

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

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

FOR LINE NUMBER: PAGE 43 OF 115

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

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

Transaction ID : A2019-2222203

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

B. Hayden, Kathy-Jo, B, ,

Mailing Address One 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)
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2185.00

Date of Receipt

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

Transaction ID : A2019-2074114

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

C. Hayden, Kathy-Jo, B, ,

Mailing Address One 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)
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID : A2019-2222204

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

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

307.00