



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		82321.29
(b) Cash on Hand at Beginning of Reporting Period.....	93957.68	
(c) Total Receipts (from Line 19) .....	19679.14	198832.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	113636.82	281153.53
7. Total Disbursements (from Line 31).....	16014.06	183530.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	97622.76	97622.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y  
10 / 01 / 2017 To: M M / D D / Y Y Y Y  
10 / 31 / 2017

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).....	12081.77	77587.75
(ii) Unitemized .....	7597.37	120244.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19679.14	197832.24
(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) .....	19679.14	197832.24
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	1000.00
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)).....▶	19679.14	198832.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	19679.14	198832.24

**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 .....	14.06	180.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14.06	180.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	186500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(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	150.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	- 3300.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16014.06	183530.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16014.06	183530.77

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19679.14	197832.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19679.14	197682.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	14.06	180.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14.06	180.77

**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 168
	<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	

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. Ackerman Jr., Robert, E.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Head REFS Alcon & Head REFS Ameri  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206602**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Ackerman Jr., Robert, E.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Head REFS Alcon & Head REFS Ameri  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327197**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Ahmed, Imran, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Principal Fellow  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206008**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 32.69  
**TOTAL** This Period (last page this line number only).....▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

**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 168
	<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. Ahmed, Imran, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Principal Fellow  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327256**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**B. Algozzine, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regl Acct MSL Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206009**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Algozzine, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regl Acct MSL Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327257**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 29.61  
**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 9 OF 168
	<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. Arline, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Cardio Regional Sales Dir-Great Lakes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206018**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**B. Arline, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Cardio Regional Sales Dir-Great Lakes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327266**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**C. Baker, Jeanne, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Area Business Leader II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327272**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	36.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 168
<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. Barbier, Pierre, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206568**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**B. Barbier, Pierre, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327119**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**C. Barkhausen, Susana, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL Miami  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206026**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 34.22  
**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 11 OF 168
	<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. Barkhausen, Susana, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL Miami  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327274**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Barnett, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206605**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Barnett, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327200**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00  
**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 168
<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. Barninger, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director Prof Strat & Bus Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 357.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206027**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**B. Barninger, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director Prof Strat & Bus Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327275**  
 Amount of Each Receipt this Period 17.00  
 Memo Item

**C. Baron, Neilda, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Ex Dir Medical Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206028**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 168
<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. Baron, Neilda, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Ex Dir Medical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327276**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Baroni Allmon, Tracy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Exec Director Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206606**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Baroni Allmon, Tracy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Exec Director Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327201**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 168
	<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

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. Billings, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director - Global Onc. Portfolio Comm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206039**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Billings, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director - Global Onc. Portfolio Comm.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326992**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Blair, Edward, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD Product Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206045**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.54  
**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 15 OF 168
	<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. Blair, Edward, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD Product Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326998**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Bonebrake, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205977**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Bonebrake, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) DirectorSandoz Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327225**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.54  
**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 16 OF 168
<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. Borill, Troy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 431.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206053**  
 Amount of Each Receipt this Period  
 20.77  
 Memo Item

**B. Borill, Troy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr. Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 452.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327005**  
 Amount of Each Receipt this Period  
 20.67  
 Memo Item

**C. Bortfeld, Daniel, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Global Head HR Operational Excellence  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206054**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52.98
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 168
	<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. Bortfeld, Daniel, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Global Head HR Operational Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327006**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Brooks, Michael, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206064**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Brooks, Michael, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327016**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 51.54  
**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 18 OF 168
	<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. Buckley, Matthew, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Director Strategic Market Access  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327020**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Burke, John, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business Leader I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327025**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Bylancik, Angela, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Ex Dir BD&L Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206175**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 168
	<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. Bylancik, Angela, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Ex Dir BD&L Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327029**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Byler, Timothy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206608**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Byler, Timothy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327203**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 168
	<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. Campbell, Kimberley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Head Oncology Medical Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205978**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Campbell, Kimberley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Head Oncology Medical Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327226**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Carl, Kevin, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Global RA Franchise Head EM&ED  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206183**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 168
	<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. Carl, Kevin, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Global RA Franchise Head EM&ED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327037**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Carpenter, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206184**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Carpenter, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327038**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 31.54  
**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 22 OF 168
	<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. Carter, Charles, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Field Skills Trainer Hem/ Onc/ RD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206610**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Carter, Charles, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Field Skills Trainer Hem/ Onc/ RD  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2327205**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Casserly, Daniel, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Head of Fed Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3769.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206611**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 168
	<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. Casserly, Daniel, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Head of Fed Government Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3961.40**

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2327206**  
 Amount of Each Receipt this Period **192.30**  
 Memo Item

**B. Chastain, James, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **202.02**

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : A2017-2206526**  
 Amount of Each Receipt this Period **9.62**  
 Memo Item

**C. Chastain, James, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Executive Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **211.64**

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2326775**  
 Amount of Each Receipt this Period **9.62**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>211.54</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 168
	<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. Christensen-Boner, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 641.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206612**  
 Amount of Each Receipt this Period 31.42  
 Memo Item

**B. Christensen-Boner, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 672.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327207**  
 Amount of Each Receipt this Period 31.42  
 Memo Item

**C. Civiello, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Senior ABL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327046**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.07  
**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 25 OF 168
<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Clary, Cathryn, M, ,</b>			Date of Receipt 10 / 13 / 2017 <b>Transaction ID : A2017-2206196</b>
Mailing Address One Health Plaza			Amount of Each Receipt this Period 77.00
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Global Drug Development		Occupation (for Individual) Global Head Patient Affairs and Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1678.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Clary, Cathryn, M, ,</b>			Date of Receipt 10 / 27 / 2017 <b>Transaction ID : A2017-2327050</b>
Mailing Address One Health Plaza			Amount of Each Receipt this Period 77.00
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Global Drug Development		Occupation (for Individual) Global Head Patient Affairs and Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1755.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cofone, Stephen, R, ,</b>			Date of Receipt 10 / 13 / 2017 <b>Transaction ID : A2017-2206616</b>
Mailing Address One Health Plaza			Amount of Each Receipt this Period 15.00
City East Hanover	State NJ	Zip Code 07936	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) NBS		Occupation (for Individual) Strategic Programs & Roadmaps Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 315.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 168
	<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. Cofone, Stephen, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Strategic Programs & Roadmaps Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327211**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Collins, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Head Digital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 969.15

