

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Novartis Corporation Political Action Committee

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00033969

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day  PRE-Election Primary (12P)  General (12G)  Runoff (12R)  
 Report for the:  Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day  POST-Election General (30G)  Runoff (30R)  Special (30S)  
 Report for the:

Election on MM / DD / YYYY in the State of

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

04 / 01 / 2014 through 04 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Shawn O'Neil

Signature of Treasurer *Shawn O'Neil* [Electronically Filed] Date 05 / 19 / 2014

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

Office Use Only							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		198729.54
(b) Cash on Hand at Beginning of Reporting Period.....	95409.99	
(c) Total Receipts (from Line 19) .....	23531.04	98784.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	118941.03	297514.16
7. Total Disbursements (from Line 31).....	28607.28	207180.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	90333.75	90333.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5801.46	15361.58
(ii) Unitemized .....	17729.58	81423.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23531.04	96784.62
(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) .....	23531.04	96784.62
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	2000.00
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))..... ▶	23531.04	98784.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23531.04	98784.62

**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 .....	107.28	280.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	107.28	280.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	201000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	5900.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28607.28	207180.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28607.28	207180.41

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23531.04	96784.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23531.04	96784.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	107.28	280.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	107.28	280.41

**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 29
<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**

Full Name (Last, First, Middle Initial) <b>A. Neilda A Baron</b>		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code East Hanover NJ 07936		<b>Transaction ID : A2014-798110</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Novartis Pharmaceuticals	Occupation Med Affairs (MD) - Ex Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Tracy L Baroni Allmon</b>		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code East Hanover NJ 07936		<b>Transaction ID : A2014-798131</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="92.30"/>
Name of Employer Novartis Pharmaceuticals	Occupation Onco Government Affairs - Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="369.20"/>	

Full Name (Last, First, Middle Initial) <b>C. Patricia A Cannon</b>		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code East Hanover NJ 07936		<b>Transaction ID : A2014-797105</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="70.00"/>
Name of Employer Novartis Vaccines & Diagnostics	Occupation Government Affairs - Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="262.30"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. James P Carey**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Services Incorporated Government Affairs - Vice Pres

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 398.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797734**

Amount of Each Receipt this Period  
 100.20

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

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Services Incorporated Fed and Legislative Affairs -

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1107.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797447**

Amount of Each Receipt this Period  
 276.92

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

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Government Affairs - Senior Sp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 219.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797289**

Amount of Each Receipt this Period  
 55.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 432.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Sean T Clark**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Alcon Laboratories Inc. Occupation Product/Brand Mgmt - Ex Dir

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  
**04 / 30 / 2014**

**Transaction ID : A2014-796810**

Amount of Each Receipt this Period  
**60.00**

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation DEVELOPMENT & MEDICAL - CEG RO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-798188**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**C. Julie A Collins**

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Alcon Laboratories Inc. Occupation Professional Svcs-Mktg - Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-796811**

Amount of Each Receipt this Period  
**92.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>352.30</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 9 OF 29
	<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. Seth Coombs**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 Massachusetts Avenue

City Cambridge State MA Zip Code 02139

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Product Marketing - Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797071**

Amount of Each Receipt this Period  
**92.30**

**B. William E Darnall**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza Ste 725

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Med Science Liaison (Non-MD) -

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797033**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation Government Affairs - Associate

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  
**04 / 30 / 2014**

**Transaction ID : A2014-797673**

Amount of Each Receipt this Period  
**60.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>252.30</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 10 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David P Drake</b>		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-797557</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Novartis Services Incorporated	Government Affairs - Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Carter L Dutch</b>		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-798181</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	Sales-Reg Act Mgmt - Ex Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. David R Epstein</b>		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2014-797592</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Novartis Services Incorporated	COMMERCIAL & GEN MGMT - CEG RO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Med Science Liaison (Non-MD) -

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797678**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Neely T Frye**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Government Affairs - Senior Sp

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 485.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797518**

Amount of Each Receipt this Period  
 122.50

Full Name (Last, First, Middle Initial)  
**C. Lisa M Goldman**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Regulatory Compliance - Ex Dir

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-798159**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 322.50

**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 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Erwin A Gomez Valladares</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-796993</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 92.30
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Latin America Service	Occupation Procurement - Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.20	

Full Name (Last, First, Middle Initial) <b>B. Nancy J Grande</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-798010</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 100.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation Drug Sfty Surv (MD) - Ex Dir	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Kris Grzegorzewski</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-798135</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 80.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation Onco Ex Dir Clinical Res Phys	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	272.30
<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 13 OF 29
<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. Melody Hughson**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Government Affairs - Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-798164**

