

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

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 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015

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 Shawn O'Neil

Signature of Treasurer Shawn O'Neil *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Novartis Corporation Political Action Committee

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="2015"/>	<input type="text" value="193839.62"/>	<input type="text" value="193839.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="129042.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17822.00"/>	<input type="text" value="231981.90"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="146864.79"/>	<input type="text" value="425821.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7072.53"/>	<input type="text" value="286029.26"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="139792.26"/>	<input type="text" value="139792.26"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Novartis Corporation Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12104.74	90521.48
(ii) Unitemized	5717.26	137210.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17822.00	227731.90
(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)	17822.00	227731.90
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	4250.00
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))..... ▶	17822.00	231981.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17822.00	231981.90

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	72.53	629.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	72.53	629.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	278500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	0.00	6900.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	7072.53	286029.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7072.53	286029.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	17822.00	227731.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17822.00	227731.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	72.53	629.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	72.53	629.26

**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 110
<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. Robert E Ackerman Jr.
 Full Name (Last, First, Middle Initial)
 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 US Country Head REFS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **276.96**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617950
 Amount of Each Receipt this Period **23.08**

B. Imran Ahmed
 Full Name (Last, First, Middle Initial)
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alcon Research Occupation Head Pharmaceutics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.64**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617649
 Amount of Each Receipt this Period **19.22**

C. Laman Alani
 Full Name (Last, First, Middle Initial)
 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 Alcon Research Occupation VP Pharma Product & Tech Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **369.12**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617623
 Amount of Each Receipt this Period **30.76**

SUBTOTAL of Receipts This Page (optional)..... **73.06**
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 7 OF 110
<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. Thomas Algozzine
Full Name (Last, First, Middle Initial)

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 Regl Acct MSL Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618390

Amount of Each Receipt this Period
20.00

B. Heather R Anderson
Full Name (Last, First, Middle Initial)

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 Sr. Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618338

Amount of Each Receipt this Period
30.00

C. Renee H Anderson
Full Name (Last, First, Middle Initial)

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 VP & Global Head D&I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618039

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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: (check only one)	PAGE 8 OF 110
<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

Full Name (Last, First, Middle Initial)
A. Gary J Appio

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 Head US Safety Risk Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.40**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617946

Amount of Each Receipt this Period
27.70

Full Name (Last, First, Middle Initial)
B. Brad Arlett

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 Associate Director BIM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618327

Amount of Each Receipt this Period
23.08

Full Name (Last, First, Middle Initial)
C. Andrew Arline

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 Sr. Cardiovascular ABL Detroit MI area

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.40**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618136

Amount of Each Receipt this Period
27.70

SUBTOTAL of Receipts This Page (optional)..... **78.48**

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 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Jeanne E Baker

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 Area Business Leader II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617830

Amount of Each Receipt this Period
 18.46

Full Name (Last, First, Middle Initial)
B. Michael Banko

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 AD IT Service Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 553.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618004

Amount of Each Receipt this Period
 46.16

Full Name (Last, First, Middle Initial)
C. Pierre R Barbier

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
 Alcon Research Head IOL Design Control

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617634

Amount of Each Receipt this Period
 19.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.84

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 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Susana V Barkhausen

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 Sr Cardiovascular Area Business Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617859

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Dimitrios Barlos

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 Oncology Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618391

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Michael C Barninger

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 Director Strategy & Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618141

Amount of Each Receipt this Period
34.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **94.00**

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: (check only one)	PAGE 11 OF 110
<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

Full Name (Last, First, Middle Initial) A. Neilda A Baron		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618318
Mailing Address One Health Plaza		Amount of Each Receipt this Period 100.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Ex Dir Medical Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Tracy L Baroni Allmon		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618328
Mailing Address One Health Plaza		Amount of Each Receipt this Period 120.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Exec Director Health Policy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

Full Name (Last, First, Middle Initial) C. Michael J Billings		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618143
Mailing Address One Health Plaza		Amount of Each Receipt this Period 30.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Dir Heart Failure Comms Lead/BU Liaiso
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.10	

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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: (check only one)	PAGE 12 OF 110
<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

Full Name (Last, First, Middle Initial) A. Edward J Blair		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : A2015-2617942
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="23.08"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Associate Director Product Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lisa M Blizzard		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : A2015-2618144
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="23.08"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Director Consumer Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mojtaba Bonakdar		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : A2015-2617580
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="23.06"/>
Name of Employer	Occupation	
Alcon Research	Hd R & D Analytical Chemistry	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.72"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="69.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 110
<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

Full Name (Last, First, Middle Initial) A. Troy L Borill		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618100
Mailing Address One Health Plaza		Amount of Each Receipt this Period 39.68
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Sr. Oncology Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.47	

Full Name (Last, First, Middle Initial) B. Daniel S Bortfeld		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617836
Mailing Address One Health Plaza		Amount of Each Receipt this Period 23.08
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Director Staffing Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

Full Name (Last, First, Middle Initial) C. Denise Brashear		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618021
Mailing Address One Health Plaza		Amount of Each Receipt this Period 400.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation VP Onco Patient Adv & Ext Aff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	462.76
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 OF 110
(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

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

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 ASM II/Sr Oncol Area Sales Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617862

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Thomas R Brunner

Mailing Address One Health Plaza

City State Zip Code
 East Hanover NJ 07936

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

Name of Employer Occupation
 Novartis Pharmaceuticals IT Expert 1

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618150

Amount of Each Receipt this Period
 70.00

Full Name (Last, First, Middle Initial)
C. Matthew H Buckley

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 Regional Dir Acct Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617726

Amount of Each Receipt this Period
 18.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 128.46

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 OF 110
<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. Mayumi K Buckoski
Full Name (Last, First, Middle Initial)
Mailing Address 475 Green Oaks Parkway
City Holly Springs State NC Zip Code 27540
FEC ID number of contributing federal political committee. **C**
Name of Employer Novartis Vaccines & Diagnostics Occupation Associate Director Supply Chain
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617713
Amount of Each Receipt this Period **30.00**

B. John S Burke
Full Name (Last, First, Middle Initial)
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 Respiratory Account Manager I
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **221.52**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2618008
Amount of Each Receipt this Period **18.46**

C. Richard Burns
Full Name (Last, First, Middle Initial)
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 Dir Sales
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **332.40**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617756
Amount of Each Receipt this Period **27.70**

SUBTOTAL of Receipts This Page (optional)..... **76.16**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 16 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Steven J Busch

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 Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618264

Amount of Each Receipt this Period
 18.46

Full Name (Last, First, Middle Initial)
B. Angela D Bylancik

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 Ex Dir BD&L Alliance Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617831

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
c. Timothy S Byler

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 AD State & External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 437.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617900

Amount of Each Receipt this Period
 42.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **160.46**

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 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Kimberley J Campbell

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
 Sandoz Inc. MSL Director Oncology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617711

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Patricia A Cannon

Mailing Address One Health Plaza

City State Zip Code
 East Hanover NJ 07936

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

Name of Employer Occupation
 Novartis Pharmaceuticals Director State Health Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618381

Amount of Each Receipt this Period
 70.00

Full Name (Last, First, Middle Initial)
C. Charles C Carter

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 Mgr Logistics Plng & Field Skills Trng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618153