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206636**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Collins, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Head Digital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1015.30

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326784**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.30  
**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 27 OF 168
	<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. Colpitts, Scott, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Novartis Technical Operations Occupation (for Individual) Head of Facilities & Utility Maint. (A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206202**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**B. Colpitts, Scott, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Novartis Technical Operations Occupation (for Individual) Head of Facilities & Utility Maint. (A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327056**  
 Amount of Each Receipt this Period 22.00  
 Memo Item

**C. Compton, Matt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Regional Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327228**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 OF 168
	(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"/> 15
	<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. Condell, Mark, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Dir Glbl Quality Cust & Tech Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206637**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Condell, Mark, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Dir Glbl Quality Cust & Tech Affairs  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326785**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Conkling, William, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Global Brand Lead (GBL) CART  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206203**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	35.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 168
	<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. Conkling, William, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Global Brand Lead (GBL) CART  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.37

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327057**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Conley, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Vice President Trade Ops & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206204**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. Conley, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Vice President Trade Ops & Analytics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.76

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327058**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	61.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 168
<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. Conoshenti, Joseph, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Director Strategic Account Alliances  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206206**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Conoshenti, Joseph, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Director Strategic Account Alliances  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327060**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Conry, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Executive Director MSLS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206207**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**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 31 OF 168
<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. Conry, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Executive Director MSLs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327061**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Consier, Kirby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206618**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Consier, Kirby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327213**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**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 32 OF 168
	<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. Coombs, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue  
 City Cambridge State MA Zip Code 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Oncology and Injectable Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 969.15

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205981**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Coombs, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue  
 City Cambridge State MA Zip Code 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sandoz Inc. Occupation (for Individual) VP Oncology and Injectable Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.30

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327229**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Coraggio, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD Strategic Market Access  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206210**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.30
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 168
	<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. Coraggio, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD Strategic Market Access  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327064**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Corcoran, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) MSL Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327065**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Couture, Eric, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Regulatory C&G TU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206216**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	54.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 168
	<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. Couture, Eric, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Regulatory C&G TU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327070**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Crippen, David, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206218**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Crippen, David, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327072**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 168
	<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. Cullen, Thomas, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Advisor Scientific  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205982**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Cullen, Thomas, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Advisor Scientific  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327230**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Cummings, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 ABL II - PHOENIX  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206220**  
 Amount of Each Receipt this Period 390.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 413.08  
**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 36 OF 168
<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. Davis, Jeanmarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Dir Prof Rel Advocate Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206638**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**B. Davis, Jeanmarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Dir Prof Rel Advocate Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326786**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**C. De Valroger, Timothy, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Hematology Area Sales Manager I  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326919**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 168
<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. Deason, Terry, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) MSL Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206234**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Deason, Terry, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) MSL Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326924**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Degner, Clinton, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Associate Director Regional Accounts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206235**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 168
<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. Degner, Clinton, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Associate Director Regional Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326925**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Dixon, Dwayne, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Director Market Development HQ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.82

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206640**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dixon, Dwayne, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Director Market Development HQ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 655.82

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326788**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	111.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 168
	<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. Douglas, Alastair, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head US Training Surgical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206641**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Douglas, Alastair, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head US Training Surgical  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326789**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. Eberenz Jr., David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 SR SPEC - GREENVILLE NC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 287.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206255**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	33.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 168
	<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. Eberenz Jr., David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 SR SPEC - GREENVILLE NC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 297.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326945**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Ellis, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Executive Director - Professional Affa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 379.18

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206256**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Ellis, Fred, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Executive Director - Professional Affa  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.18

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326946**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 52.00  
**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 42 OF 168
	<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. Ewalt, Judith, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326952**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Fairchild, Michael, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head IRIS Bus Process Transformator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 322.98

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206642**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

**C. Fairchild, Michael, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head IRIS Bus Process Transformation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 338.36

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326790**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 42.30  
**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 43 OF 168
	<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. Farber, Leo, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206621**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Farber, Leo, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327283**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Fellers, Thomas, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Medical Account Management & FME  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206263**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 168
<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. Fellers, Thomas, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Medical Account Management & FME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326954**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Footo, Andrew, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Area Sales Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326960**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Foster, Matthew, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Derm Sales Regional Director- Central  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206271**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.77  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 168
	<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. Foster, Matthew, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Derrm Sales Regional Director- Central  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326962**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Freland, Jon, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr. Oncology Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206272**  
 Amount of Each Receipt this Period  
 12.50  
 Memo Item

**C. Freland, Jon, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr. Oncology Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326963**  
 Amount of Each Receipt this Period  
 12.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	36.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 168
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Fry, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP Comm NPC CountryCommhead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 10 / 13 / 2017  
**Transaction ID : A2017-2206599**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Fry, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP Comm NPC CountryCommhead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 10 / 27 / 2017  
**Transaction ID : A2017-2327194**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Frye, Neely, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1341.64

