1588935
Name of Employer Novartis Pharmaceuticals		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	<input type="text"/> 100.00

C.	Full Name (Last, First, Middle Initial) Elisa Bauer		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 06 / 30 / 2010
	City	State	Zip Code
	East Hanover	NJ	07936
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1587098
Name of Employer Novartis Pharmaceuticals		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 200.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Beck

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 ▼ 450.00

Date of Receipt 06 / 30 / 2010
Transaction ID: A2010-1588004

Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Timothy C Bedman

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 ▼ 281.56

Date of Receipt 06 / 30 / 2010
Transaction ID: A2010-1587731

Amount of Each Receipt this Period 47.31

C. Full Name (Last, First, Middle Initial)
Rainer Boehm

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 ▼ 900.00

Date of Receipt 06 / 30 / 2010
Transaction ID: A2010-1587752

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) 272.31

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 8 / 45
	<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) Peri K Bonner		Date of Receipt	
	Mailing Address One Health Plaza		M M / D D / Y Y Y Y Y 06 / 30 / 2010	
	City	State	Zip Code	Transaction ID: A2010-1587423
	East Hanover	NJ	07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		57.60	
Name of Employer Novartis Pharmaceuticals		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		343.08		

B.	Full Name (Last, First, Middle Initial) Mark D Bordley		Date of Receipt	
	Mailing Address One Health Plaza		M M / D D / Y Y Y Y Y 06 / 30 / 2010	
	City	State	Zip Code	Transaction ID: A2010-1588677
	East Hanover	NJ	07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Novartis Pharmaceuticals		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

C.	Full Name (Last, First, Middle Initial) Troy L Borill		Date of Receipt	
	Mailing Address One Health Plaza		M M / D D / Y Y Y Y Y 06 / 30 / 2010	
	City	State	Zip Code	Transaction ID: A2010-1588056
	East Hanover	NJ	07936	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		36.93	
Name of Employer Novartis Pharmaceuticals		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		221.58		

SUBTOTAL of Receipts This Page (optional)	▶	144.53
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: PAGE 9 / 45

(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)
Jacques Bramhall IV, IV

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 ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: A2010-1587263

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Leonard J Brandt

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 ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: A2010-1587761

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Ellen M Browne

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 ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: A2010-1587845

Amount of Each Receipt this Period 50.00

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: PAGE 10 / 45
(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)
Thomas R Brunner

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 ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588257

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Jonca C Bull

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588877

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ronald M Califre

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 ▼ 2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587756

Amount of Each Receipt this Period
416.00

SUBTOTAL of Receipts This Page (optional) ► **526.00**

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: PAGE 11 / 45

(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)
James P Carey

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 ▼ 539.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587995

Amount of Each Receipt this Period

91.00

B.

Full Name (Last, First, Middle Initial)
Daniel P Casserly

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 Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587469

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Steven J Catalano

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 ▼ 520.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1588025

Amount of Each Receipt this Period

86.67

SUBTOTAL of Receipts This Page (optional)

377.67

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: PAGE 12 / 45
(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)
Atindra N Chaturvedi

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587690

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Barbara Christensen-Boner

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 ▼ 327.46

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587132

Amount of Each Receipt this Period
55.20

C.

Full Name (Last, First, Middle Initial)
Christina M Clinton

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588694

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **155.20**

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: PAGE 13 / 45
(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)
Michael A Conley

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 Novartis Pharmaceuticals Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: A2010-1587593

Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Eric Dammeyer

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 Novartis Pharmaceuticals Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: A2010-1587368

Amount of Each Receipt this Period: 60.00

C.

Full Name (Last, First, Middle Initial)
Robert J Derbes

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 Novartis Pharmaceuticals Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: A2010-1587277

Amount of Each Receipt this Period: 35.00

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: PAGE 14 / 45
(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)
Candace B Dibblee

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: Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587870

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David P Drake

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: Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587688

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
James R Elkin

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: Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2496.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587197

Amount of Each Receipt this Period
416.00

SUBTOTAL of Receipts This Page (optional) ► **716.00**

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: PAGE 15 / 45

(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

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.

