

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2008 through 04 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dan P. Casserly  
Signature of Treasurer Electronically Filed by Dan P. Casserly Date 05 19 2008

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Novartis Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		168691.33
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	139413.74									
(c) Total Receipts (from Line 19) .....	28532.08	116604.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	167945.82	285295.82								
7. Total Disbursements (from Line 31) .....	34185.00	151535.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	133760.82	133760.82								
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:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Novartis Corporation Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	7840.31	23502.41
(i) Itemized (use Schedule A) .....	20691.77	93102.08
(ii) Unitemized .....	28532.08	116604.49
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28532.08	116604.49
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)) .....	28532.08	116604.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28532.08	116604.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	585.00	935.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	585.00	935.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	26000.00	140500.00
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.....	7600.00	10100.00
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))..	34185.00	151535.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34185.00	151535.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	28532.08	116604.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28532.08	116604.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	585.00	935.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	585.00	935.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36

(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)

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721613

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Brenda Blanchard

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 ▼ 1664.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-720743

Amount of Each Receipt this Period

416.00

**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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721358

Amount of Each Receipt this Period

150.00

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

641.00

**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 7 / 36

(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)  
Peri K Bonner

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 ▼ 205.21

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721022

Amount of Each Receipt this Period

53.29

**B.**

Full Name (Last, First, Middle Initial)  
Catherine T Burton

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 ▼ 729.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721591

Amount of Each Receipt this Period

185.07

**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 ▼ 1664.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721363

Amount of Each Receipt this Period

416.00

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

654.36

**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 8 / 36  
(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)  
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 ▼ 299.98

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-721603

Amount of Each Receipt this Period  
76.25

**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 ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-721070

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 ▼ 341.34

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-721634

Amount of Each Receipt this Period  
86.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **362.92**

**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 / 36  
(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)  
Paulo F Costa

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 ▼ 1664.00

Date of Receipt: 04 / 20 / 2008  
**Transaction ID: A2008-720521**  
Amount of Each Receipt this Period: 416.00

**B.**

Full Name (Last, First, Middle Initial)  
Candace B Dibblee

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 ▼ 305.44

Date of Receipt: 04 / 20 / 2008  
**Transaction ID: A2008-721474**  
Amount of Each Receipt this Period: 77.78

**C.**

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

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 ▼ 669.90

Date of Receipt: 04 / 20 / 2008  
**Transaction ID: A2008-721283**  
Amount of Each Receipt this Period: 170.94

**SUBTOTAL** of Receipts This Page (optional) ..... ► 664.72

**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 / 36

(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 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 Occupation  
Novartis Services Incorporated Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1664.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-720746

Amount of Each Receipt this Period

416.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven A Engelhardt

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 ▼ 752.08

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721336

Amount of Each Receipt this Period

188.02

**C.**

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721338

Amount of Each Receipt this Period

100.00

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

704.02

**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 / 36

(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)  
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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721639

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric W Evans

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721960

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert E Fee

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 ▼ 221.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721455

Amount of Each Receipt this Period

55.92

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

230.92

**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 / 36  
(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)  
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 ▼ 451.12

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721226

Amount of Each Receipt this Period  
115.01

**B.**

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

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Services Incorporated Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721389

Amount of Each Receipt this Period  
175.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Gines

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Services Incorporated Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721038

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **390.01**

**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 / 36

(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)

Mark D Grebenau

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 ▼ 613.40

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721635

Amount of Each Receipt this Period

155.24

**B.**

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 Occupation  
Novartis Finance Corporation Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 301.64

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-720726

Amount of Each Receipt this Period

76.89

**C.**

Full Name (Last, First, Middle Initial)

Michael E Kehoe

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 Corporation staff

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 646.10

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: A2008-713718

Amount of Each Receipt this Period

92.30

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

324.43

**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 14 / 36

(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 E Kehoe

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 Corporation staff

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
738.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: A2008-895018

Amount of Each Receipt this Period

92.30
-------

**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 ▼  
800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	8

Transaction ID: A2008-720967

Amount of Each Receipt this Period

200.00
--------

**C.**

Full Name (Last, First, Middle Initial)

Richard E Lemire

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 Pharma Suffern Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
315.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	0	8

Transaction ID: A2008-720533

Amount of Each Receipt this Period

80.50
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**SUBTOTAL** of Receipts This Page (optional) .....