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 110
<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. Daniel P Casserly
Full Name (Last, First, Middle Initial)

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 Head of Fed Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3323.04**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617874

Amount of Each Receipt this Period **276.92**

B. John H Caywood Jr. Jr.
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Head of Government Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617575

Amount of Each Receipt this Period **19.22**

C. Cynthia C Cetani
Full Name (Last, First, Middle Initial)

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 VP Chf Compliance Offcr/U.S. Hd

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **530.84**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618154

Amount of Each Receipt this Period **23.08**

SUBTOTAL of Receipts This Page (optional)..... **319.22**

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 19 OF 110
(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. James E Chastain
 Full Name (Last, First, Middle Initial)
 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 Alcon Research Occupation Head of Ocular PK/Disposition
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617592
 Amount of Each Receipt this Period
19.24

B. Barbara Christensen-Boner
 Full Name (Last, First, Middle Initial)
 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 Director State&External Affrs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **708.31**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617774
 Amount of Each Receipt this Period
59.30

C. Matthew D Civiello
 Full Name (Last, First, Middle Initial)
 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 AD Regional Strategy Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618260
 Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **97.00**
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: (check only one)	PAGE 20 OF 110
<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. Sean T Clark
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Head US Marketing Surgical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617539

Amount of Each Receipt this Period **300.00**

B. Cathryn M Clary
Full Name (Last, First, Middle Initial)

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 Head US CDMA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2400.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2618382

Amount of Each Receipt this Period **200.00**

C. Noelle L Cloud Dugan
Full Name (Last, First, Middle Initial)

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 Consumer Health Inc. Occupation VP Govt. Affr. & Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617677

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **330.00**

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: (check only one)	PAGE 21 OF 110
	<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)
Novartis Corporation Political Action Committee

A. Stephen R Cofone
 Full Name (Last, First, Middle Initial)
 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 Strategic Programs & Roadmaps Lead
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **305.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618367
 Amount of Each Receipt this Period
300.00

B. Julie A Collins
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation Director Digital Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1107.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617540
 Amount of Each Receipt this Period
92.30

c. Scott G Colpitts
 Full Name (Last, First, Middle Initial)
 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 Head of Facilities & Utility Maint. (A
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **528.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618385
 Amount of Each Receipt this Period
44.00

SUBTOTAL of Receipts This Page (optional)..... **166.30**
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 22 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Matt Compton

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 Sandoz Inc. Occupation Oncology Portfolio Account Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617691

Amount of Each Receipt this Period
18.46

Full Name (Last, First, Middle Initial)
B. William W Conkling

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 ED Pricing Access & Control

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618156

Amount of Each Receipt this Period
18.46

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Exe Dir Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **553.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617909

Amount of Each Receipt this Period
46.16

SUBTOTAL of Receipts This Page (optional)..... **83.08**

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 23 OF 110
	<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)
Novartis Corporation Political Action Committee

A. Joseph J Conoshenti
Full Name (Last, First, Middle Initial)

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 Managed Care Marketing - Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618393

Amount of Each Receipt this Period
60.00

B. Burt Cook
Full Name (Last, First, Middle Initial)

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 Sr Respiratory SalesSpecialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618064

Amount of Each Receipt this Period
18.46

C. Seth Coombs
Full Name (Last, First, Middle Initial)

Mailing Address 350 Massachusetts Avenue

City Cambridge State MA Zip Code 02139

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

Name of Employer Sandoz Inc. Occupation Executive Director Oncology Injectable

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1107.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617706

Amount of Each Receipt this Period
92.30

SUBTOTAL of Receipts This Page (optional)..... **170.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 110
<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. Mary E Corcoran
Full Name (Last, First, Middle Initial)

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 Regional Scientific Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618157

Amount of Each Receipt this Period
18.46

B. Eric C Couture
Full Name (Last, First, Middle Initial)

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 Head Regulatory C&G TU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618294

Amount of Each Receipt this Period
40.00

C. David C Creedon
Full Name (Last, First, Middle Initial)

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 Exec Dir BIM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618340

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	88.46
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 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Rhonda N Crichlow

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 US VP Diversity

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618239

Amount of Each Receipt this Period
 23.08

Full Name (Last, First, Middle Initial)
B. David L Crippen

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 Senior Reimbursement Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618394

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Thomas G Cullen

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
 Sandoz Inc. Advisor Scientific

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617704

Amount of Each Receipt this Period
 23.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 66.16

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 26 OF 110
<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. Spencer E Davidson
 Full Name (Last, First, Middle Initial)
 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 Sr Oncology Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617821
 Amount of Each Receipt this Period
18.46

B. Jeanmarie Davis
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation Mgr Global GPD Technical
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.64**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617627
 Amount of Each Receipt this Period
19.22

C. Timothy K De Valroger
 Full Name (Last, First, Middle Initial)
 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 AD Product Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618160
 Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional).....	56.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 110
<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. Terry H Deason
 Full Name (Last, First, Middle Initial)
 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 National Acct Scientific Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618373
 Amount of Each Receipt this Period
 40.00

B. R. R Deck
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Massachusetts Avenue
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novartis Vaccines & Diagnostics Occupation Senior Dir. Government Contracts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617714
 Amount of Each Receipt this Period
 23.08

C. Clinton D Degner
 Full Name (Last, First, Middle Initial)
 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 Sr. Regional Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617803
 Amount of Each Receipt this Period
 23.08

SUBTOTAL of Receipts This Page (optional).....▶	86.16
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 28 OF 110
<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. Joanne Del Rio
Full Name (Last, First, Middle Initial)
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 Facilities Sr. Specialist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 30 / 2015
Transaction ID : A2015-2617970
Amount of Each Receipt this Period 23.08

B. Lynne M DeLisi
Full Name (Last, First, Middle Initial)
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 Sr Pharmaceutical Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 30 / 2015
Transaction ID : A2015-2618255
Amount of Each Receipt this Period 23.08

C. Randal Dias
Full Name (Last, First, Middle Initial)
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 Gbl CoE Head for Design&Const Mgt NBS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 30 / 2015
Transaction ID : A2015-2617960
Amount of Each Receipt this Period 23.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 69.24
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 29 OF 110
<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. Dwayne T Dixon
Full Name (Last, First, Middle Initial)
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 Alcon Laboratories Inc. Occupation Director Customer Management
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.88**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617613
Amount of Each Receipt this Period **19.24**

B. Alastair M Douglas
Full Name (Last, First, Middle Initial)
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 Alcon Laboratories Inc. Occupation Head US Training Surgical
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **276.96**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617607
Amount of Each Receipt this Period **23.08**

C. Kent Douglas
Full Name (Last, First, Middle Initial)
Mailing Address 5984 Tripperary Drive
City Plano State TX Zip Code 75093
FEC ID number of contributing federal political committee. **C**
Name of Employer Novartis Vaccines & Diagnostics Occupation Segment Leader
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617716
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **62.32**
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 30 OF 110
<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. Monica M Dunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 475 Green Oaks Parkway
 City Holly Springs State NC Zip Code 27540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novartis Vaccines & Diagnostics Occupation Head Global Bus. Ops - MS&T
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617715
 Amount of Each Receipt this Period **30.00**