Full Name (Last, First, Middle Initial)
David R Epstein

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587737

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Christopher Esposito

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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1588031

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
H. P Frederick

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 ▼ 314.84

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587573

Amount of Each Receipt this Period
52.77

SUBTOTAL of Receipts This Page (optional) ▶

227.77

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: PAGE 16 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Debra E Freire

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: A2010-1587778

Amount of Each Receipt this Period
50.00

B. 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 ▼ 728.50

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: A2010-1587629

Amount of Each Receipt this Period
122.61

C. 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 Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2010

Transaction ID: A2010-1587784

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional) ► **347.61**

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: PAGE 17 / 45
(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)
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 Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587436

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Brian M Goff

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588815

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
David E Gulick

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587186

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 200.00

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: PAGE 18 / 45
(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) Kurt Habel		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address One Health Plaza		Transaction ID: A2010-1587683
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Novartis Pharmaceuticals	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Sarah E Haller		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address One Health Plaza		Transaction ID: A2010-1587590
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
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 ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Daryl Harvey		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address One Health Plaza		Transaction ID: A2010-1587265
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Novartis Pharmaceuticals	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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: PAGE 19 / 45
(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)
Joseph P Hazelton

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 ▼ 204.34

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587666

Amount of Each Receipt this Period
34.39

B.

Full Name (Last, First, Middle Initial)
Debbie L Henderson

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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588196

Amount of Each Receipt this Period
75.00

C.

Full Name (Last, First, Middle Initial)
Cynthia Hogan

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587010

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **159.39**

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: PAGE 20 / 45
(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)
Woodson M Hopkins

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588101

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Karen A Jacobs

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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587749

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Edgar L Jarvis

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587274

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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: PAGE 21 / 45
(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)
Sheldon Jones

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 Finance Corporation
Occupation: Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
816.84

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587177

Amount of Each Receipt this Period
137.43

B.

Full Name (Last, First, Middle Initial)
Tawfik Kamal

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: Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587743

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Karen L Key

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: Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588623

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **227.43**

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: PAGE 22 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dennis S Keyes

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 ▼ 232.56

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587438

Amount of Each Receipt this Period
39.14

B. Full Name (Last, First, Middle Initial)
Richard E Knapp

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 ▼ 1200.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587378

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Mildred O Kowalski

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588010

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **289.14**

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: PAGE 23 / 45
(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

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.

Full Name (Last, First, Middle Initial)
Keith A LaDue

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 Novartis Pharmaceuticals Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: A2010-1587673

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Richard E Lemire

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 Novartis Pharma Suffern Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 519.04

Date of Receipt 06 / 30 / 2010

Transaction ID: A2010-1586988

Amount of Each Receipt this Period 87.90

C.

Full Name (Last, First, Middle Initial)
Jeffrey W Lockwood

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 NIBRI Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: A2010-1587854

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 187.90

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 / 45
	<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.	Full Name (Last, First, Middle Initial) Brenda Luckritz		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 06 / 30 / 2010
	City	State	Zip Code
	East Hanover	NJ	07936
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1587194
Name of Employer Novartis Services Incorporated		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.00
		<input type="text"/> 2496.00	

B.	Full Name (Last, First, Middle Initial) Mary L Manning		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 06 / 30 / 2010
	City	State	Zip Code
	East Hanover	NJ	07936
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1588076
Name of Employer Novartis Pharmaceuticals		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 83.33
		<input type="text"/> 499.98	

C.	Full Name (Last, First, Middle Initial) William R Matthews		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 06 / 30 / 2010
	City	State	Zip Code
	East Hanover	NJ	07936
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1587610
Name of Employer Novartis Pharmaceuticals		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 41.68
		<input type="text"/> 249.26	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 541.01
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 45

(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)
Edward G Mauceri

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587802

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
Matthew C Mc Namara

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 ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587506

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)
Catharine M McGeehan

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 ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587413

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

165.00

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: PAGE 26 / 45
(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)
William D McLaury

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587470

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Brian J McNamara

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 Consumer Health Inc. Sr. Vice President OTC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1586904

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Wayne P Merkelson

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 Finance Corporation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587789

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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: PAGE 27 / 45
(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)
Stacey L Moore

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 Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.82

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587383

Amount of Each Receipt this Period
34.64

B.

Full Name (Last, First, Middle Initial)
Glenn H Morton

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 Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 921.36

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587659

Amount of Each Receipt this Period
154.57

C.