Date of Receipt  
 10 / 13 / 2017  
**Transaction ID : A2017-2206623**  
 Amount of Each Receipt this Period 65.81  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.81
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 168
	<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. Gaudin, David, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Sr Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206281**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Gaudin, David, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Sr Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327391**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Geier, Carolyn, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 SR SPEC - Escondido CA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206284**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 40.00  
**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 48 OF 168
<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. Geier, Carolyn, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 SR SPEC - Escondido CA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327394**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Gentry, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Svc Del & Ops Lead Connectivity  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1617.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206624**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Gentry, Michael, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Svc Del & Ops Lead Connectivity  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1694.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327285**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	164.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 168
<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. George, Deidre, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206625**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. George, Deidre, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327286**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Goldfarb, Steven, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) VP Legal Section Head  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1617.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206295**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 168
<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. Goldfarb, Steven, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) VP Legal Section Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1694.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327405**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Gorcz, Damon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Specialty Area Business Leader II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206298**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Gorcz, Damon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Specialty Area Business Leader II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327408**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	107.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 168
<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. Grande, Nancy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Proc Improv & Compliance IMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206300**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Grande, Nancy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Proc Improv & Compliance IMS  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2327410**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Grossman, Benjamin, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD Melanoma Expert Liaison  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206304**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 168
	<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. Grossman, Benjamin, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) AD Melanoma Expert Liaison
---	---

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
10	/	27	/	2017

**Transaction ID : A2017-2326571**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Grossmann, Harold, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NBS	Occupation (for Individual) Real Estate Advisor
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206627**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Grossmann, Harold, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NBS	Occupation (for Individual) Real Estate Advisor
--	--

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
10	/	27	/	2017

**Transaction ID : A2017-2327340**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 168
	<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. Grzegorzewski, Kris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) VP CDMA Solid Tumors Franchise  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206305**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Grzegorzewski, Kris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) VP CDMA Solid Tumors Franchise  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326572**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Guidi, Joseph, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr. Director Commercial Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206307**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 168
<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. Guidi, Joseph, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) Sr. Director Commercial Strategy
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2326574**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Gulick, David, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma	Occupation (for Individual) Director New Products
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206308**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Gulick, David, E, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma	Occupation (for Individual) Director New Products
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2326575**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 168
<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. Habel, Kurt, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NBS	Occupation (for Individual) Goaling Design and Analytics
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
484.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206629**

Amount of Each Receipt this Period  
23.08

Memo Item

**B. Habel, Kurt, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NBS	Occupation (for Individual) Goaling Design and Analytics
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2327342**

Amount of Each Receipt this Period  
23.08

Memo Item

**C. Haberthur, Charles, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma	Occupation (for Individual) CV1 SPEC - SAN ANTONIO W TX
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
262.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206309**

Amount of Each Receipt this Period  
12.50

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 168
	<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. Haberthur, Charles, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 SPEC - SAN ANTONIO W TX  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326576**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**B. Hafner, James, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regional Marketer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.85

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206312**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**C. Hafner, James, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regional Marketer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 304.70

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326579**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 40.20  
**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 57 OF 168
<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. Hagan, Laura, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Global Head Clinical Disclosure Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206313**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Hagan, Laura, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Global Head Clinical Disclosure Office  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326580**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Hallen, Paul, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Head VITRet & Glaucoma  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 322.98

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206646**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	38.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 168
	<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. Hallen, Paul, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Head VITRet & Glaucoma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 338.36

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326794**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

**B. Haller, Sarah, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP Intl Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1617.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206630**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Haller, Sarah, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP Intl Public Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1694.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327343**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 168
<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. Harper, Thomas, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) National Director Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326591**  
 Amount of Each Receipt this Period  
 9.23  
 Memo Item

**B. Hatch, Sherri, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) MSL Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326593**  
 Amount of Each Receipt this Period  
 9.23  
 Memo Item

**C. Hawkins, Adrian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206328**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 168
	<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. Hawkins, Adrian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326595**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Hayden, Kathy-Jo, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director Public Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205823**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Hayden, Kathy-Jo, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director Public Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327344**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**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 61 OF 168
<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. Hellberg, Mark, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Executive Director Chemical Technolog  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206527**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Hellberg, Mark, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Executive Director Chemical Technolog  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326776**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Henderson, Richard, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Sr Specialist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206656**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 168
	<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. Henderson, Richard, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Sr Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326601**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Hilkert, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Global Program Clinical Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206662**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. Hilkert, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Global Program Clinical Head  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.76

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326607**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 168
	<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. Hill, Holli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205984**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Hill, Holli, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327232**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Hinshaw, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Exec VP Oncology US  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206073**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 52.00  
**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 64 OF 168
<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. Hinshaw, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Exec VP Oncology US  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326608**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Hokanson, William, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director Melanoma Expert Liaisons  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206077**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Hokanson, William, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director Melanoma Expert Liaisons  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326612**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 168
	(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"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Holder, Yvonne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 EXEC SPEC - NEW ROCHELLE N  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206078**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Hong, Xin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206576**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**C. Hong, Xin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327127**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	219.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 168
<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. Hood, Jeanne, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Svc Del Mgr Medical Device Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205825**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Hood, Jeanne, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Svc Del Mgr Medical Device Logistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327346**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**C. Hough, Charles, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Hd of Corp Resp Strat & Stakeholder Er  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206600**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 29.24  
**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 67 OF 168
	<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

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. Hough, Charles, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Hd of Corp Resp Strat & Stakeholder Ei  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327195**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Howe, Linda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue 350 MA # 254J  
 City Cambridge State MA Zip Code 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Occupation (for Individual) Quality Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.49

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206577**  
 Amount of Each Receipt this Period 9.69  
 Memo Item

**C. Howe, Linda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue 350 MA # 254J  
 City Cambridge State MA Zip Code 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alcon Occupation (for Individual) Quality Head  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 213.18

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327128**  
 Amount of Each Receipt this Period 9.69  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 29.38  
**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 68 OF 168
<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. Hughes, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Dir Insurance Exchange Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205826**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hughes, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Dir Insurance Exchange Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327347**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hughes, Gene, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206085**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.00  
**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 69 OF 168
	<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. Hughes, Gene, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326619**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Hughson, Melody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Ex Director Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205827**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Hughson, Melody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Ex Director Public Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327348**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	112.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 168
<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. Iartchouk, Oleg, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) NIBR	Occupation (for Individual) Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206528**

