



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		11274.63
(b) Cash on Hand at Beginning of Reporting Period.....	13140.63	
(c) Total Receipts (from Line 19) .....	6698.50	35064.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	19839.13	46339.13
7. Total Disbursements (from Line 31).....	0.00	26500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19839.13	19839.13
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

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).....	4461.34	16194.03
(ii) Unitemized .....	2237.16	18870.47
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6698.50	35064.50
(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) .....	6698.50	35064.50
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	6698.50	35064.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6698.50	35064.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	26500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	26500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	26500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6698.50	35064.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6698.50	35064.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. ACEVEDO, DANIEL, R, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) REGIONAL BUSINESS DIRECTOR, U.S.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AD97DFC65BE9E456B9A9**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**B. ADAMS, NICHELLE, RENAE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, CLINICAL EDUCATORS,  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : ABA624A95D1FF48FCADE**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. AMATO, JEANNINE, MARIE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) CLINICAL EDUCATOR, THORACIC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A498208E2166D4EF6A73**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PAYROLL DEDUCTION: \$25.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<b>TOTAL</b> 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 7 OF 20
	<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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. ANYANWU, ANULI, CAROLINE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR DIRECTOR, PRODUCT POR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A6F6520116FEE4C72B17**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 PAYROLL DEDUCTION: \$42.00/BI-MONTHLY

**B. ARANOWITZ, STEPHANIE, , MS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) TERRITORY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AABF6C5C1CFFD4884B1C**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 PAYROLL DEDUCTION: \$0.00/BI-MONTHLY

**C. BLAZINA, DAVID, ROBERT, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT, LEAD BRAND COU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AC215CCF319EB48DDAFO**  
 Amount of Each Receipt this Period 124.00  
 Memo Item  
 PAYROLL DEDUCTION: \$62.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	208.00
<b>TOTAL</b> 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 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. BURNS, LORI, ANN, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) ASSOCIATE DIRECTOR, REGULATO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AE25B6581F7744711993**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 PAYROLL DEDUCTION: \$25.00/BI-MONTHLY

**B. CHAVEZ, GORDON, VINCENT, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR MANAGER, RESEARCH INIT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AA490DC1A6A5F4A238B8**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. DAVIS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) COMMERCIAL ACCOUNT DIRECTOR,  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A95A9947DD7154F39A57**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	174.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. DIGNAN, KIM, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT, REVENUE OPERA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A1E4466B022D34A73852**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 PAYROLL DEDUCTION: \$62.50/BI-MONTHLY

**B. DRAGICEVIC, SVJETLANA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, NORTH AMERICA PATIE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A32EE4C2500F44AD6A38**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. FELIX, KATIA, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) HEAD OF HUMAN RESOURCES, NOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 387.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A4747BB05590C48568F6**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 PAYROLL DEDUCTION: \$42.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	271.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. HADUCH, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR DIRECTOR, BUSINESS PRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AAEF22AB50587448EBDC**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 PAYROLL DEDUCTION: \$42.00/BI-MONTHLY

**B. HOSFORD, LAUREN, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, GLOBAL TRANSFER PRI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A82DFA8E98466407692A**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. KEHL, JASON, MICHAEL, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, CORPORATE REPORTIN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A6F5C47A9DD524C25AFC**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 PAYROLL DEDUCTION: \$30.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	206.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
<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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. KENNA, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT, INFRASTRUCTURE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A17C68B1CB48441699E8**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 PAYROLL DEDUCTION: \$120.00/BI-MONTHLY

**B. KUTSAR, VADIM, , DR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, MSL, US CNS LEAD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A2870B6A215F2466C9AA**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 PAYROLL DEDUCTION: \$0.00/BI-MONTHLY

**C. LAINO, JEAN, MARIE, MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) CNS REGIONAL MARKETER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AD5F910879E2E46AAB25**  
 Amount of Each Receipt this Period 118.00  
 Memo Item  
 PAYROLL DEDUCTION: \$59.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	358.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. LEONARD, FRANCIS, X, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE LLC (USA\_LL) Occupation (for Individual) CHIEF EXECUTIVE OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A454B9BF138534F999CC**  
 Amount of Each Receipt this Period 208.34  
 Memo Item  
 PAYROLL DEDUCTION: \$104.17/BI-MONTHLY

