

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 OR AMENDED

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

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

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

5. Covering Period

06 / 01 / 2016 through 06 / 30 / 2016

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

O'Neil, Shawn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

O'Neil, Shawn, , ,

[Electronically Filed]

Date

12 / 08 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Novartis Corporation Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		151151.54
(b) Cash on Hand at Beginning of Reporting Period.....	69405.40	
(c) Total Receipts (from Line 19) .....	16232.11	106960.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85637.51	258112.25
7. Total Disbursements (from Line 31).....	18296.99	190771.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	67340.52	67340.52
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).....	6311.93	28033.08
(ii) Unitemized .....	9920.18	78927.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16232.11	106960.71
(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) .....	16232.11	106960.71
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)).....▶	16232.11	106960.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16232.11	106960.71

**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 .....	46.99	271.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	46.99	271.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	187500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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 (Including Non-Federal Donations).....	250.00	3000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18296.99	190771.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18296.99	190771.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16232.11	106960.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16232.11	106960.71
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	46.99	271.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	46.99	271.73

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

Form/Schedule: F3XA  
Transaction ID :

This report is being amended to update the sub total on Line 6(d), Column B disbursement totals and the PAC beginning and ending balances. Please update your records accordingly.

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Banko, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) AD IT Service Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152448**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

**B. Barnett, Allison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) AD State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152867**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

**C. Barninger, Michael, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Director Strategy & Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 221.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152577**  
 Amount of Each Receipt this Period 34.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	122.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Baron, Neilda, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Ex Dir Medical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152746**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Baroni Allmon, Tracy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Exec Director Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152753**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**C. Bonebrake, Alison, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Sandoz Inc Occupation (for Individual) DirectorSandoz Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151982**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Borill, Troy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Sr. Oncology Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.44

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152538**  
 Amount of Each Receipt this Period 40.28  
 Memo Item

**B. Brooks, Michael, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Sr Oncol Area Sales Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152324**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Brunner, Thomas, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) IT Expert 1  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152586**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.28
<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 40
	<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. Bylancik, Angela, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Ex Dir BD&L Alliance Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152294**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Byler, Timothy, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152359**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Campbell, Kimberley, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Sandoz Inc Occupation (for Individual) MSL Director Oncology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151981**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Casserly, Daniel, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Head of Fed Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1799.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1152336**  
 Amount of Each Receipt this Period  
 276.92  
 Memo Item

**B. Christensen-Boner, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 394.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1152238**  
 Amount of Each Receipt this Period  
 61.36  
 Memo Item

**C. Clary, Cathryn, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Head Patient Affairs Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1152808**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	538.28
<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 12 OF 40
<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. Collins, Julie, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Alcon Laboratories Inc Occupation (for Individual) Director Digital Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151839**  
 Amount of Each Receipt this Period 92.30  
 Memo Item

**B. Colpitts, Scott, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Head of Facilities & Utility Maint. (A)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152811**  
 Amount of Each Receipt this Period 44.00  
 Memo Item

**C. Conley, Michael, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Vice President Trade & Customer Serv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152366**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<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. Conoshenti, Joseph, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Director Strategic Account Alliances  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152822**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Consier, Kirby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152872**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Coombs, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 Massachusetts Avenue  
 City Cambridge State MA Zip Code 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Sandoz Inc Occupation (for Individual) Executive Director Oncology Injectable  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151976**  
 Amount of Each Receipt this Period 92.30  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 212.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
<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. Couture, Eric, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Head Regulatory C&G TU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152721**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Deason, Terry, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) MSL Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152800**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Epstein, David, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Head Pharma AG  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152424**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 40
<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. Farber, Leo, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152844**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Fellers, Thomas, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Medical Account Management & FME  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152478**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Frye, Neely, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 828.07

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152376**  
 Amount of Each Receipt this Period 128.06  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	328.06
<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 16 OF 40
	<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. Gajewski, Edward, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Exec Dir National & Regional Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1152292**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. George, Deidre, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1152847**  
 Amount of Each Receipt this Period  
 42.00  
 Memo Item

**C. Grande, Nancy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Head Proc Improv & Compliance IMS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1152683**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Grzegorzewski, Kris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) US Head iDocs Oncology Franchise  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152757**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Guidi, Joseph, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Sr. Director Commercial Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152742**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Gulick, David, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Director New Products  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152252**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 40
	<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. Habel, Kurt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Asc Dir Incentive Modeling/Des  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152401**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

**B. Haller, Sarah, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) VP Intl Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152364**  
 Amount of Each Receipt this Period 154.00  
 Memo Item

**C. Hayden, Kathy-Jo, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Director Public Health Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152380**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 40
<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. Hilkert, Robert, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Global Program Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152710**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

**B. Hough, Charles, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Hd of Corp Resp Strat & Stakeholder E  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152738**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Hughes, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Dir Insurance Exchange Ext Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152868**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	146.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 40
<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. Hughson, Melody, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Ex Director Public Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152777**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Jarvis, Edgar, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Sr Cardiovascular Area Business Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.95