B. David M Eberenz Jr.
 Full Name (Last, First, Middle Initial)
 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 Senior Cardiovascular Sales Specialist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **332.40**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617893
 Amount of Each Receipt this Period **27.70**

C. Fred Ellis
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation Head of Professional Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **369.12**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617570
 Amount of Each Receipt this Period **30.76**

SUBTOTAL of Receipts This Page (optional)..... **88.46**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 110
<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. Michael R Emch
Full Name (Last, First, Middle Initial)

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 Sr Oncol Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617740

Amount of Each Receipt this Period
28.08

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

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 Head Pharma AG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617975

Amount of Each Receipt this Period
100.00

C. Judith J Ewalt
Full Name (Last, First, Middle Initial)

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 Sr Oncol Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617883

Amount of Each Receipt this Period
23.08

SUBTOTAL of Receipts This Page (optional).....▶	151.16
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 32 OF 110
<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. Michael E Fairchild
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation IRIS Area Bus. Deployment Head

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **369.12**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617585

Amount of Each Receipt this Period **30.76**

B. Leo A Farber
Full Name (Last, First, Middle Initial)

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 Exec Dir Fed Govt Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618414

Amount of Each Receipt this Period **100.00**

C. Thomas S Fellers
Full Name (Last, First, Middle Initial)

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 Medical Account Management & FME

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618036

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **230.76**

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 33 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. James E Foley

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 GMA Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618028

Amount of Each Receipt this Period
23.08

Full Name (Last, First, Middle Initial)
B. Andrew T Footo

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 Area Sales Manager I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618070

Amount of Each Receipt this Period
18.46

Full Name (Last, First, Middle Initial)
C. Matthew C Foster

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 Dermatology Sr. Area Business Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617877

Amount of Each Receipt this Period
23.08

SUBTOTAL of Receipts This Page (optional)..... ▶ **64.62**

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 34 OF 110
	<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. Anna M Frable
Full Name (Last, First, Middle Initial)

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 VP Comm NPC CountryCommhead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617968

Amount of Each Receipt this Period
18.46

B. Jon S Freeland
Full Name (Last, First, Middle Initial)

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 Associate Dir. Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618374

Amount of Each Receipt this Period
25.00

C. Robert M Freeman
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Head Manufacturing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617541

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... **73.46**

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 35 OF 110
<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

Full Name (Last, First, Middle Initial) A. Neely T Frye		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617920
Mailing Address One Health Plaza		Amount of Each Receipt this Period 126.18
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation AD State & External Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1505.88	

Full Name (Last, First, Middle Initial) B. Jill H Gaither		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618038
Mailing Address One Health Plaza		Amount of Each Receipt this Period 23.08
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation Sr Oncology Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

Full Name (Last, First, Middle Initial) C. Edward G Gajewski		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617829
Mailing Address One Health Plaza		Amount of Each Receipt this Period 40.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation Exec Dir National & Regional Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional).....▶	189.26
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: (check only one)	PAGE 36 OF 110
	<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)
Novartis Corporation Political Action Committee

A. Carolyn A Geier
Full Name (Last, First, Middle Initial)

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 Senior Cardiovascular Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618163

Amount of Each Receipt this Period
20.00

B. Michael L Gentry
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation VP IT Division Head

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617577

Amount of Each Receipt this Period
24.00

c. Shaun L Gentry
Full Name (Last, First, Middle Initial)

Mailing Address 6201 South Freeway

City Fort Worth State TX Zip Code 76134-2001

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

Name of Employer Alcon Laboratories Inc. Occupation Group Dir National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617560

Amount of Each Receipt this Period
19.22

SUBTOTAL of Receipts This Page (optional)..... ▶ **63.22**

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: (check only one)	PAGE 37 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Deidre T George			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618417
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	AD State & External Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="357.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lisa M Goldman			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618354
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Exec Dir Regulatory Compliance		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mindy H Goss			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618165
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Asc. Dir. Onc. Business Unit A		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="172.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Christopher K Grady		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2617561
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="23.06"/>
	07936	
Name of Employer	Occupation	
Alcon Laboratories Inc.	Dir Regional Sales	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.72"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Nancy J Grande		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2618254
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="100.00"/>
	07936	
Name of Employer	Occupation	
Novartis Pharmaceuticals	Head Proc Improv & Compliance IMS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Benjamin A Grossman		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2618168
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="20.00"/>
	07936	
Name of Employer	Occupation	
Novartis Pharmaceuticals	Oncology Area Sales Manager I	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="143.06"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 39 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Harold R Grossmann

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 Real Estate Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617974

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Kris Grzegorzewski

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 Onco Ex Dir Clinical Res Phys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618332

Amount of Each Receipt this Period
 80.00

Full Name (Last, First, Middle Initial)
C. Joseph M Guidi

Mailing Address One Health Plaza

City State Zip Code
 East Hanover NJ 07936

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

Name of Employer Occupation
 Novartis Pharmaceuticals Director Commercial Strategy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618315

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 110
<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. Joseph Guido
Full Name (Last, First, Middle Initial)
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 IT Head of Operations NBS
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2618169
Amount of Each Receipt this Period
20.00

B. David E Gulick
Full Name (Last, First, Middle Initial)
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 Director Startegic Market Acc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2617788
Amount of Each Receipt this Period
60.00

C. Kurt Habel
Full Name (Last, First, Middle Initial)
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 Asc Dir Incentive Modeling/Des
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 553.92

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2617948
Amount of Each Receipt this Period
46.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 126.16
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 41 OF 110
<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

Full Name (Last, First, Middle Initial)
A. Charles L Haberthur

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 Cardiovascular Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.60**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617810

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. James P Hafner

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 Area Business Leader II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.40**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618355

Amount of Each Receipt this Period
27.70

Full Name (Last, First, Middle Initial)
C. Laura A Hagan

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 Head Clinical Disclosure Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618324

Amount of Each Receipt this Period
23.08

SUBTOTAL of Receipts This Page (optional).....▶	75.78
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul R Hallen
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Dir Global Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617571

Amount of Each Receipt this Period
30.76

B. Sarah E Haller
Full Name (Last, First, Middle Initial)

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 VP Intl Public Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1848.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617907

Amount of Each Receipt this Period
154.00

C. Thomas E Harper
Full Name (Last, First, Middle Initial)

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 National Leader - Account Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617873

Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **203.22**

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 43 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Kay Harris

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
 Alcon Laboratories Inc. Dir Global Graphics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617645

Amount of Each Receipt this Period
 19.22

Full Name (Last, First, Middle Initial)
B. Veronica Harris

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 AD Product Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.96

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618319

Amount of Each Receipt this Period
 23.08

Full Name (Last, First, Middle Initial)
C. Rachel S Hartman

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
 Alcon Laboratories Inc. Mgr Srg Sls Trng Global Fran

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617600

Amount of Each Receipt this Period
 19.24

SUBTOTAL of Receipts This Page (optional)..... ▶ 61.54

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 44 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Sherri J Hatch			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618172
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.46"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Regional Scientific Associate Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.52"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kathy-Jo B Hayden			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617924
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Director Public Health Policy		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="815.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sarah Hersey			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618406
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Global Program Diagnostic Dir		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="108.46"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 45 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Robert J Hilkert