Amount of Each Receipt this Period  
**100.00**

**B. Sarah G Kan**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Government Affairs - Senior Sp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **424.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-798207**

Amount of Each Receipt this Period  
**106.14**

**C. Thomas N Kendris**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation LEGAL & IP - CEG ROLE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797240**

Amount of Each Receipt this Period  
**92.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>298.44</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: PAGE 14 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Shannon T Klinger**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Sandoz Inc. Global Head Lgl & Gen Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797018**

Amount of Each Receipt this Period  
 115.38

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

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Government Affairs - Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 923.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797402**

Amount of Each Receipt this Period  
 230.76

Full Name (Last, First, Middle Initial)  
**C. Robert W Kowalski**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals COMMERCIAL & GEN MGMT - CEG RO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 369.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-798136**

Amount of Each Receipt this Period  
 92.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **438.44**

**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 29
	<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. Richard E Lemire**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Engineering-Facilities - Direc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797218**

Amount of Each Receipt this Period  
**86.52**

**B. Richard Lloyd**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Consumer Health Inc. Occupation COMMERCIAL & GEN MGMT - CEG RO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-796988**

Amount of Each Receipt this Period  
**92.30**

**C. Christopher B McDonald**  
Full Name (Last, First, Middle Initial)

Mailing Address 475 Green Oaks Parkway

City Holly Springs State NC Zip Code 27540

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

Name of Employer Novartis Vaccines & Diagnostics Occupation Mftg Plant Mgmt - VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797086**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **278.82**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Catharine M McGeehan</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-797422</b>
Mailing Address One Health Plaza			Amount of Each Receipt this Period 92.30
City East Hanover	State NJ	Zip Code 07936	Aggregate Year-to-Date ▼ 369.20
FEC ID number of contributing federal political committee. C		Name of Employer Novartis Pharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Occupation Government Affairs - Senior Sp			

Full Name (Last, First, Middle Initial) <b>B. Edward D McGough</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-796852</b>
Mailing Address One Health Plaza			Amount of Each Receipt this Period 230.76
City East Hanover	State NJ	Zip Code 07936	Aggregate Year-to-Date ▼ 923.04
FEC ID number of contributing federal political committee. C		Name of Employer Alcon Laboratories Inc.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Occupation PRODUCTION - CEG ROLE			

Full Name (Last, First, Middle Initial) <b>C. William D McLaury</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-797448</b>
Mailing Address One Health Plaza			Amount of Each Receipt this Period 92.30
City East Hanover	State NJ	Zip Code 07936	Aggregate Year-to-Date ▼ 369.20
FEC ID number of contributing federal political committee. C		Name of Employer Novartis Pharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Occupation Supply Chain Plan - Ex Dir			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	415.36
<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: PAGE 17 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Consumer Health Inc. COMMERCIAL & GEN MGMT - CEG RO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 369.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-796987**

Amount of Each Receipt this Period  
 92.30

Full Name (Last, First, Middle Initial)  
**B. Regina M Mitchell**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Vaccines & Diagnostics Sales-Pharmaceutical - Special

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  
 04 / 30 / 2014  
**Transaction ID : A2014-797111**

Amount of Each Receipt this Period  
 60.00

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

Mailing Address 350 Massachusetts Avenue

City State Zip Code  
 Cambridge MA 02139

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

Name of Employer Occupation  
 Novartis Vaccines & Diagnostics COMMERCIAL & GEN MGMT - CEG RO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 369.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797089**

Amount of Each Receipt this Period  
 92.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 244.60

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

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

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

FOR LINE NUMBER: PAGE 18 OF 29  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Shawn O'Neil**

Mailing Address 608 Fifth Avenue

City State Zip Code  
New York NY 10020

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

Name of Employer Occupation  
Novartis Services Incorporated Government Affairs - Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**369.20**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-798150**

Amount of Each Receipt this Period  
**92.30**

Full Name (Last, First, Middle Initial)  
**B. Michael S Oehrlein**

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Novartis Pharmaceuticals VP Oncology Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**600.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797916**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**C. John M Pakulski**

Mailing Address One Health Plaza

City State Zip Code  
East Hanover NJ 07936

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

Name of Employer Occupation  
Sandoz Inc. Reg Aff Approval - Ex Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**369.20**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797016**

