

# 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** ▼ C C00033969 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

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

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

General (30G)  Runoff (30R)  Special (30S)

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

5. Covering Period M M / D D / Y Y Y Y Y Y 02 / 01 / 2015 through M M / D D / Y Y Y Y Y Y 02 / 28 / 2015

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

Type or Print Name of Treasurer Shawn O'Neil

Signature of Treasurer Shawn O'Neil *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 03 / 19 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		193839.62
(b) Cash on Hand at Beginning of Reporting Period.....	139951.43	
(c) Total Receipts (from Line 19) .....	21119.35	42853.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	161070.78	236692.91
7. Total Disbursements (from Line 31).....	49571.85	125193.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	111498.93	111498.93
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).....	2767.22	3966.42
(ii) Unitemized .....	18352.13	38886.87
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21119.35	42853.29
(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) .....	21119.35	42853.29
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21119.35	42853.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21119.35	42853.29

**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 .....	71.85	193.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	71.85	193.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	122000.00
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	3000.00
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)) ..	49571.85	125193.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49571.85	125193.98

**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) .....	21119.35	42853.29
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21119.35	42853.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	71.85	193.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	71.85	193.98

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

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

FOR LINE NUMBER: PAGE 6 OF 18  
(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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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. Tracy L Baroni Allmon**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Exec Director Health Policy  
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  
02 / 28 / 2015  
**Transaction ID : A2015-351348**  
Amount of Each Receipt this Period  
120.00

**B. Daniel P Casserly**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Services Incorporated Occupation Head of Fed Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 553.84

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2015  
**Transaction ID : A2015-350793**  
Amount of Each Receipt this Period  
276.92

**C. Cathryn M Clary**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Health Plaza  
City East Hanover State NJ Zip Code 07936  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novartis Pharmaceuticals Occupation Head US Med & Chief Scien Offc  
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  
02 / 28 / 2015  
**Transaction ID : A2015-351410**  
Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 596.92  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<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. William E Darnall**

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 Director Immunization Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : A2015-350544**

Amount of Each Receipt this Period  
150.00

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation AD State & External Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : A2015-350853**

Amount of Each Receipt this Period  
122.50

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

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Services Incorporated Occupation VP Intl Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
308.00

Date of Receipt  
02 / 28 / 2015  
**Transaction ID : A2015-350838**

Amount of Each Receipt this Period  
154.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 426.50

**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: PAGE 8 OF 18  
(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. Cyrus M Hoseyni**

Mailing Address One Health Plaza

City East Hanover      State NJ      Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals      Occupation Gbl Hd IIS and Advanced Quant. Science

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  
**02 / 28 / 2015**

**Transaction ID : A2015-351363**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address One Health Plaza

City East Hanover      State NJ      Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals      Occupation Asc Dir State & Ext Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.28**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : A2015-351428**

Amount of Each Receipt this Period  
**106.14**

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

Mailing Address One Health Plaza

City East Hanover      State NJ      Zip Code 07936

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : A2015-350530**

Amount of Each Receipt this Period  
**115.38**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **421.52**

**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 18
<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. Richard E Knapp**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Novartis Pharmaceuticals Occupation ED State & External Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : A2015-350752**

Amount of Each Receipt this Period  
**230.76**

**B. Edward D McGough**  
Full Name (Last, First, Middle Initial)

Mailing Address One Health Plaza

City East Hanover State NJ Zip Code 07936

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

Name of Employer Alcon Laboratories Inc. Occupation SVP Global Mfg & Tech Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : A2015-350372**

Amount of Each Receipt this Period  
**230.76**

**C. Shawn O'Neail**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 Fifth Avenue

City New York State NY Zip Code 10020

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

Name of Employer Novartis Services Incorporated Occupation Ex Dir Legislative Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2015**

**Transaction ID : A2015-351370**

Amount of Each Receipt this Period  
**110.00**

**SUBTOTAL** of Receipts This Page (optional)..... **571.52**

**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 10 OF 18
<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
Mailing Address One Health Plaza		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-350534</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
Sandoz Inc.	Director Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kevin T Rigby</b>		Date of Receipt
Mailing Address One Health Plaza		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
East Hanover	NJ	07936
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-350929</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="230.76"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	VPPA NPCCountry PA Head	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="461.52"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Christi L Shaw</b>		Date of Receipt
Mailing Address 44 Guinea Hollow Rd		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lebanon	NJ	08833
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2015-351371</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>
Name of Employer	Occupation	
Novartis Pharmaceuticals	US Country President & President NPC	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="550.76"/>
<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 18  
(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. Robert A Spurr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novartis Pharmaceuticals Occupation Head Mgd Mkts/Mkt Acs/Est Med  
 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  
 02 / 28 / 2015  
**Transaction ID : A2015-351415**  
 Amount of Each Receipt this Period  
 200.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2767.22

**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. McCarthy Victory Fund**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : B546574

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address 220 Eye Street NE Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Candidate Name

**Michael Bennet**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

Transaction ID : B546576

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Patrick Murphy**

Mailing Address 33 R Street NW

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

011

Candidate Name

**Patrick Murphy**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 18

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

Transaction ID : B546354

Amount of Each Disbursement this Period

1000.00

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

7000.00

**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. Georgians for Isakson**

Mailing Address 900 19th St. NW 8th floor

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contribution

011

Candidate Name

**Johnny Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2015

**Transaction ID : B546362**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Hoyer's Majority Fund**

Mailing Address 499 S. Capitol St. Suite 406

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2015

**Transaction ID : B546358**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Roy Blunt**

Mailing Address 209 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Roy Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2015

**Transaction ID : B546363**

Amount of Each Disbursement this Period

2500.00
---------

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

7000.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. The Richard Burr Committee**

Mailing Address Post Office Box 5928

City Winston-salem State NC Zip Code 27113

Purpose of Disbursement Contribution

011

Candidate Name

**Richard Burr**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : B546352**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. George Holding for Congress**

Mailing Address 217 Third Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**George Holding**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : B546578**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Kelly Ayotte**

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Kelly Ayotte**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : B546357**

Amount of Each Disbursement this Period

2500.00

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

8500.00

**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. New Millennium PAC**

Mailing Address 300 New Jersey Ave. NW Suite 900

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : B546351**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Cory Booker for Senate**

Mailing Address P.O. Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Cory Booker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : B546361**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Donald Norcross for Congress**

Mailing Address 499 South Capitol Street SW Suite

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Donald W Norcross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : B546577**

Amount of Each Disbursement this Period

1000.00
---------

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

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

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Martin Heinrich for Senate**

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
Contribution

011

Candidate Name

**Martin T Heinrich**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

**Transaction ID : B546360**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends for Harry Reid**

Mailing Address 426 C Street NE Rear Building

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Harry Reid**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	5

**Transaction ID : B546350**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Jobs Opp. and Education PAC (JOE-PAC)**

Mailing Address 410 1st St SE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	5

**Transaction ID : B546580**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

8	5	0	0	0	0	0	0	0	0

0	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. Boehner for Speaker**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2015

**Transaction ID : B546575**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kurt Schrader**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : B546355**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Walden for Congress**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Contribution

011

Candidate Name

**Gregory Paul Walden**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 26 / 2015

**Transaction ID : B546353**

Amount of Each Disbursement this Period

1000.00

**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. Wyden for Senate**

Mailing Address 3612 Newark Street NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ron Wyden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : B546356**

Amount of Each Disbursement this Period

1000.00
---------

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: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

**Transaction ID : B546579**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Tenn Political Action Committee**

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

**Transaction ID : B546349**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

49500.00
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