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 Medical Unit Head Critcl Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 553.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618283

Amount of Each Receipt this Period
 46.16

Full Name (Last, First, Middle Initial)
B. William Hinshaw

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 Exec VP Oncology US

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618300

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. William C Hokanson

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 Assc Dir Regl Bus Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617880

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.16

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 46 OF 110
<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. Xin Hong
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Head Optics COE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617604

Amount of Each Receipt this Period **19.22**

B. Jeanne P Hood
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Assoc Dir IT - Software Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617614

Amount of Each Receipt this Period **19.24**

C. Otto C Horstmann II
Full Name (Last, First, Middle Initial)

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 Dir Employee Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2618019

Amount of Each Receipt this Period **23.08**

SUBTOTAL of Receipts This Page (optional)..... **61.54**

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 47 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Charles F Hough			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : A2015-2618311
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value=""/>
Name of Employer	Occupation		<input type="text" value=""/>
Novartis Services Incorporated	Head Strategy and Stakeholder Engageme		<input type="text" value="480.00"/>
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Linda M Howe			Date of Receipt
Mailing Address 350 Massachusetts Avenue 350 MA # 254J			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : A2015-2617553
Cambridge	MA	02139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value=""/>
Name of Employer	Occupation		
Alcon Research	Site Quality Head		<input type="text" value="19.38"/>
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="232.56"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kirk R Huber			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : A2015-2617967
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value=""/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	HR Business Partner		<input type="text" value="18.46"/>
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.52"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="77.84"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 48 OF 110
<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. Donald Hughes
Full Name (Last, First, Middle Initial)

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 Dir Insurance Exchange Ext Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618425

Amount of Each Receipt this Period **60.00**

B. Gene M Hughes
Full Name (Last, First, Middle Initial)

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 Sr. Regional Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618081

Amount of Each Receipt this Period **24.00**

C. Melody Hughson
Full Name (Last, First, Middle Initial)

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 Ex Director Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618356

Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **184.00**

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: (check only one)	PAGE 49 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Edgar L Jarvis			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617817
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="32.30"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Sr Cardiovascular Area Business Leader		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="387.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mark J Jeffers			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617591
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
Alcon Laboratories Inc.	Dir Srg Sls Trng Global Fran		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.88"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kathryn E Jennings			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618177
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.46"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Senior Cardiovascular Sales Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.52"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 110
<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. Jason Jimenez
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Dir Hospital and Corp Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617542

Amount of Each Receipt this Period
20.00

B. Bruce S Johnson
Full Name (Last, First, Middle Initial)

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 VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617744

Amount of Each Receipt this Period
18.46

C. Heather L Johnson
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Head of US Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617533

Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional)..... **56.92**

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: (check only one)	PAGE 51 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sara Johnson-Davis		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618116
Mailing Address One Health Plaza		Amount of Each Receipt this Period 18.46
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation AD State & External Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.52	

Full Name (Last, First, Middle Initial) B. Mark A Joines		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617864
Mailing Address One Health Plaza		Amount of Each Receipt this Period 18.46
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation Sr Inflammatory Account Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.52	

Full Name (Last, First, Middle Initial) C. Deborah Juterbock		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618087
Mailing Address One Health Plaza		Amount of Each Receipt this Period 23.08
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation Director Of Global Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 52 OF 110
(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

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

Mailing Address One Health Plaza

City State Zip Code
 East Hanover NJ 07936

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

Name of Employer Occupation
 Novartis Pharmaceuticals IACH-Capability Bldg Academy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617982

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dean B Kameron

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 Dir Mktg Res/Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618304

Amount of Each Receipt this Period
 20.00

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

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
 Alcon Research Mgr Clinical Data Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617579

Amount of Each Receipt this Period
 19.22

SUBTOTAL of Receipts This Page (optional)..... ▶ 89.22

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 53 OF 110
(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. Erik L Karlsons
 Full Name (Last, First, Middle Initial)
 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 MS Sr Area Business Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **332.40**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618181
 Amount of Each Receipt this Period
27.70

B. Claudia M Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Massachusetts Avenue
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novartis Vaccines & Diagnostics Occupation Head Market Access
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617712
 Amount of Each Receipt this Period
23.08

C. Sara Kelly
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation Head PMO - Transformational Projects
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617619
 Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional)..... **69.24**
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 54 OF 110
<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. Carey P Kelson
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation Global Product Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.08**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617629
 Amount of Each Receipt this Period
20.84

B. Thomas N Kendris
 Full Name (Last, First, Middle Initial)
 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 VPGeneral CounselINPCCountry
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1107.60**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617738
 Amount of Each Receipt this Period
92.30

C. Edward W Kettler III
 Full Name (Last, First, Middle Initial)
 Mailing Address 6201 South Freeway
 City Fort Worth State TX Zip Code 76134-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alcon Laboratories Inc. Occupation Assoc Dir IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **276.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617651
 Amount of Each Receipt this Period
23.06

SUBTOTAL of Receipts This Page (optional).....	136.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael C Kincaid			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618183		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 28.08		
City East Hanover	State NJ	Zip Code 07936			
FEC ID number of contributing federal political committee. C					
Name of Employer Novartis Pharmaceuticals		Occupation ED Oncology Sales			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.96			

Full Name (Last, First, Middle Initial) B. Shannon T Klinger			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617707		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 115.38		
City East Hanover	State NJ	Zip Code 07936			
FEC ID number of contributing federal political committee. C					
Name of Employer Sandoz Inc.		Occupation Global Head Lgl & Gen Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1269.18			

Full Name (Last, First, Middle Initial) C. Robert W Kowalski			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618333		
Mailing Address One Health Plaza			Amount of Each Receipt this Period 46.15		
City East Hanover	State NJ	Zip Code 07936			
FEC ID number of contributing federal political committee. C					
Name of Employer Novartis Pharmaceuticals		Occupation Expat_CH_Global Head DRA			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 876.85			

SUBTOTAL of Receipts This Page (optional).....▶	189.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 110
	<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)
Novartis Corporation Political Action Committee

A. Kathleen M Kulesher
Full Name (Last, First, Middle Initial)

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 Assoc. Dir. State and External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618398

Amount of Each Receipt this Period
50.00

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

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 VP IT Division Head

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **253.88**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617939

Amount of Each Receipt this Period
23.08

C. Francis C Landrus
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Sr Project Manager II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617573

Amount of Each Receipt this Period
19.22

SUBTOTAL of Receipts This Page (optional)..... **92.30**

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 57 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert D Larsen
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Hd Process Dev & API

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617625

Amount of Each Receipt this Period
19.24

B. Shawn Laverty
Full Name (Last, First, Middle Initial)

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 Senior Cardiovascular Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617955

Amount of Each Receipt this Period
18.46

C. LeighAnne A Leas
Full Name (Last, First, Middle Initial)

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 VP Health Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1523.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618241

Amount of Each Receipt this Period
154.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **191.70**

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 58 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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 Head of Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1038.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617724