Amount of Each Receipt this Period  
260.00

Memo Item

**B. Jarvis, Edgar, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma	Occupation (for Individual) CV2 Sr ABL - HOUSTON
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
339.15

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206094**

Amount of Each Receipt this Period  
16.15

Memo Item

**C. Jarvis, Edgar, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma	Occupation (for Individual) CV2 Sr ABL - HOUSTON
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
355.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2326628**

Amount of Each Receipt this Period  
16.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 168
<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. Jeffers, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Dir Srg Sls Trng Global Fran  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206651**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Jeffers, Mark, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Dir Srg Sls Trng Global Fran  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326799**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**C. Jennings, Kathryn, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Novartis Pharmaceuticals Occupation (for Individual) Senior Cardiovascular Sales Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326629**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	28.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 168
<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. Jesudas, Dinesh, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Principal Data Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206529**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Jesudas, Dinesh, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Principal Data Engineer  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326777**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Johngrass, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 SR SPEC - PHOENIX W AZ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326630**  
 Amount of Each Receipt this Period  
 101.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	121.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 73 OF 168  
(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. Johnson, Bruce, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) GI Mktg Franchise Hd Malignant Hemat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326631**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Johnson, Heather, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326632**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Joines, Mark, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Sr Inflammatory Account Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 214.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326637**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 33.46  
**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 74 OF 168
	<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. Jones, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206105**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Jones, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326640**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Kamal, Tawfik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206109**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**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 75 OF 168
	<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. Kamal, Tawfik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) VP-Glb Head of Bus. Exc & Oper  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326644**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Kamos, Dean, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Lead Incentive Comp and Awards  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205829**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kamos, Dean, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Lead Incentive Comp and Awards  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 265.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327350**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00  
**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 76 OF 168
	<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. Kan, Sarah, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director State Heath Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1617.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205830**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Kan, Sarah, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director State Heath Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1694.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327351**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**C. Kapin, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Global Medical Writing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206111**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 168
	<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. Kapin, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Global Medical Writing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326646**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**B. Karlsons, Erik, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MS Sr Area Business Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.85

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206114**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**C. Karlsons, Erik, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MS Sr Area Business Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.70

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326649**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	37.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 168
	<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. Kelly, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head of Finance US Customer Operatic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326800**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Kelson, Carey, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Lead Clinical Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206653**  
 Amount of Each Receipt this Period 10.42  
 Memo Item

**C. Kelson, Carey, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Lead Clinical Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326801**  
 Amount of Each Receipt this Period 10.42  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 168
<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. Kendris, Thomas, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) President Novartis Corp & US Cntry Pre  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 969.15

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206601**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Kendris, Thomas, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) President Novartis Corp & US Cntry Pr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.30

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327196**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Kettler III, Edward, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Domain Architect Generics & Biosimilar  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 251.60

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205831**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	113.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 168
<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. Kettler III, Edward, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Domain Architect Generics & Biosimilar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.60

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327352**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Kincaid, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) ED Oncology Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206121**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**C. Kincaid, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) ED Oncology Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326656**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49.08
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 168
	<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. Kowalski, Robert, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Regulatory GDD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 646.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206133**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Kowalski, Robert, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head Regulatory GDD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326668**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Kuenzel, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Medical Science Liaison Assoc Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206137**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 168
	<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. Kuenzel, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Medical Science Liaison Assoc Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326672**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Kulesher, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Assoc. Dir. State and External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205833**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Kulesher, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Assoc. Dir. State and External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327354**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 168
	<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. Landrus, Francis, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Associate Global Program Team Direct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206144**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**B. Landrus, Francis, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Associate Global Program Team Direct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326679**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**C. Larsen, Robert, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Hd Process Dev & API  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206147**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	28.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 168
<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. Larsen, Robert, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Hd Process Dev & API  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326682**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Laverty, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 SR SPEC MORRISTOWN NJ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326684**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Leas, Leigh Anne, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1847.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205835**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	118.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 168
	<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. Leas, Leigh Anne, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1947.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326815**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Leatherman, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Multiple Sclerosis Sr Area Bus Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206151**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Leatherman, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Multiple Sclerosis Sr Area Bus Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326686**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.00  
**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 86 OF 168
	<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. Lennon, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Business Franchise Head  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326691**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Lesko, Alan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Hematology Sr Specialist (St. Louis MC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206157**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Lesko, Alan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Hematology Sr Specialist (St. Louis MO  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326693**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 168
	<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. Leslie, Vinson, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326694**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Lindemon, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Hematology Sr. Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206165**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Lindemon, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Hematology Sr. Sales Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326701**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 29.23  
**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 88 OF 168
<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. Lloyd, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Head of Global Market Access Oncolog  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 969.15

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206167**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Lloyd, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Head of Global Market Access Oncolog  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1015.30

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326703**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Lockwood, Jeffrey, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Head NIBR Communications  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206530**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 168
	<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. Lockwood, Jeffrey, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Head NIBR Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.76

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326778**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**B. Lolos, Konstantine, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206168**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**C. Lolos, Konstantine, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326810**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 51.16  
**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 90 OF 168
<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. Losordo, Donald, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326844**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Loveland, Frederic, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Executive Director R&D Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205883**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Loveland, Frederic, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Executive Director R&D Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326847**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 168
	<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. Lund, Paul, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.82

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206542**  
 Amount of Each Receipt this Period 10.42  
 Memo Item

**B. Lund, Paul, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326809**  
 Amount of Each Receipt this Period 10.42  
 Memo Item

**C. Lusso, Steven, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Sr Area Business Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 272.04

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205887**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 41.84  
**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: (check only one)	PAGE 92 OF 168
	<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. Lusso, Steven, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Sr Area Business Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.04