**372.80**

**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 15 / 36
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lon D Lowrey	Date of Receipt MM / DD / YYYY 04 / 20 / 2008
	Mailing Address One Health Plaza	<b>Transaction ID:</b> A2008-720716
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 125.00
	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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary L Manning	Date of Receipt MM / DD / YYYY 04 / 20 / 2008
	Mailing Address One Health Plaza	<b>Transaction ID:</b> A2008-721686
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 83.33
	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 ▼ 333.32	

<b>C.</b>	Full Name (Last, First, Middle Initial) William D Mc Laury	Date of Receipt MM / DD / YYYY 04 / 20 / 2008
	Mailing Address One Health Plaza	<b>Transaction ID:</b> A2008-721071
	City State Zip Code East Hanover NJ 07936	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novartis Pharmaceuticals Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	308.33
<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: PAGE 16 / 36  
(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)  
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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-721007

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Brian 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 Pharmaceuticals Sr. Vice President OTC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-894540

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Brian 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 Pharmaceuticals Sr. Vice President OTC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID:** A2008-894545

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 17 / 36

(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)

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721394

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Kathryn C Metcalfe

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721687

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Regina C Moran

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 ▼ 246.14

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721617

Amount of Each Receipt this Period

61.90

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

336.90

**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: PAGE 18 / 36  
(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)  
Glenn H Morton

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 ▼ 575.76

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-721254

Amount of Each Receipt this Period  
146.42

**B.**

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

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-721373

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen P Murphy

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 ▼ 625.92

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2008

**Transaction ID:** A2008-721380

Amount of Each Receipt this Period  
158.79

**SUBTOTAL** of Receipts This Page (optional) ..... ► 405.21

**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 19 / 36  
(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)  
Urs A Naegelin

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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721142

Amount of Each Receipt this Period  
 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Raymond Pawlicki

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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721352

Amount of Each Receipt this Period  
 100.00

**C.**

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

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 ▼ 872.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721297

Amount of Each Receipt this Period  
 223.26

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **423.26**

**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 / 36  
(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)  
David P Riedel

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 ▼  
265.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721175

Amount of Each Receipt this Period  
67.28

**B.**

Full Name (Last, First, Middle Initial)  
Kevin T Rigby

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 ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721349

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary E Rosenthal

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1664.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721446

Amount of Each Receipt this Period  
416.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **683.28**

**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 / 36  
(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)  
Bruce Ruscio  
 Mailing Address 608 Fifth Avenue  
 City State Zip Code  
 New York NY 10020  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 5 / 2 0 0 8  
**Transaction ID:** A2008-714155  
 Amount of Each Receipt this Period  
 36.92  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novartis Corporation Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.36

**B.** Full Name (Last, First, Middle Initial)  
Bruce Ruscio  
 Mailing Address 608 Fifth Avenue  
 City State Zip Code  
 New York NY 10020  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 0 8  
**Transaction ID:** A2008-879723  
 Amount of Each Receipt this Period  
 36.92  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novartis Corporation Manager  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 412.28

**C.** Full Name (Last, First, Middle Initial)  
Jason T Russell  
 Mailing Address One Health Plaza  
 City State Zip Code  
 East Hanover NJ 07936  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 8  
**Transaction ID:** A2008-720666  
 Amount of Each Receipt this Period  
 56.25  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novartis Pharmaceuticals Executive  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 218.42

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.09  
**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 / 36  
(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)  
Tricia R Russo

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals 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 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-720572

