

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

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

FOR LINE NUMBER: PAGE 42 OF 115

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hagan, Laura, A, ,

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novartis Pharmaceuticals

Occupation (for Individual)

Global Head Clinical Disclosure Office

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

219.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : A2019-2074344

Amount of Each Receipt this Period

11.54

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hagan, Laura, A, ,

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novartis Pharmaceuticals

Occupation (for Individual)

Global Head Clinical Disclosure Office

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2019

Transaction ID : A2019-2222432

Amount of Each Receipt this Period

11.54

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haller, Sarah, E, ,

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novartis Services Incorporated

Occupation (for Individual)

VP Intl Public Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1463.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2019

Transaction ID : A2019-2074113

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

100.08

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