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326851**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Mac Askill, David, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205890**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Mac Askill, David, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Cardiovascular Area Business Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326854**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	44.08
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 168
<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. Manolios, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205899**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Manolios, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326863**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Mansfield, Annette, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Asc Dir Account Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327082**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 168
<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. Marinac, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MSL Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205901**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Marinac, Jacqueline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MSL Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327083**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Marks, Michael, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head R and D QA Surgical  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206544**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 168
<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. Marks, Michael, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head R and D QA Surgical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327093**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**B. Marks, Penny, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205903**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Marks, Penny, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327085**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	29.61
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 168
	<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. Masow, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Global HeadOncology Public Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205907**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Masow, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Global HeadOncology Public Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327089**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Mathias, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Manager PAC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205839**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	63.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 168
	<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. Mathias, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Manager PAC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326819**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Matthews, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 508.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205908**  
 Amount of Each Receipt this Period  
 24.46  
 Memo Item

**C. Matthews, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 532.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327090**  
 Amount of Each Receipt this Period  
 24.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 168
<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. Mayhew, Brian, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Executive Director Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : A2017-2205910**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Mayhew, Brian, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Executive Director Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2327136**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Mays, Aaron, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Product Director Monofocal IOLs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : A2017-2206545**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	29.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 100 OF 168
	(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"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mays, Aaron, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Product Director Monofocal IOLs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327094**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Mc Laughlin, Stephen, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Associate Director Regional Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327141**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Mc Leer, Arlene, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Junior Global Regulatory Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205916**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 33.85  
**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 101 OF 168
	<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. Mc Leer, Arlene, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Junior Global Regulatory Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327142**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. McBride, Catharine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205840**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. McBride, Catharine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326820**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 168
	<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. McBurney, Christopher, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) VP Breast Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327143**  
 Amount of Each Receipt this Period  
 9.23  
 Memo Item

**B. McGough, Edward, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) SVP Global Mfg & Tech Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2422.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206546**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

**C. McGough, Edward, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) SVP Global Mfg & Tech Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327095**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	239.99
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 168
<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. McGowan, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Corporate	Occupation (for Individual) Exec Dir Fed Govt Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2205841**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. McGowan, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Corporate	Occupation (for Individual) Exec Dir Fed Govt Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2326821**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. McKenna, Edward, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) AD-Regional Acct. Management
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
290.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2205920**

Amount of Each Receipt this Period  
13.85

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	113.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 168
	<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. McKenna, Edward, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.70

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327147**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**B. McNulty, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 SR ABL - Boston  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205921**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. McNulty, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 SR ABL - Boston  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327148**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.85
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 168
<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. Meakim, James, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Sr Account Manager  
 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  
 10 / 13 / 2017  
**Transaction ID : A2017-2205922**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Meyer, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 ABL I - Pittsburgh  
 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  
 10 / 13 / 2017  
**Transaction ID : A2017-2205928**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

**C. Meyer, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 ABL I - Pittsburgh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327154**  
 Amount of Each Receipt this Period  
 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 168
	<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

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. Millard, Susan, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Alcon	Occupation (for Individual) Head HR Alcon R&D
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

**Transaction ID : A2017-2206547**

Amount of Each Receipt this Period  
25.00

Memo Item

**B. Millard, Susan, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Alcon	Occupation (for Individual) Head HR Alcon R&D
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : A2017-2327096**

Amount of Each Receipt this Period  
25.00

Memo Item

**C. Miller, Donald, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma	Occupation (for Individual) Dir Customer Mktg
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
242.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

**Transaction ID : A2017-2205931**

Amount of Each Receipt this Period  
11.54

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 168
	<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. Miller, Donald, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma	Occupation (for Individual) Dir Customer Mktg
---	--

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
10		27		2017

**Transaction ID : A2017-2327157**

Amount of Each Receipt this Period  
11.54

Memo Item

**B. Minetto, Alejandro, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Alcon	Occupation (for Individual) ERP Finance Leader
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.81

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

**Transaction ID : A2017-2206548**

Amount of Each Receipt this Period  
9.61

Memo Item

**C. Minetto, Alejandro, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Alcon	Occupation (for Individual) ERP Finance Leader
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
211.42

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

**Transaction ID : A2017-2327097**

Amount of Each Receipt this Period  
9.61

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 168
	<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	

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. Moore, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205940**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Moore, Stacey, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Resp Integrated Account Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.03

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205941**  
 Amount of Each Receipt this Period 21.18  
 Memo Item

**C. Moore, Stacey, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Resp Integrated Account Spec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 444.21

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327166**  
 Amount of Each Receipt this Period 21.18  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 168
<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. Murthy, Narashima, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) US Novartis Services Inc Occupation (for Individual) Enterprise Application Archite  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205846**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Murthy, Narashima, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) US Novartis Services Inc Occupation (for Individual) Enterprise Application Archite  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326826**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Myrie, Donna, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Associate Dir Strategic Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205955**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**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: (check only one)	PAGE 110 OF 168
<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. Myrie, Donna, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Associate Dir Strategic Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327355**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Naessens, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 EXEC SPEC - SAGINAW MI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205956**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Naessens, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 EXEC SPEC - SAGINAW MI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327356**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 50.00  
**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 111 OF 168
<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. Nagler, Alissa, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) ED PAP
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2205957**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Nagler, Alissa, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) ED PAP
---	---------------------------------------

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
10	/	27	/	2017

**Transaction ID : A2017-2327357**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Nakamura, Jyun, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) Director Leukemia Expert Liaisons
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
203.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2327358**

Amount of Each Receipt this Period  
9.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	29.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 168
<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. Naughton, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Regulatory Affairs - TA Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205960**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Naughton, Mary, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Regulatory Affairs - TA Dir  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2327360**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Neumeyer, Thomas, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Novartis Technical Operations Occupation (for Individual) Quality Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205990**  
 Amount of Each Receipt this Period  
 12.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	32.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 168
	<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. Neumeyer, Thomas, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Novartis Technical Operations Occupation (for Individual) Quality Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327238**  
 Amount of Each Receipt this Period 12.00  
 Memo Item