Amount of Each Receipt this Period  
**92.30**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **334.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Candice C Phipps</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-797021</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 200.00
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Sandoz Inc.	Occupation Government Affairs - Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Power</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-798176</b>
Mailing Address 350 Massachusetts Avenue		Amount of Each Receipt this Period 60.00
City Cambridge	State MA	Zip Code 02139
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Vaccines & Diagnostics	Occupation External Communications - Dire	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Kevin T Rigby</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 30 / 2014 <b>Transaction ID : A2014-797604</b>
Mailing Address One Health Plaza		Amount of Each Receipt this Period 230.76
City East Hanover	State NJ	Zip Code 07936
FEC ID number of contributing federal political committee. C		
Name of Employer Novartis Pharmaceuticals	Occupation CORPORATE AFFAIRS - CEG ROLE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.04	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.76
<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: PAGE 20 OF 29  
(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. Renee C Rodgers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Internet Marketing/E-Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-798171**  
 Amount of Each Receipt this Period  
 60.00

**B. Jason T Russell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Sr Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.32

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797280**  
 Amount of Each Receipt this Period  
 60.42

**C. Joseph M Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Clinical Research - Vice Presi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-798186**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.42  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 29  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Robert A Spurr**

Mailing Address 608 Fifth Avenue

City State Zip Code  
 New York NY 10020

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Sales Mgmt-Onco Mgd Mkts - VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-798190**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Lisa A Steelman**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Government Affairs - Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 424.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797235**

Amount of Each Receipt this Period  
 106.16

Full Name (Last, First, Middle Initial)  
**C. Donald P Stevens**

Mailing Address One Health Plaza

City State Zip Code  
 East Hanover NJ 07936

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

Name of Employer Occupation  
 Novartis Pharmaceuticals Government Affairs - Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 276.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797337**

Amount of Each Receipt this Period  
 69.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **375.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation Strategic Planning - Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **286.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797556**

Amount of Each Receipt this Period  
**72.20**

Full Name (Last, First, Middle Initial)  
**B. Seth A Townsend**

Mailing Address 608 Fifth Avenue

City New York State NY Zip Code 10020

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

Name of Employer Novartis Pharmaceuticals Occupation Financial Analysis - Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-798195**

Amount of Each Receipt this Period  
**60.00**

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation BU Sr Account Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **251.54**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A2014-797703**

Amount of Each Receipt this Period  
**63.48**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>195.68</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: PAGE 23 OF 29  
(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. Andrew J Volante**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation COMMERCIAL & GEN MGMT - CEG RO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 369.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-797497**  
 Amount of Each Receipt this Period  
 92.30

**B. Kristopher Weidling**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 Green Oaks Parkway  
 City Holly Springs State NC Zip Code 27540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Vaccines & Diagnostics Occupation Human Resources Generalist - D  
 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  
 04 / 30 / 2014  
**Transaction ID : A2014-797094**  
 Amount of Each Receipt this Period  
 30.00

**C. James E Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Clinical Research(MD) Principa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 369.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2014-798098**  
 Amount of Each Receipt this Period  
 92.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	214.60
<b>TOTAL</b> This Period (last page this line number only).....▶	5801.46

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Capital One Bank**

Mailing Address 701 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Bank Service Charge

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

**Transaction ID : B496215**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cmte to Re-elect Linda Sanchez**

Mailing Address 410 1st St SE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Linda Sanchez**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 38

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : B494823**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. First State PAC**

Mailing Address 303 Massachusetts Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : B494365**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John Carney for Congress**

Mailing Address 410 1st Street SE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Carney**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: DE District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : B494824**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Madison PAC**

Mailing Address 235 State Street #206

City Springfield State MA Zip Code 01103

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : B494364**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Butterfield for Congress Cmte**

Mailing Address 3701 Porter Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Contribution

011

Candidate Name

**G.K. Butterfield**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: NC District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2014

**Transaction ID : B494928**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Cory Booker for Senate**

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement Contribution

011

Candidate Name

**Cory Booker**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: NJ District:

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2014

**Transaction ID : B494366**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lance for Congress**

Mailing Address PO Box 225

City State Zip Code  
Colonia NJ 07067

Purpose of Disbursement  
Contribution

011

Candidate Name

**Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2014

**Transaction ID : B494988**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends for Harry Reid**

Mailing Address 426 C St. NE Rear Building

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Harry Reid**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2014

**Transaction ID : B494922**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 220 I Street NE Suite 250

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Charles E Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 29 / 2014

**Transaction ID : B494924**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Tiberi for Congress**

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Pat Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

**Transaction ID : B494926**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Pitts**

Mailing Address 1707 Prince Street #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph R Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

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

**Transaction ID : B494367**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael C. Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

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

**Transaction ID : B494817**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cantor for Congress**

Mailing Address P.O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution

011

Candidate Name

**Eric I Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

**Transaction ID : B494822**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. People for Patty Murray**

Mailing Address 1602 Belle view Boulevard #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

**Transaction ID : B494821**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

7500.00
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**TOTAL** This Period (last page this line number only)..... ▶

28500.00
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