Amount of Each Receipt this Period
86.52

B. Leslie E Lemke-Boutcher
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Sr Project Toxicologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617597

Amount of Each Receipt this Period
19.22

C. Vinson G Leslie
Full Name (Last, First, Middle Initial)

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 Sr Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618184

Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional).....▶	124.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 110
<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

Full Name (Last, First, Middle Initial) A. Richard Lloyd			Date of Receipt 11 / 30 / 2015 Transaction ID : A2015-2618312
Mailing Address One Health Plaza			Amount of Each Receipt this Period 92.30
City East Hanover	State NJ	Zip Code 07936	
FEC ID number of contributing federal political committee. C		Occupation Head US Oncology Mgd Markets & Mkt Acc	
Name of Employer Novartis Pharmaceuticals		Aggregate Year-to-Date 1107.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeffrey W Lockwood			Date of Receipt 11 / 30 / 2015 Transaction ID : A2015-2617683
Mailing Address One Health Plaza			Amount of Each Receipt this Period 46.16
City East Hanover	State NJ	Zip Code 07936	
FEC ID number of contributing federal political committee. C		Occupation Head NIBR Communications	
Name of Employer NIBRI		Aggregate Year-to-Date 553.92	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Konstantine G Lolos			Date of Receipt 11 / 30 / 2015 Transaction ID : A2015-2618010
Mailing Address One Health Plaza			Amount of Each Receipt this Period 28.08
City East Hanover	State NJ	Zip Code 07936	
FEC ID number of contributing federal political committee. C		Occupation Sr Oncol Area Sales Manager	
Name of Employer Novartis Pharmaceuticals		Aggregate Year-to-Date 336.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	166.54
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 60 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Donald R Losordo

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 Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618029

Amount of Each Receipt this Period
 18.46

Full Name (Last, First, Middle Initial)
B. Frederic D Loveland

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 Director R&D Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617962

Amount of Each Receipt this Period
 23.08

Full Name (Last, First, Middle Initial)
C. Paul O Lund

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
 Alcon Laboratories Inc. Assoc Dir Glb Ops Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617545

Amount of Each Receipt this Period
 20.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.38

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 61 OF 110
(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. David T Mac Askill
 Full Name (Last, First, Middle Initial)
 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 Hospital Executive Account Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617868
 Amount of Each Receipt this Period
 23.08

B. Kimberly A MacKay
 Full Name (Last, First, Middle Initial)
 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 Deputy Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618187
 Amount of Each Receipt this Period
 23.08

C. John Mandala
 Full Name (Last, First, Middle Initial)
 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 Lead Specialty Channels
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617855
 Amount of Each Receipt this Period
 18.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 64.62
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 62 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Frank Maness			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618297
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.08"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	VP North Amer Cross Div HR Svc		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.96"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Frank Manolios			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617886
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Oncology Specialist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Annette A Mansfield			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617991
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.46"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Asc Dir Account Mgmt		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.52"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="76.54"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 110
<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. Sridhar V Mantha
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Head of Qty SysStds and Aff QA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617620

Amount of Each Receipt this Period
23.08

B. Michael G Marks
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Head R and D QA Surgical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617596

Amount of Each Receipt this Period
19.22

C. Penny A Marks
Full Name (Last, First, Middle Initial)

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 Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617847

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **62.30**

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 64 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kerry L Markwardt
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Project Head IV - Pharma

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617568

Amount of Each Receipt this Period **23.08**

B. Charles J Marshall
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Head Cataract Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617586

Amount of Each Receipt this Period **23.08**

C. Julie Masow
Full Name (Last, First, Middle Initial)

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 Global HeadOncology Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618313

Amount of Each Receipt this Period **23.08**

SUBTOTAL of Receipts This Page (optional)..... **69.24**

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 65 OF 110
<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. William R Matthews
Full Name (Last, First, Middle Initial)

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 Sr Oncol Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **533.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617914

Amount of Each Receipt this Period
44.82

B. Anne W Mauzy
Full Name (Last, First, Middle Initial)

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 MSL Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618190

Amount of Each Receipt this Period
30.00

C. Brian M Mayhew
Full Name (Last, First, Middle Initial)

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 Director Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618389

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	94.82
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 66 OF 110
<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

Full Name (Last, First, Middle Initial)
A. Aaron A Mays

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 Alcon Laboratories Inc. Occupation Global Product Director Monofocal IOLs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617603

Amount of Each Receipt this Period
19.24

Full Name (Last, First, Middle Initial)
B. Stephen W Mc Laughlin

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 Associate Director Patient Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617811

Amount of Each Receipt this Period
18.46

Full Name (Last, First, Middle Initial)
C. Arlene J Mc Leer

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 Junior Global Regulatory Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618109

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **67.70**

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 67 OF 110
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Catharine M McBride			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617858
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	AD State & External Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1173.05"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher R McBurney			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618191
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.46"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	ED Oncology Sales		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.52"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Edward D McGough			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617576
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="230.76"/>
Name of Employer	Occupation		
Alcon Laboratories Inc.	SVP Global Mfg & Tech Ops		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2769.12"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="349.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 110
	<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)
Novartis Corporation Political Action Committee

A. Edward J McKenna
Full Name (Last, First, Middle Initial)

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 Sr. Regional Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618272

Amount of Each Receipt this Period
27.70

B. Matthew A McNally
Full Name (Last, First, Middle Initial)

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 Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618302

Amount of Each Receipt this Period
18.46

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

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 Consumer Health Inc. Occupation Head Europe and Americas

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1107.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617675

Amount of Each Receipt this Period
92.30

SUBTOTAL of Receipts This Page (optional)..... **138.46**

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 69 OF 110
<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

Full Name (Last, First, Middle Initial) A. Kathy E Meissner		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617628
Mailing Address One Health Plaza		Amount of Each Receipt this Period 19.22
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Alcon Laboratories Inc.	Occupation Head of Health Safety and Envi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.64	

Full Name (Last, First, Middle Initial) B. Gary J Menichini		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617538
Mailing Address One Health Plaza		Amount of Each Receipt this Period 50.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Alcon Laboratories Inc.	Occupation VP/GM U.S. Pharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Phillip H Milam		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618409
Mailing Address One Health Plaza		Amount of Each Receipt this Period 325.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation Regional Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	394.22
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: (check only one)	PAGE 70 OF 110
<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. Susan J Millard
Full Name (Last, First, Middle Initial)
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 Alcon Laboratories Inc. Occupation Head HR Alcon R&D
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617546
Amount of Each Receipt this Period **50.00**

B. Donald J Miller
Full Name (Last, First, Middle Initial)
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 Dir Customer Mktg
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **276.96**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2618193
Amount of Each Receipt this Period **23.08**

C. Alejandro Minetto
Full Name (Last, First, Middle Initial)
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 Alcon Laboratories Inc. Occupation Finance Business Process Lead
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.64**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617606
Amount of Each Receipt this Period **19.22**

SUBTOTAL of Receipts This Page (optional)..... **92.30**
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 71 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Stacey L Moore

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Resp Integrated Account Spec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617843

Amount of Each Receipt this Period
36.60

Full Name (Last, First, Middle Initial)
B. Polly L Murphy

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 Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618195