**B. Neylon, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP & Head Tax for Int IP TP M&A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205847**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Neylon, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) VP & Head Tax for Int IP TP M&A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326827**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	112.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 168
<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. Nguyen, An, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) AD Sr Application Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205848**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Nguyen, An, V, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) AD Sr Application Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326828**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Niesel, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327367**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 115 OF 168
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Nobles, Sharon, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205968**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Nobles, Sharon, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Dermatology Executive Sales Specialist  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2327368**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. O'Neil, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Head Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1898.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205849**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 168
<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. O'Neil, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Head Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1998.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2326829**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Olmstead, Sharon, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head RA & Development Policy GDD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : A2017-2206333**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. Olmstead, Sharon, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head RA & Development Policy GDD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.76

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2327376**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 168
<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. Osmundson, Jeffrey, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Cellular Therapy Strategic Acct Mgr.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327378**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Osten, Craig, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206597**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. Osten, Craig, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.76

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327192**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 168
<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. Oxner, Serafina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Ex Dir Healthcare Contract Adm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206337**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**B. Oxner, Serafina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Ex Dir Healthcare Contract Adm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327380**  
 Amount of Each Receipt this Period  
 23.08  
 Memo Item

**C. Palumbo, Joseph, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Asc Dir Org. Effectiveness  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206342**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 168
	<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. Palumbo, Joseph, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Asc Dir Org. Effectiveness  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327385**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Parker, Melissa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regional Dir Acct Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.85

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206343**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**C. Parker, Melissa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regional Dir Acct Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 304.70

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326864**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	39.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 168
<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. Peterson, Bret, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) ExecRespiratorySalesSpecialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326875**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Petroutsas, Efthimios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Executive Director Ribociclib  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206355**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**C. Petroutsas, Efthimios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Executive Director Ribociclib  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326876**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.23
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 168
	<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. Phipps, Candice, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205851**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item

**B. Phipps, Candice, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326831**  
 Amount of Each Receipt this Period  
 110.00  
 Memo Item

**C. Pierson, Bradley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206357**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 168
	<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. Pierson, Bradley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326879**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Pinamonti, Elizabeth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326880**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Porter, Bernard, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Director National Accounts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326884**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	28.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 168
<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. Pott, Leslie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Sandoz Inc.	Occupation (for Individual) VP Communications
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2205993**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Pott, Leslie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Sandoz Inc.	Occupation (for Individual) VP Communications
--	--

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
10	/	27	/	2017

**Transaction ID : A2017-2327241**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Praeger, Lisa, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Alcon	Occupation (for Individual) VP Head US Customer Operations
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
322.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206550**

Amount of Each Receipt this Period  
15.38

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 168
	<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. Praeger, Lisa, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) VP Head US Customer Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 338.36

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327100**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

**B. Prather, Kelly, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326886**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Prejean, Jeffrey, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 ABL II - NEW ORLEANS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326887**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 168
	<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. Proctor, J., C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncol Area Sales Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326889**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Pyle, Jeremiah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr. Manager Regional Breast Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206371**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Pyle, Jeremiah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr. Manager Regional Breast Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326893**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	51.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 168
<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. Quinlan, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Associate Director Biostatistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206372**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Quinlan, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Associate Director Biostatistics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326894**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Quinn, Eileen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326895**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 168
	<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. Radney, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) AD Regional Strategy Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206375**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Radney, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) AD Regional Strategy Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326897**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Rendon, Susan, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Head C&B Alcon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206552**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 168
<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. Rendon, Susan, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Global Head C&B Alcon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327102**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Riccobono, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Associate Director Talent Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205995**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Riccobono, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Associate Director Talent Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327243**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32.70
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 168
	<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. Riddell, Sheila, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 EXEC SPEC - SALISBURY NC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326969**  
 Amount of Each Receipt this Period  
 9.23  
 Memo Item

**B. Riddiford, Keith, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) Head of PLS US  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326834**  
 Amount of Each Receipt this Period  
 9.23  
 Memo Item

**C. Robertson, David, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Materials Head FWN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206582**  
 Amount of Each Receipt this Period  
 9.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 168
	<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. Robertson, David, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Materials Head FWN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327133**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Robinson, Melissa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.82

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206389**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Robinson, Melissa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 215.82

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326974**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 168
<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. Rodgers, Renee, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) Head Digital Strategy And Svc
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2017

**Transaction ID : A2017-2206390**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Rodgers, Renee, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) Head Digital Strategy And Svc
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2326975**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Roemisch, Laurie, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Oncology	Occupation (for Individual) Sr Oncology Specialist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
203.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2017

**Transaction ID : A2017-2326976**

Amount of Each Receipt this Period  
9.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	69.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 168
	<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. Rouyer, Marc, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Principal Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206583**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Rouyer, Marc, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Principal Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327134**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Ryan, Alan, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Dir. US Advocacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205996**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 168
<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. Ryan, Alan, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Dir. US Advocacy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327244**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Rzewnicki, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Marketing Branded Injectables  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205997**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Rzewnicki, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Marketing Branded Injectables  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327245**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	43.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 168
	<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. Saad, Ahmad, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Principal Engineer Test  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206584**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**B. Saad, Ahmad, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Principal Engineer Test  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327135**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**C. Samartino, Roger, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Sr. Strategic Account Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327290**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 32.31  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 168
	<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. Schmidt, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) GL Systems and Compliance Team Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206409**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Schmidt, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) GL Systems and Compliance Team Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327294**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Schoening, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head Global Quality Assurance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 322.98

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206555**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 35.38  
**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 136 OF 168
<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. Schoening, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head Global Quality Assurance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 338.36

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327105**  
 Amount of Each Receipt this Period 15.38  
 Memo Item