Full Name (Last, First, Middle Initial)
Marion T Morton

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 Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587770

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **289.21**

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:	PAGE 28 / 45
	(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) John Chong Neal	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 350 Massachusetts Ave 350 MA # 212F	Transaction ID: A2010-1586921
	City State Zip Code Cambridge MA 02139	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novartis Vaccines & Diagnostics Occupation: Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

B.	Full Name (Last, First, Middle Initial) Hugh M O'Dowd	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-1587386
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novartis Pharmaceuticals Occupation: Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

C.	Full Name (Last, First, Middle Initial) Serafina Oxner	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-1587819
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novartis Pharmaceuticals Occupation: Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

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: PAGE 29 / 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Paul G Pochtar

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 ▼ 990.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587701

Amount of Each Receipt this Period
165.00

B. Full Name (Last, First, Middle Initial)
Diana Potter

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587697

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Marilyn Priestley

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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587700

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 255.00

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: PAGE 30 / 45
(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)
Brian C Prout

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 Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: A2010-1588679
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Rebecca W Reid

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 Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.52

Date of Receipt: 06 / 30 / 2010
Transaction ID: A2010-1587889
Amount of Each Receipt this Period: 47.90

C.

Full Name (Last, First, Middle Initial)
Marc Britton Reuss

Mailing Address 350 Massachusetts Ave
350 MA # 274

City Cambridge State MA Zip Code 02139

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: A2010-1586920
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 147.90

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 / 45
	<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) David P Riedel	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-1587575
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 68.97
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 413.82	

B.	Full Name (Last, First, Middle Initial) Randi C Roberts	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address One Health Plaza	Transaction ID: A2010-1588450
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Bruce Ruscio	Date of Receipt MM / DD / YYYY 06 / 04 / 2010
	Mailing Address 608 Fifth Avenue	Transaction ID: A2010-1586919
	City State Zip Code New York NY 10020	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Corporation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	198.97
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: PAGE 32 / 45
(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)
Jason T Russell

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 ▼ 356.34

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587119

Amount of Each Receipt this Period
59.78

B.

Full Name (Last, First, Middle Initial)
Joseph M Simon

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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587445

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Eric M Snedecor

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1586976

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **149.78**

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: PAGE 33 / 45
(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)
Katherine E Solon

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 Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588617

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Victoria M Spry

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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588819

Amount of Each Receipt this Period
40.00

C.

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 Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587016

Amount of Each Receipt this Period
115.00

SUBTOTAL of Receipts This Page (optional) ► **405.00**

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: PAGE 34 / 45
(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)
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 Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587227

Amount of Each Receipt this Period
75.00

B.

Full Name (Last, First, Middle Initial)
John Suchorsky

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587744

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Thomas A Suter

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 Public Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588892

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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: PAGE 35 / 45
(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)
Barbara A Tombros

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 Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 435.02

Date of Receipt: 06 / 30 / 2010
Transaction ID: A2010-1587687
 Amount of Each Receipt this Period: 72.98

B.

Full Name (Last, First, Middle Initial)
Christina M Tremains

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 Novartis Pharmaceuticals Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.98

Date of Receipt: 06 / 30 / 2010
Transaction ID: A2010-1587942
 Amount of Each Receipt this Period: 63.62

C.

Full Name (Last, First, Middle Initial)
Edwin Valeriano

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 Novartis Services Incorporated Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: A2010-1588505
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► **186.60**

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: PAGE 36 / 45

(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)
Andrew J Volante

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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587581

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Stephan M Webb

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1588046

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Michael D Webster

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 ▼ 265.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: A2010-1587899

Amount of Each Receipt this Period

44.77

SUBTOTAL of Receipts This Page (optional) ▶

194.77

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: PAGE 37 / 45
(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)
Jane E Welborn

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 ▼ 314.68

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587269

Amount of Each Receipt this Period
52.67

B.