Amount of Each Receipt this Period
28.08

Full Name (Last, First, Middle Initial)
C. Donna H Myrie

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 Associate Director Contracting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617936

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	114.68
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 72 OF 110
<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

Full Name (Last, First, Middle Initial)
A. Alissa J Nagler

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 ED PAP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618079

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Jyun J Nakamura

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 Strategic Account Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618275

Amount of Each Receipt this Period
18.46

Full Name (Last, First, Middle Initial)
C. Vasant K Narasimhan

Mailing Address 350 Massachusetts Avenue

City Cambridge State MA Zip Code 02139

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

Name of Employer Novartis Pharmaceuticals Occupation IACH-Head Gbl Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **507.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618368

Amount of Each Receipt this Period
46.15

SUBTOTAL of Receipts This Page (optional).....▶	84.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 110
<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

Full Name (Last, First, Middle Initial) A. Mary E Naughton		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618197
Mailing Address One Health Plaza		Amount of Each Receipt this Period 20.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Regulatory Affairs - TA Dir
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Thomas B Neumeyer		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617709
Mailing Address One Health Plaza		Amount of Each Receipt this Period 24.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Sandoz Inc.	Occupation Associate II IPQA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.00	

Full Name (Last, First, Middle Initial) C. An V Nguyen		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618246
Mailing Address One Health Plaza		Amount of Each Receipt this Period 23.08
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation AD Sr Application Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

SUBTOTAL of Receipts This Page (optional).....▶	67.08
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 74 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. James R Niebanck		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617912
Mailing Address One Health Plaza		Amount of Each Receipt this Period 28.08
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Head Strategy & Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) B. Michael A Niesel		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2618199
Mailing Address One Health Plaza		Amount of Each Receipt this Period 18.46
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Dermatology Executive Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.52	

Full Name (Last, First, Middle Initial) C. Sharon L Nobles		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015 Transaction ID : A2015-2617832
Mailing Address One Health Plaza		Amount of Each Receipt this Period 23.08
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C	Name of Employer Novartis Pharmaceuticals	Occupation Dermatology Executive Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.96	

SUBTOTAL of Receipts This Page (optional).....▶	69.62
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 75 OF 110
<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. Kevin A Nugent
 Full Name (Last, First, Middle Initial)
 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 Alcon Research Occupation Head of Regulatory CMC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617647
 Amount of Each Receipt this Period
 19.24

B. Hugh M O'Dowd
 Full Name (Last, First, Middle Initial)
 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 IAGB-CPO Head UK & Ireland
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617845
 Amount of Each Receipt this Period
 23.08

C. Shawn O'Neail
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novartis Services Incorporated Occupation Ex Dir Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1322.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618347
 Amount of Each Receipt this Period
 112.00

SUBTOTAL of Receipts This Page (optional).....▶	154.32
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 76 OF 110
<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. Shawn M O'Neil
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Dir of Pharmaceutical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.72**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617583

Amount of Each Receipt this Period **23.06**

B. Sharon N Olmstead
Full Name (Last, First, Middle Initial)

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 VP GL.Hd Reg Policy & Intelli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **553.92**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618360

Amount of Each Receipt this Period **46.16**

C. Jeffrey S Osmundson
Full Name (Last, First, Middle Initial)

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 Lead Field Bus Relations Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617796

Amount of Each Receipt this Period **18.46**

SUBTOTAL of Receipts This Page (optional)..... **87.68**

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 77 OF 110
<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. Craig S Osten
Full Name (Last, First, Middle Initial)

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 Finance Corporation Occupation Vice President & Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **553.92**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617743

Amount of Each Receipt this Period **46.16**

B. Serafina Oxner
Full Name (Last, First, Middle Initial)

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 Ex Dir Healthcare Contract Adm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **553.92**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2618015

Amount of Each Receipt this Period **46.16**

C. Joseph S Palumbo
Full Name (Last, First, Middle Initial)

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 Asc Dir Org. Effectiveness

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617989

Amount of Each Receipt this Period **23.08**

SUBTOTAL of Receipts This Page (optional)..... **115.40**

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 78 OF 110
<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

Full Name (Last, First, Middle Initial) A. Melissa A Parker		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2618040
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="27.70"/>
Name of Employer Novartis Pharmaceuticals	Occupation Regional Dir Acct Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="332.40"/>	

Full Name (Last, First, Middle Initial) B. Bin Peng		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2618334
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Novartis Pharmaceuticals	Occupation Head Of OTM China	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) C. Bret D Peterson		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2618105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="18.46"/>
Name of Employer Novartis Pharmaceuticals	Occupation ExecRespiratorySalesSpecialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="221.52"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="96.16"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Efthimios Petroutsas		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2618265
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="25.00"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Product Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Candice C Phipps		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2618407
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="200.00"/>
Name of Employer	Occupation	
Novartis Services Incorporated	Director Federal Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bradley J Pierson		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2618376
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Sr Oncology Specialist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="245.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 110
<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. Elizabeth A Pinamonti
 Full Name (Last, First, Middle Initial)
 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 Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617888
 Amount of Each Receipt this Period
 18.46

B. Bernard M Porter
 Full Name (Last, First, Middle Initial)
 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 Assoc Dir Account Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618014
 Amount of Each Receipt this Period
 18.46

C. Elizabeth Power
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 Massachusetts Avenue
 City Cambridge State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novartis Services Incorporated Occupation Dir. Global Media Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618369
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional).....▶	96.92
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: (check only one)	PAGE 81 OF 110
	<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)
Novartis Corporation Political Action Committee

A. Lisa M Praeger
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation VP Head US Sales & Mktg Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **369.12**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617572

Amount of Each Receipt this Period **30.76**

B. Kelly D Prather
Full Name (Last, First, Middle Initial)

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 Sr Oncol Area Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618096

Amount of Each Receipt this Period **18.46**

C. Jeffrey P Prejean
Full Name (Last, First, Middle Initial)

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 Cardiovascular Sr. Area Business Leade

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618099

Amount of Each Receipt this Period **18.46**

SUBTOTAL of Receipts This Page (optional)..... **67.68**

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 82 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. J. C Proctor
Full Name (Last, First, Middle Initial)

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 Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618236

Amount of Each Receipt this Period
18.46

B. Shumei Qiu
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer NIBRI Occupation Scientific Associate II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617686

Amount of Each Receipt this Period
16.78

C. Eileen M Quinn
Full Name (Last, First, Middle Initial)

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 Sr Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617844

Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional)..... **53.70**

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 83 OF 110
	<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

Full Name (Last, First, Middle Initial) A. Susan R Rendon			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617611
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
Alcon Laboratories Inc.	Head of Total Global Rewards		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.26"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Elizabeth Renz			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617710
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
Sandoz Inc.	Director Communications for Biopharma		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="510.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Margaret Riccobono			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617702
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="23.08"/>
Name of Employer	Occupation		
Sandoz Inc.	Associate Director Talent Management		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.96"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="102.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Edward C Richards
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation VP General Mgr Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617636

Amount of Each Receipt this Period
30.76

B. Sheila A Riddell
Full Name (Last, First, Middle Initial)

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 Senior Cardiovascular Sales Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617918