**B. Schweitzer, Mark, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Novartis Technical Operations Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205858**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Schweitzer, Mark, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Novartis Technical Operations Occupation (for Individual) GLHd AS&T SCI Initiatives Oversight  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326838**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 168
	<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. Seay Jr., Russell, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regl Med Lead NS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206410**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Seay Jr., Russell, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Regl Med Lead NS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327295**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Seeland, S., M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Neurology Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205998**  
 Amount of Each Receipt this Period 11.54  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 41.54  
**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 138 OF 168
	<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. Seeland, S., M.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Neurology Marketing  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **253.88**

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2327246**  
 Amount of Each Receipt this Period **11.54**  
 Memo Item

**B. Shaffer, Dawn, M.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **203.06**

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2327298**  
 Amount of Each Receipt this Period **9.23**  
 Memo Item

**C. Sharkey, Bonnie, J.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Dir Comm Contract & Analysis  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : A2017-2206414**  
 Amount of Each Receipt this Period **10.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **30.77**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 168
	<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. Sharkey, Bonnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Dir Comm Contract & Analysis  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2327299**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Shertzer, Deborah, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Director CIA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327301**  
 Amount of Each Receipt this Period  
 9.23  
 Memo Item

**C. Simon, Joseph, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MS Executive Sales Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206419**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 29.23  
**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 140 OF 168
	<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. Simon, Joseph, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MS Executive Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327304**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Simon, William, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 SR SPEC - PITTSBURGH W PA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327305**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Simpson-Hunt, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Development QA Senior GCP Auditor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206422**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	34.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 141 OF 168
<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. Simpson-Hunt, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Development QA Senior GCP Auditor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327307**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Sipe, David, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327310**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Slick, John, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 Sr ABL Columbia SC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327312**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	33.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 168
	<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. Soules, Shane, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206559**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Soules, Shane, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Regional Service Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327109**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Spelta, William, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206437**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 44.04  
**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 143 OF 168
	<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. Spelta, William, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) AD-Regional Acct. Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327322**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**B. Spurr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology US Mkt Access &Health Polic  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2415.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206441**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

**C. Spurr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Oncology US Mkt Access &Health Polic  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2530.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327326**  
 Amount of Each Receipt this Period 115.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	244.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 168
	<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. Stamatis, Demetre, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Reg Affairs-TA Asc Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206443**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Stamatis, Demetre, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Reg Affairs-TA Asc Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327328**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Stanley Jr., Danney, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Dir Mfg Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327184**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 29.23  
**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 145 OF 168
	<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. Stecher, Donald, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205863**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Stecher, Donald, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) AD State & External Affairs  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326903**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. Stehle, Philip, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206560**  
 Amount of Each Receipt this Period  
 9.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 168
	<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

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. Stehle, Philip, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Assoc Dir Glb Ops Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327110**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Stephens, Ashley, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV1 Sr ABL Columbia SC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327333**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**C. Stevens, Donald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 727.02

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205864**  
 Amount of Each Receipt this Period 34.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 168
	<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. Stevens, Donald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326904**  
 Amount of Each Receipt this Period 34.62  
 Memo Item

**B. Stickley, Lesley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Associate Director Regional Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.48

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206450**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Stickley, Lesley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Associate Director Regional Accounts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.48

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327335**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	64.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 168
	<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. Stillwell, Matthew, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Sr. Strategic Account Manager  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **203.06**

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2327336**  
 Amount of Each Receipt this Period **9.23**  
 Memo Item

**B. Stricker, Edson, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Mgr Materials  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **242.13**

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : A2017-2206590**  
 Amount of Each Receipt this Period **11.53**  
 Memo Item

**C. Stricker, Edson, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Mgr Materials  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **253.66**

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : A2017-2327185**  
 Amount of Each Receipt this Period **11.53**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>32.29</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 149 OF 168
<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. Subasinghe, Nishani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Dir Strategic Alliance Dev.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205866**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Subasinghe, Nishani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Dir Strategic Alliance Dev.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326906**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Sullivan, Jessica, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Sr Account Manager-Academic Develop  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206458**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 168
	<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. Sullivan, Jessica, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Pharma Occupation (for Individual) Sr Account Manager-Academic Develop

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 27 / 2017**

**Transaction ID : A2017-2326708**

Amount of Each Receipt this Period **15.00**

Memo Item

**B. Suter, Thomas, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Corporate Occupation (for Individual) Dir State & External Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 13 / 2017**

**Transaction ID : A2017-2205868**

Amount of Each Receipt this Period **30.00**

Memo Item

**C. Suter, Thomas, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Corporate Occupation (for Individual) Dir State & External Affairs

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt **10 / 27 / 2017**

**Transaction ID : A2017-2326908**

Amount of Each Receipt this Period **30.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**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 151 OF 168
<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. Taormina, Yun Shao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Key Customers  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206001**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Taormina, Yun Shao, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Key Customers  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2327249**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Taraszka, John, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Investigator III  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206536**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 168
	<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. Taraszka, John, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NIBR Occupation (for Individual) Investigator III  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2327221**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Thomas, Thomas, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) CV2 SR SPEC - MORGANTOWN WV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326725**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Troisi, Brian, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) IT Security Operations Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2205871**  
 Amount of Each Receipt this Period  
 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 168
	<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. Troisi, Brian, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) IT Security Operations Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326911**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**B. Trout, Gretchen, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head North America Policy & FDA Liaison  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206487**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Trout, Gretchen, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Global Drug Development Occupation (for Individual) Head North America Policy & FDA Liaison  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326737**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 168
	<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. Tuffin, Nancy, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head Health Policy/Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206561**  
 Amount of Each Receipt this Period  
 11.53  
 Memo Item

**B. Tuffin, Nancy, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Head Health Policy/Govt Rel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2327111**  
 Amount of Each Receipt this Period  
 11.53  
 Memo Item