Amount of Each Receipt this Period  
75.00

**B.**

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 ▼ 630.94

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-722263

Amount of Each Receipt this Period  
160.22

**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 ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-720558

Amount of Each Receipt this Period  
115.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **350.22**

**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 / 36  
(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)  
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 ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-720784

Amount of Each Receipt this Period 75.00

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

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Novartis Pharmaceuticals Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.92

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721351

Amount of Each Receipt this Period 53.41

**C.** Full Name (Last, First, Middle Initial)  
Barbara A Tombros

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 ▼ 275.98

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

**Transaction ID:** A2008-721282

Amount of Each Receipt this Period 70.15

**SUBTOTAL** of Receipts This Page (optional) ..... 198.56

**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 24 / 36

(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)  
Christina M Tremains

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 ▼ 232.12

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721550

Amount of Each Receipt this Period

59.28

**B.**

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721180

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ross D Volk

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 0 8

Transaction ID: A2008-721205

Amount of Each Receipt this Period

250.00

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

409.28

**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 25 / 36	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Barbara E Washington		Date of Receipt	
Mailing Address One Health Plaza		M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 8	
City	State	Zip Code	Transaction ID: A2008-721199
East Hanover	NJ	07936	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		75.00	
Name of Employer Novartis Pharmaceuticals	Occupation Executive	Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	407.35		

SUBTOTAL of Receipts This Page (optional) .....	75.00
TOTAL This Period (last page this line number only) .....	7840.31

**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 26 / 36

<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: B213344	
	Mailing Address One Health Plaza		Date of Disbursement 04 / 30 / 2008	
	City East Hanover	State NJ	Zip Code 07936	Amount of Each Disbursement this Period 585.00
	Purpose of Disbursement Admin expen-reimbursement		001	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
	State: NJ	District: Not Applicable		

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

585.00

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

585.00

**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 27 / 36

<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) VINE PAC	Transaction ID: B213355
	Mailing Address 236 Massachusetts Ave. NE Suite 50	Date of Disbursement 04 / 30 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Cmte for a Democratic Majority	Transaction ID: B213343
	Mailing Address 501 Capitol Ct. NE Suite 100	Date of Disbursement 04 / 30 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Hoosiers Supporting Steve Buyer	Transaction ID: B213338
	Mailing Address P.O. Box 712	Date of Disbursement 04 / 30 / 2008
	City Monticello State IN Zip Code 47960	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution Candidate Name Steve Buyer	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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) Cantor for Congress	Transaction ID: B213351 Date of Disbursement
	Mailing Address P.O. Box 21027	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20009	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Eric I Cantor	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: B213342 Date of Disbursement
	Mailing Address 499 S. Capitol St. SW Suite 412	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name James E Clyburn	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Coleman for Senate '08	Transaction ID: B213339 Date of Disbursement
	Mailing Address 680 A Transfer Road	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City St. Paul State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Norm Coleman	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6500.00"/>
<b>TOTAL</b> 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)

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<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) Texans for Senator John Cornyn	Transaction ID: B213357 Date of Disbursement
	Mailing Address 201 Massachusetts Ave. NE Suite C	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="3000.00"/>
	Candidate Name John Cornyn	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Harkin	Transaction ID: B213354 Date of Disbursement
	Mailing Address 426 C Street NE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	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 Tom Harkin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Murphy for Congress	Transaction ID: B213352 Date of Disbursement
	Mailing Address 700 12th St. NW Suite 700	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Tim Murphy	<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: 18	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6500.00"/>
<b>TOTAL</b> 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)  
Ben Nelson for U.S. Senate Committee

Mailing Address 420 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name  
Ben Nelson

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: NE District:   
Disbursement For: 2012  Primary  General  Other (specify) ▼

Transaction ID: B213384  
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
A Lot of People for Dave Obey

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

Candidate Name  
David R Obey

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: WI District: 07  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: B213345  
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Price for Congress

Mailing Address 1707 Prince Street #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name  
Thomas E Price