**B. LEONE, JEAN, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, MARKET ACCESS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A2C2DB011B9E54CF381B**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. LEPITRE, KENNETH, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT OF SALES, NOVOC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A014A68FB4CFA4DDB82C**  
 Amount of Each Receipt this Period 124.00  
 Memo Item  
 PAYROLL DEDUCTION: \$62.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	394.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. LIEDTKA, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, REIMBURSEMENT POLIC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A976F4C3EE7A345ED9E7**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**B. LUSTGARTEN, LEONARDO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) MEDICAL DIRECTOR, LEAD, NEURO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A2F8525019B894937B45**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. MANTIPLY, MATTHEW, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) REGIONAL BUSINESS DIRECTOR, US  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A9CCACA9DFECD4345B37**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	186.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. MARTIN, ETHAN, NEIL, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR TERRITORY MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A9A8A1F5AF4194031B63**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**B. MCCOY, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR OF PATIENT ACCESS, U  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A4C2BE92459AC470686B**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. MCKINNEY, JACQUELINE, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR VICE PRESIDENT, NOVOCUF  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AFEA7647B25A5477BB91**  
 Amount of Each Receipt this Period 210.00  
 Memo Item  
 PAYROLL DEDUCTION: \$105.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	334.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. MEYER, KATHERINE, ROSE, MS.,</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2026
Mailing Address 195 COMMERCE WAY			<b>Transaction ID : AD133389E79CC4BDDAC3</b>
City PORTSMOUTH	State NH	Zip Code 03801-3243	Amount of Each Receipt this Period 416.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAYROLL DEDUCTION: \$208.00/BI-MONTHLY
Name of Employer (for Individual) NOVOCURE INC (USA_INC)		Occupation (for Individual) VICE PRESIDENT, PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. MILLER, GARY, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2026
Mailing Address 195 COMMERCE WAY			<b>Transaction ID : A21885CCDE01E4C2B9F8</b>
City PORTSMOUTH	State NH	Zip Code 03801-3243	Amount of Each Receipt this Period 62.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAYROLL DEDUCTION: \$31.00/BI-MONTHLY
Name of Employer (for Individual) NOVOCURE INC (USA_INC)		Occupation (for Individual) HEAD OF GLOBAL COMPLIANCE & F	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MILLER, RANDY, DENNIS, MR.,</b>			Date of Receipt MM / DD / YYYY 05 / 29 / 2026
Mailing Address 195 COMMERCE WAY			<b>Transaction ID : A93738ABD11604C1EB1D</b>
City PORTSMOUTH	State NH	Zip Code 03801-3243	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item PAYROLL DEDUCTION: \$42.00/BI-MONTHLY
Name of Employer (for Individual) NOVOCURE INC (USA_INC)		Occupation (for Individual) NATIONAL SALES DIRECTOR, US	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
<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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. PARAVASTHU, MUKUND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE LLC (USA\_LL\_C) Occupation (for Individual) CHIEF OPERATING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A13A7B610417E4DAFB2E**  
 Amount of Each Receipt this Period 208.00  
 Memo Item  
 PAYROLL DEDUCTION: \$104.00/BI-MONTHLY

**B. PENNINGTON, KENDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR VICE PRESIDENT, GLOBAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : ACC3876FF6EC0498D8F1**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 PAYROLL DEDUCTION: \$120.00/BI-MONTHLY

**C. PEREZ, SHARON, ELIZABETH, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT, GLOBAL MEDICAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A3F70A6BCA2BC45D1A70**  
 Amount of Each Receipt this Period 124.00  
 Memo Item  
 PAYROLL DEDUCTION: \$62.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	572.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. RASCO, RICHARD, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT, BUSINESS OPERA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A966B25AD71ED417894B**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 PAYROLL DEDUCTION: \$42.00/BI-MONTHLY

**B. REYNOLDS, PEYTON, , MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR DIRECTOR, GLOBAL STRAT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A32258375DAF14A53B88**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 PAYROLL DEDUCTION: \$75.00/BI-MONTHLY

**C. ROBBINS, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE LLC (USA\_LL) Occupation (for Individual) VICE PRESIDENT, LEAD CORPORATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AF9D23ADB1E8B4F0EB89**  
 Amount of Each Receipt this Period 124.00  
 Memo Item  
 PAYROLL DEDUCTION: \$62.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	358.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
	<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)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. SHIVERS, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) REGIONAL BUSINESS DIRECTOR, U  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A1420BC32857F4AD1A14**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 PAYROLL DEDUCTION: \$0.00/BI-MONTHLY

**B. STILL, JONI, MARIE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) REGIONAL BUSINESS DIRECTOR, U  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AE19169E8E7A14C0DBFC**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**C. SWAIM, JASON, R, MR.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR DIRECTOR, PRODUCT INNO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AD54B79F74A7C48F4BB6**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 PAYROLL DEDUCTION: \$42.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. TORRES, TISDREY, , MRS.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) MEDICAL DIRECTOR, LEAD, US THO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A36B14D6D9D474C64B0F**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

**B. WHITSON, MARY, ELISE, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, GOVERNMENT AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A6A62F34D05AC450B9DC**  
 Amount of Each Receipt this Period 124.00  
 Memo Item  
 PAYROLL DEDUCTION: \$62.00/BI-MONTHLY

**C. WILKINSON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT, US MEDICAL AFFA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : AAD4713986919477AA0F**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NOVOCURE INC. PAC (A.K.A. NOVOCURE PAC)**

**A. WILLIAMS, EMILY, MELISSA, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) SENIOR DIRECTOR, GLOBAL DIREC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A60EA2EA532744791A97**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 PAYROLL DEDUCTION: \$42.00/BI-MONTHLY

**B. WORSTER, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) VICE PRESIDENT, ENTERPRISE TEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A990C5498F7D64F2F8D3**  
 Amount of Each Receipt this Period 124.00  
 Memo Item  
 PAYROLL DEDUCTION: \$62.00/BI-MONTHLY

**C. ZELIN, GLEN, RUSH, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 195 COMMERCE WAY  
 City PORTSMOUTH State NH Zip Code 03801-3243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NOVOCURE INC (USA\_INC) Occupation (for Individual) DIRECTOR, US SALES OPERATIONS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 279.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : A72308AD5D924406794E**  
 Amount of Each Receipt this Period 62.00  
 Memo Item  
 PAYROLL DEDUCTION: \$31.00/BI-MONTHLY

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.00
<b>TOTAL</b> This Period (last page this line number only).....	4461.34