Amount of Each Receipt this Period
18.46

C. Keith C Riddiford
Full Name (Last, First, Middle Initial)

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 Head CS&O

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617870

Amount of Each Receipt this Period
18.46

SUBTOTAL of Receipts This Page (optional).....▶	67.68
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 85 OF 110
(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. David J Robertson
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation GCM Wholesalers & Distribution
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617594
 Amount of Each Receipt this Period
 19.24

B. Renee C Rodgers
 Full Name (Last, First, Middle Initial)
 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 Head Digital Strategy And Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618362
 Amount of Each Receipt this Period
 60.00

C. Laurie J Roemisch
 Full Name (Last, First, Middle Initial)
 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 Sr Oncology Specialist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618047
 Amount of Each Receipt this Period
 18.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.70
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 86 OF 110
<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. Jason T Russell
Full Name (Last, First, Middle Initial)

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 Business Relationship Mgr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **775.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2617769

Amount of Each Receipt this Period
64.62

B. Alan D Ryan
Full Name (Last, First, Middle Initial)

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 Sandoz Inc. Occupation Dir. US Advocacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2617696

Amount of Each Receipt this Period
40.00

C. Joseph M Ryan
Full Name (Last, First, Middle Initial)

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 Therapeutic Area Head

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2618378

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	204.62
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 87 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Peter Rzewnicki
Full Name (Last, First, Middle Initial)

Mailing Address 350 Massachusetts Avenue
350 MA # 234F

City Cambridge State MA Zip Code 02139

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Head of Pricing Strategy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt
11 / 30 / 2015
Transaction ID : A2015-2617703

Amount of Each Receipt this Period
23.08

B. Ahmad M Saad
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Principal Engineer Test

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.96

Date of Receipt
11 / 30 / 2015
Transaction ID : A2015-2617635

Amount of Each Receipt this Period
23.08

C. Harry J Sacks
Full Name (Last, First, Middle Initial)

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 VP Medl & Scientific Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
11 / 30 / 2015
Transaction ID : A2015-2618384

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.16

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 88 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Roger F Samartino

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. Strategic Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617996

Amount of Each Receipt this Period
 18.46

Full Name (Last, First, Middle Initial)
B. Adwoa A Sanderson

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 Ex Dir Advocacy & Access

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618403

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Cristina L Santos

Mailing Address One Health Plaza

City State Zip Code
 East Hanover NJ 07936

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

Name of Employer Occupation
 Novartis Pharmaceuticals Asc Dir Glbl Sales Excellence & Traini

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618345

Amount of Each Receipt this Period
 18.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.92

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: (check only one)	PAGE 89 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert J Sardinha			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618206
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.46"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Associate Dir Payor Mktg		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.52"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Corey Schmidt			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2618235
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
Novartis Pharmaceuticals	Assoc Director Labeling Specification		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. David A Schoening			Date of Receipt
Mailing Address One Health Plaza			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : A2015-2617631
East Hanover	NJ	07936	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.76"/>
Name of Employer	Occupation		
Alcon Laboratories Inc.	VP Global Quality Operations		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="369.12"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="69.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Nancy S Schwartz
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Dir Managed Care Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2617668

Amount of Each Receipt this Period
19.22

B. Mark G Schweitzer
Full Name (Last, First, Middle Initial)

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 Gbl Head Analytical Science & Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2618413

Amount of Each Receipt this Period
100.00

C. Russell E Seay Jr.
Full Name (Last, First, Middle Initial)

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 Regl Med Lead NS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015
Transaction ID : A2015-2618207

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **149.22**

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 91 OF 110
(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. S. M Seeland
Full Name (Last, First, Middle Initial)
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 RD MS Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 276.96

Date of Receipt 11 / 30 / 2015
Transaction ID : A2015-2618084
Amount of Each Receipt this Period 23.08

B. Dawn M Shaffer
Full Name (Last, First, Middle Initial)
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 Sr Oncol Area Sales Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 221.52

Date of Receipt 11 / 30 / 2015
Transaction ID : A2015-2617853
Amount of Each Receipt this Period 18.46

C. Christi L Shaw
Full Name (Last, First, Middle Initial)
Mailing Address 44 Guinea Hollow Rd
City Lebanon State NJ Zip Code 08833
FEC ID number of contributing federal political committee. **C**
Name of Employer Novartis Pharmaceuticals Occupation US Country President & President NPC
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 11 / 30 / 2015
Transaction ID : A2015-2618348
Amount of Each Receipt this Period 120.00

SUBTOTAL of Receipts This Page (optional).....▶ 161.54
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 92 OF 110
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Deborah B Shertz

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 Asc Dir Regulatory Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618209

Amount of Each Receipt this Period
18.46

Full Name (Last, First, Middle Initial)
B. Sherrie L Simms

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 Global HR Business Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618212

Amount of Each Receipt this Period
23.08

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

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 MS Exec Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **443.04**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617866

Amount of Each Receipt this Period
36.92

SUBTOTAL of Receipts This Page (optional)..... ▶ **78.46**

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 93 OF 110
<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. William E Simon
Full Name (Last, First, Middle Initial)

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 Senior Cardiovascular Sales Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617919

Amount of Each Receipt this Period **18.46**

B. David P Sipe
Full Name (Last, First, Middle Initial)

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 Sr Oncology Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617897

Amount of Each Receipt this Period **18.46**

c. John G Slick
Full Name (Last, First, Middle Initial)

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 Hospital Executive Account Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618063

Amount of Each Receipt this Period **18.46**

SUBTOTAL of Receipts This Page (optional)..... **55.38**

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 94 OF 110
<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. James E Sluck
Full Name (Last, First, Middle Initial)

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 Alcon Laboratories Inc. Occupation Dir US Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **276.72**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617582

Amount of Each Receipt this Period **23.06**

B. Gregory R Slyfield
Full Name (Last, First, Middle Initial)

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 ED State & External Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **296.53**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2618213

Amount of Each Receipt this Period **30.00**

C. William S Spelta
Full Name (Last, First, Middle Initial)

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 Sr Oncol Area Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.96**

Date of Receipt **11 / 30 / 2015**

Transaction ID : A2015-2617758

Amount of Each Receipt this Period **28.08**

SUBTOTAL of Receipts This Page (optional)..... **81.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 110
<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. Robert A Spurr
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Fifth Avenue
 City New York State NY Zip Code 10020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Novartis Pharmaceuticals Occupation US Co Head & VP Patient Access & Healt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618386
 Amount of Each Receipt this Period
 200.00

B. Demetre A Stamatis
 Full Name (Last, First, Middle Initial)
 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 Reg Affairs-TA Asc Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618404
 Amount of Each Receipt this Period
 20.00

C. Danney M Stanley Jr.
 Full Name (Last, First, Middle Initial)
 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 Alcon Research Occupation Mgr Materials
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 221.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617630
 Amount of Each Receipt this Period
 18.46

SUBTOTAL of Receipts This Page (optional).....▶	238.46
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 96 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Donald E Stecher

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 AD State & External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 276.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618050

Amount of Each Receipt this Period
 23.08

Full Name (Last, First, Middle Initial)
B. Philip G Stehle

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
 Alcon Laboratories Inc. Assoc Dir Glb Ops Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617626