**C. Urban, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) ExecRespiratorySalesSpecialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 366.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206489**  
 Amount of Each Receipt this Period  
 18.44  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	41.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 168
	<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"/>	<input type="checkbox"/> 17

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

**A. Urban, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) ExecRespiratorySalesSpecialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.55

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326739**  
 Amount of Each Receipt this Period 18.44  
 Memo Item

**B. Utt, Lisa, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Area Leader Patient Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.85

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206492**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

**C. Utt, Lisa, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Area Leader Patient Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 304.70

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326742**  
 Amount of Each Receipt this Period 13.85  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	46.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 156 OF 168
<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. Van Meter, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director Quality Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205872**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Van Meter, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director Quality Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326912**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Vander Veen, Edward, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Head Commercial Excellence  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206495**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 157 OF 168
<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. Vander Veen, Edward, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Head Commercial Excellence  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326745**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Vanhaecke, Erwin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) IACH-Head NVS Group Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327112**  
 Amount of Each Receipt this Period 23.08  
 Memo Item

**C. Vineis, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) VP Managed Markets Specialty Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1617.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206002**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 168
	<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. Vineis, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) VP Managed Markets Specialty Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1694.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327250**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. Voegtli, William, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206497**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**C. Voegtli, William, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Senior Reimbursement Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 308.88

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326747**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	105.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 159 OF 168
<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. Volk, Christen, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director National Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206499**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Volk, Christen, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Director National Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326749**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Vollert-Parrotto, Denise, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) NBS Occupation (for Individual) US Finance PLS Head  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2017  
**Transaction ID : A2017-2326913**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 168
	<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. Wilkinson, Erik, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MS Exec Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206510**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**B. Wilkinson, Erik, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) MS Exec Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326760**  
 Amount of Each Receipt this Period 12.50  
 Memo Item

**C. Williams, Donna Lee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director Insurance Exchange  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2205875**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 55.00  
**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 161 OF 168
	<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. Williams, Donna Lee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Corporate Occupation (for Individual) Director Insurance Exchange  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326915**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Williams, Kenneth, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Sr. Principal Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206593**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

**C. Williams, Kenneth, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Sr. Principal Scientist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.42

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327188**  
 Amount of Each Receipt this Period 9.61  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 168
<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. Wilshire, Karen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Sr Oncology Sales Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.06

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326765**  
 Amount of Each Receipt this Period 9.23  
 Memo Item

**B. Wojtylak, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Legal Ops. & Ass. Gen. Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206003**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Wojtylak, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Sandoz Inc. Occupation (for Individual) Director Legal Ops. & Ass. Gen. Counse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327251**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	109.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 168
	<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"/>	<input type="checkbox"/> 17

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

**A. Wyble, Christine, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Glbl Hd of FME Digital Med Info & Com  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206519**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**B. Wyble, Christine, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Oncology Occupation (for Individual) Glbl Hd of FME Digital Med Info & Com  
 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  
 10 / 27 / 2017  
**Transaction ID : A2017-2326768**  
 Amount of Each Receipt this Period  
 11.54  
 Memo Item

**C. Zhang, Fan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Associate Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2017  
**Transaction ID : A2017-2206595**  
 Amount of Each Receipt this Period  
 9.62  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	32.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 168
	<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. Zhang, Fan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Alcon Occupation (for Individual) Associate Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2327190**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Zuluaga, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Cardiovascular ABL Central NJ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt 10 / 13 / 2017  
**Transaction ID : A2017-2206525**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

**C. Zuluaga, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pharma Occupation (for Individual) Cardiovascular ABL Central NJ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : A2017-2326774**  
 Amount of Each Receipt this Period 21.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.62
<b>TOTAL</b> This Period (last page this line number only).....▶	12081.77

**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"/> 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. Republican Main Street Partnership PAC**

Mailing Address 1300 Pennsylvania Ave. NW Box 190

City Washington State DC Zip Code 20004

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2017  
 Primary  General  
 Other (specify)  Not Applicable

Date of Disbursement

MM / DD / YYYY  
10 / 12 / 2017

FEC Identification Number

C00165159

Transaction ID : B640400

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Flores for Congress**

Mailing Address 412 S. Capitol St. SE Suite B

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Flores, Bill, , ,**

Office Sought:  House  Senate  President  
State: TX District: 17

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C00472241

Transaction ID : B668228

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Billy Long for Congress**

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Long, Billy, , ,**

Office Sought:  House  Senate  President  
State: MO District: 07

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C00460063

Transaction ID : B665238

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Blue Power PAC**

Mailing Address PO Box 8846

City  
Collingswood

State  
NJ

Zip Code  
08108

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C C00575894

**Transaction ID : B668364**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DelBene for Congress**

Mailing Address 499 S. Capitol St. SW Suite 422

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**DelBene, Suzan, K, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C C00459099

**Transaction ID : B668225**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Engel for Congress**

Mailing Address 38 Ivy Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Engel, Eliot, L, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C C00236513

**Transaction ID : B665235**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Friends of Erik Paulsen**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Paulsen, Erik, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C00439661

**Transaction ID : B667182**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Green, Raymond Gene, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C00254185

**Transaction ID : B668224**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Manchin for West Virginia**

Mailing Address 660 Pennsylvania Ave. SE Ste. 201

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Manchin, Joseph, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: WV District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2017

FEC Identification Number

C00486563

**Transaction ID : B668222**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Marc Veasey Congressional Campaign Cmte**

Mailing Address 499 S. Capitol St. SW Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**Veasey, Marc, , ,**

Office Sought:  House  Senate  President  
State: TX District: 33

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B668227**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Martin Heinrich for Senate**

Mailing Address 660 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**Heinrich, Martin, T, ,**

Office Sought:  House  Senate  President  
State: NM District:

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B668226**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pascrell for Congress**

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**Pascrell, William, J, , Jr.**

Office Sought:  House  Senate  President  
State: NJ District: 09

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B668223**

Amount of Each Disbursement this Period

Memo Item

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

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