Full Name (Last, First, Middle Initial)
John H Willson

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1588534

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Stephen A Woolford

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: A2010-1587814

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **152.67**

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: PAGE 38 / 45
(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)
Anthony J Yost

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 ▼
300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

Transaction ID: A2010-1588890

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	50.00
TOTAL This Period (last page this line number only)	▶	7926.86

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
Novartis Corporation

Transaction ID: B294933
Date of Disbursement

Mailing Address One Health Plaza

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

City State Zip Code
East Hanover NJ 07936

Amount of Each Disbursement this Period

1395.00

Purpose of Disbursement
Reimburse corporation for TN admin expense

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: TN District:
Disbursement For: 2010 Primary General Other (specify) ▼
Not Applicable

B.

Full Name (Last, First, Middle Initial)
Novartis Corporation

Transaction ID: B333000
Date of Disbursement

Mailing Address One Health Plaza

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	0

City State Zip Code
East Hanover NJ 07936

Amount of Each Disbursement this Period

517.50

Purpose of Disbursement
Reimburse corporation for TN admin expense

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: TN District:
Disbursement For: 2010 Primary General Other (specify) ▼
Not Applicable

SUBTOTAL of Disbursements This Page (optional)

1912.50

TOTAL This Period (last page this line number only)

1912.50

**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

A.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: B331149 Date of Disbursement
	Mailing Address 303 Massachusetts Ave. NE	<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Blanche L Lincoln	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff Primary

B.	Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: B332990 Date of Disbursement
	Mailing Address 507 Capitol Court NE #100	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Georgians for Isakson	Transaction ID: B332983 Date of Disbursement
	Mailing Address 900 19th St. NW 8th Floor	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Johnny Isakson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

A. Full Name (Last, First, Middle Initial) Friends of Jim Marshall <hr/> Mailing Address 586 Orange Street <hr/> City Macon State GA Zip Code 31201 <hr/> Purpose of Disbursement Contribution Candidate Name Jim Marshall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B333389 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 250.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John D. Dingell for Congress <hr/> Mailing Address P.O. Box 75214 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement Contribution Candidate Name John D Dingell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B332982 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) House Conservatives Fund <hr/> Mailing Address 228 S. Washington St. Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Transaction ID: B332992 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional) ▶

3750.00

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"/> 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

<p>A. Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address 420 C Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B332985 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Rush Holt for Congress</p> <p>Mailing Address PO Box 782</p> <p>City Pennington State NJ Zip Code 08534</p> <p>Purpose of Disbursement Contribution Candidate Name Rush D Holt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B331148 Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Rothman for New Jersey</p> <p>Mailing Address P.O. Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement Contribution Candidate Name Steven R Rothman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B331198 Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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"/> 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

A.	Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: B330713 Date of Disbursement
	Mailing Address 104 Hume Avenue	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name John A Boehner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Altmire	Transaction ID: B330716 Date of Disbursement
	Mailing Address 499 S. Capitol St. SW Suite 404	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name Jason Altmire	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Toomey for Senate	Transaction ID: B332995 Date of Disbursement
	Mailing Address 3440 Hamilton Boulevard	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Allentown State PA Zip Code 18103	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Pat Toomey	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

<p>A. Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p> <p>Mailing Address 217 Third Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution Candidate Name Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B332981 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Road to Senate Victory Committee 2010</p> <p>Mailing Address 507 Capitol Court NE #100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B331150 Date of Disbursement 06 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address P.O. Box 21027</p> <p>City Washington State DC Zip Code 20009</p> <p>Purpose of Disbursement Contribution Candidate Name Eric I Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B332986 Date of Disbursement 06 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	25750.00

**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)

PAGE 45 / 45

<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

A. Full Name (Last, First, Middle Initial) Cmte to Elect Rick Taylor <hr/> Mailing Address P.O. Box 866 <hr/> City Ambler State PA Zip Code 19002 <hr/> Purpose of Disbursement G-2010 State House 151 PA <hr/> Candidate Name Rick Taylor <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B330715 Date of Disbursement MM / DD / YYYY 06 / 03 / 2010
	Amount of Each Disbursement this Period 500.00
B. Full Name (Last, First, Middle Initial) Citizens to Elect John Payne <hr/> Mailing Address PO Box 651 <hr/> City Hershey State PA Zip Code 17033 <hr/> Purpose of Disbursement G-2010 State House 106 PA <hr/> Candidate Name John Payne <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B332993 Date of Disbursement MM / DD / YYYY 06 / 29 / 2010
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00