Amount of Each Receipt this Period
 19.24

Full Name (Last, First, Middle Initial)
C. Ashley D Stephens

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 Senior Area Business Leader

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 221.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618067

Amount of Each Receipt this Period
 18.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.78

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 110
<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

Full Name (Last, First, Middle Initial) A. Donald P Stevens		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2617806
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="69.24"/>
Name of Employer Novartis Pharmaceuticals	Occupation Director State&External Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="830.88"/>	

Full Name (Last, First, Middle Initial) B. Lesley J Stickley		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2617840
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="23.08"/>
Name of Employer Novartis Pharmaceuticals	Occupation Sr. Regional Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="276.96"/>	

Full Name (Last, First, Middle Initial) C. Matthew C Stillwell		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2617812
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="18.46"/>
Name of Employer Novartis Pharmaceuticals	Occupation National Leader - Institute Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="221.52"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="110.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 98 OF 110
(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

Full Name (Last, First, Middle Initial)
A. Peter N Streit

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 Dir Professional Strat & Bus Developme

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.40**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618005

Amount of Each Receipt this Period
27.70

Full Name (Last, First, Middle Initial)
B. Edson J Stricker

Mailing Address 6201 South Freeway

City Fort Worth State TX Zip Code 76134-2001

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

Name of Employer Alcon Research Occupation Sr Dir Engineering

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.72**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617652

Amount of Each Receipt this Period
23.06

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

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 Demand Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **553.92**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617983

Amount of Each Receipt this Period
46.16

SUBTOTAL of Receipts This Page (optional)..... ▶ **96.92**

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 99 OF 110
(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. Thomas A Suter
 Full Name (Last, First, Middle Initial)
 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 Dir State & External Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **671.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618316
 Amount of Each Receipt this Period
60.00

B. Sonya R Taylor
 Full Name (Last, First, Middle Initial)
 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 Respiratory Sr. Account Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618219
 Amount of Each Receipt this Period
18.46

C. Gretchen S Trout
 Full Name (Last, First, Middle Initial)
 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 Head NA Policy & FDA Liaison
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618379
 Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... **98.46**
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 100 OF 110
	<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)
Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Nancy N Tuffin		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2617674
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="23.06"/>
Name of Employer Alcon Laboratories Inc.	Occupation Head Health Policy/Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="253.77"/>	

Full Name (Last, First, Middle Initial) B. Thomas A Urban		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2617734
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="32.02"/>
Name of Employer Novartis Pharmaceuticals	Occupation ExecRespiratorySalesSpecialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="383.39"/>	

Full Name (Last, First, Middle Initial) C. Lisa R Utt		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City State Zip Code East Hanover NJ 07936		Transaction ID : A2015-2617789
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="27.70"/>
Name of Employer Novartis Pharmaceuticals	Occupation Patient Services Liaison II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="332.40"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="82.78"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 101 OF 110
(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. Jason Van Pelt
 Full Name (Last, First, Middle Initial)
 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 Exec Dir Fed Govt Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618415
 Amount of Each Receipt this Period
 1540.00

B. Edward S Vander Veen
 Full Name (Last, First, Middle Initial)
 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 North America Comm Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2618223
 Amount of Each Receipt this Period
 30.00

C. Erwin Vanhaecke
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation IACH-Head NVS Group Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : A2015-2617605
 Amount of Each Receipt this Period
 23.08

SUBTOTAL of Receipts This Page (optional)..... ▶ 207.08
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 102 OF 110
<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

Full Name (Last, First, Middle Initial) A. William W Voegtli		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2617785
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="28.08"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Senior Reimbursement Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="336.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christen L Volk		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2618380
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="30.00"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Sr. AD-National Accounts	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Denise A Vollert-Parrotto		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2015-2618224
East Hanover	NJ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Director Business Planning &	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="78.08"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 110
<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. Matthew M von Wellsheim
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation VP IT & CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **553.92**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617578
 Amount of Each Receipt this Period **46.16**

B. Robert K Warner
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation Global Franchise Head Vision Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **553.92**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617584
 Amount of Each Receipt this Period **46.16**

C. Stephanie B Waugh
 Full Name (Last, First, Middle Initial)
 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 Alcon Laboratories Inc. Occupation Glb Mktg Dir Ext Eye Disease
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2015**
Transaction ID : A2015-2617670
 Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... **122.32**
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 104 OF 110
<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. Randy S Wilbur
Full Name (Last, First, Middle Initial)

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 Manager Process Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618031

Amount of Each Receipt this Period
18.46

B. Edward S Williams
Full Name (Last, First, Middle Initial)

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 Sr Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617892

Amount of Each Receipt this Period
18.46

C. Kenneth K Williams
Full Name (Last, First, Middle Initial)

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 Alcon Research Occupation Sr Project Toxicologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.64**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617595

Amount of Each Receipt this Period
19.22

SUBTOTAL of Receipts This Page (optional)..... **56.14**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 110
	<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)
Novartis Corporation Political Action Committee

A. Brad C Willie
Full Name (Last, First, Middle Initial)

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 Assoc Dir Medicaid/GPO Account

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617798

Amount of Each Receipt this Period
23.08

B. Karen M Wilshire
Full Name (Last, First, Middle Initial)

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 Oncology Specialist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.52**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617808

Amount of Each Receipt this Period
18.46

C. Amy B Wilson
Full Name (Last, First, Middle Initial)

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 Perf Mgmt. & Standards Lead

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618250

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **61.54**

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 106 OF 110
	<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)
Novartis Corporation Political Action Committee

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

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 Ex Dir Business Plang & Analy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **553.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618013

Amount of Each Receipt this Period
46.16

Full Name (Last, First, Middle Initial)
B. Christine D Wyble

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 Gbl Hd Medical Info & Sci Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2618336

Amount of Each Receipt this Period
23.08

Full Name (Last, First, Middle Initial)
C. Fan Zhang

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 Alcon Research Occupation Head PCS Lab Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : A2015-2617612

Amount of Each Receipt this Period
19.24

SUBTOTAL of Receipts This Page (optional).....▶	88.48
TOTAL This Period (last page this line number only).....▶	12104.74

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Capital One Bank

Mailing Address 701 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Service Charge

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B589851

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carper for Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement Contribution

011

Candidate Name

Tom Carper

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: DE District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : B588328

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Donnelly for Indiana

Mailing Address 1433 R Street NW #2

City Washington State DC Zip Code 20009

Purpose of Disbursement Contribution

011

Candidate Name

Joseph S Donnelly

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : B588332

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoyer for Congress

Mailing Address 499 S. Capitol Street Suite 406

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Steny H Hoyer

Category/
Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : B588335

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peters for Michigan

Mailing Address P.O. Box 226

City Bloomfield State MI Zip Code 48303

Purpose of Disbursement Contribution

011

Candidate Name

Gary Peters

Category/Type

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : B588330

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. New Millennium PAC

Mailing Address 300 New Jersey Ave. NW Suite 900

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015 Primary General Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : B588334

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address P.O. Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement Contribution

011

Candidate Name

Raymond Gene Green

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: TX District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : B588331

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Country Roads PAC

Mailing Address 426 C Street NW

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : B588337

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

7000.00