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: GA District: 06  
Disbursement For: 2008  Primary  General  Other (specify) ▼

Transaction ID: B213356  
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)

PAGE 31 / 36

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Ryan for Congress Mailing Address P.O. Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement Contribution Candidate Name Paul D Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B213350 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Sessions Senate Cmte Mailing Address P.O. Box 29576 City Washington State DC Zip Code 20017 Purpose of Disbursement Contribution Candidate Name Jeff Sessions Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B213346 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

2000.00

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

26000.00

# 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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PA House Republican Campaign Cmte</p> <p>Mailing Address P.O. Box 11787</p> <p>City Harrisburg State PA Zip Code 17101</p> <p>Purpose of Disbursement O-2008 State Party Cmte PA</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B212810 <b>Date of Disbursement</b> 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Ron Buxton</p> <p>Mailing Address P.O. Box 11781</p> <p>City Harrisburg State PA Zip Code 17108</p> <p>Purpose of Disbursement P-2008 State House 103 PA</p> <p>Candidate Name Ronald Buxton</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B212811 <b>Date of Disbursement</b> 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Hancock for State Rep</p> <p>Mailing Address 22 S. 8th Street</p> <p>City Lemoyne State PA Zip Code 17043</p> <p>Purpose of Disbursement P-2008 State House 88 PA</p> <p>Candidate Name Michael Hancock</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B212805 <b>Date of Disbursement</b> 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

1500.00

**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 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) Jane Clare Orie for Senate Cmte  Mailing Address P.O. Box 792  City Harrisburg State PA Zip Code 17108  Purpose of Disbursement P-2008 State Senate 40 PA  Candidate Name Jane Clare Orie  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B212809 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8	Amount of Each Disbursement this Period  500.00
B.	Full Name (Last, First, Middle Initial) Friends of Scott Petri  Mailing Address P.O. Box 161  City Richboro State PA Zip Code 18954  Purpose of Disbursement P-2008 State House 178 PA  Candidate Name Scott Petri  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B212808 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8	Amount of Each Disbursement this Period  300.00
C.	Full Name (Last, First, Middle Initial) The Committee for Elect Rick Taylor  Mailing Address P.O. Box 866  City Amber State PA Zip Code 19002  Purpose of Disbursement P-2008 State House 151 PA  Candidate Name Rick Taylor  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  State: District:	Transaction ID: B212806 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8	Amount of Each Disbursement this Period  1000.00

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

1800.00

**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 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) NC Senate Committee - State	Transaction ID: B213337 Date of Disbursement
	Mailing Address 220 Hillsborough Street	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27603	Amount of Each Disbursement this Period
	Purpose of Disbursement O-2008 State Party Cmte NC	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) NC Republican House Majority Fund	Transaction ID: B213325 Date of Disbursement
	Mailing Address P.O. Box 12905	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period
	Purpose of Disbursement O-2008 State Party Cmte NC	<input type="text" value="500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) NC House Democratic Cmte	Transaction ID: B213327 Date of Disbursement
	Mailing Address 220 Hillsborough Street	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period
	Purpose of Disbursement O-2008 State Party Cmte NC	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2500.00"/>
<b>TOTAL</b> 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 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)  
NC Republican Senate Leadership Cmte

Mailing Address P.O. Box 12905

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
O-2008 State Party Cmte NC

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District: Not Applicable

Transaction ID: B213330  
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Rich Alloway for State Senate

Mailing Address 62 South Main Street

City Chambersburg State PA Zip Code 17201

Purpose of Disbursement  
G-2008 State House 33 PA

Candidate Name  
Richard Alloway

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B213320  
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
Beverly Perdue for Governor

Mailing Address P.O. Box 12086

City Raleigh State NC Zip Code 27605

Purpose of Disbursement  
P-2008 Governor NC

Candidate Name  
Beverly Perdue

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: B213322  
Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

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

1800.00

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

7600.00

Image# 28931584698

Form/Schedule: SA11AI

Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

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