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152281**  
 Amount of Each Receipt this Period 32.30  
 Memo Item

**C. Kamal, Tawfik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) IACH-Capability Bldg Academy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152430**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.30
<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 21 OF 40
<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. Kan, Sarah, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Asc Dir State & Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : A2016-1152826**  
 Amount of Each Receipt this Period  
 154.00  
 Memo Item

**B. Kendris, Thomas, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Corporation Occupation (for Individual) President Novartis Corp & US Cntry Pr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : A2016-1152205**  
 Amount of Each Receipt this Period  
 92.30  
 Memo Item

**C. Kowalski, Robert, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Expat\_CH\_Head Regulatory GDD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 276.90

Date of Receipt  
 06 / 30 / 2016  
**Transaction ID : A2016-1152758**  
 Amount of Each Receipt this Period  
 46.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	292.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 40
<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. Kulesher, Kathleen, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Assoc. Dir. State and External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152828**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Leas, Leigh Anne, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) VP Health Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152671**  
 Amount of Each Receipt this Period 154.00  
 Memo Item

**C. Lennon, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Oncology Business Franchise Head  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152869**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	404.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Lloyd, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Head US Oncology Mgd Markets & Mkt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152739**  
 Amount of Each Receipt this Period 92.30  
 Memo Item

**B. Lockwood, Jeffrey, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US NIBRI Occupation (for Individual) Head NIBR Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151953**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

**C. Matthews, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Sr Oncol Area Sales Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.74

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152370**  
 Amount of Each Receipt this Period 47.06  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	185.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 40
	<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. McBride, Catharine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) AD State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152320**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. McGough, Edward, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Alcon Laboratories Inc Occupation (for Individual) SVP Global Mfg & Tech Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151871**  
 Amount of Each Receipt this Period 230.76  
 Memo Item

**C. Menichini, Gary, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Alcon Laboratories Inc Occupation (for Individual) VP/GM U.S. Pharmaceuticals  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151838**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	380.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 40
	<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. Millard, Susan, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) US Alcon Laboratories Inc	Occupation (for Individual) Head HR Alcon R&D
----------------------------------------------------------------	--------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : A2016-1151843**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) US Novartis Pharmaceuticals	Occupation (for Individual) Resp Integrated Account Spec
------------------------------------------------------------------	-------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : A2016-1152306**

Amount of Each Receipt this Period  
37.34

Memo Item

**C. Myrie, Donna, H, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Health Plaza

City East Hanover	State NJ	Zip Code 07936
----------------------	-------------	-------------------

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

Name of Employer (for Individual) US Novartis Pharmaceuticals	Occupation (for Individual) Associate Dir Strategic Alliance Mgmt
------------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

**Transaction ID : A2016-1152391**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. O'Neil, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Ex Dir Legislative Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 926.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152768**  
 Amount of Each Receipt this Period 156.00  
 Memo Item

**B. Olmstead, Sharon, N, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) VP Global Head Regulatory Policy & In  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152781**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

**C. Osten, Craig, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Finance Corp Occupation (for Individual) Vice President & Treasurer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152210**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.32
<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 27 OF 40
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<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. Oxner, Serafina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Ex Dir Healthcare Contract Adm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152458**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

**B. Phipps, Candice, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Director Federal Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152838**  
 Amount of Each Receipt this Period 220.00  
 Memo Item

**C. Renz, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Sandoz Inc Occupation (for Individual) Director Communications for Biopharma  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151980**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	326.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Rodgers, Renee, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Head Digital Strategy And Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1152783**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Russell, Jason, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Sandoz Inc Occupation (for Individual) Assoc Dir National Accts Spec Pharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1151960**  
 Amount of Each Receipt this Period 68.08  
 Memo Item

**C. Ryan, Alan, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Sandoz Inc Occupation (for Individual) Dir. US Advocacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2016  
**Transaction ID : A2016-1151967**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 40
<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. Sacks, Harry, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Novartis Pharmaceuticals Occupation (for Individual) VP Medl & Scientific Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152810**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Sanderson, Adwoa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Ex Dir Advocacy & Access  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152833**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Schweitzer, Mark, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Gbl Head Analytical Science & Technolo  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152843**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 40
<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. Shaw, Christi, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152769**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. Simon, Joseph, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) MS Exec Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152329**  
 Amount of Each Receipt this Period 36.92  
 Memo Item

**C. Spurr, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Fifth Avenue  
 City New York State NY Zip Code 10020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) US Co Head & VP Patient Access & Hea  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152812**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	356.92
<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 31 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stevens, Donald, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Director State&External Affrs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.06

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152270**  
 Amount of Each Receipt this Period 69.24  
 Memo Item

**B. Suter, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Dir State & External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152743**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Urban, Thomas, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) ExecRespiratorySalesSpecialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.82

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152201**  
 Amount of Each Receipt this Period 32.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 161.90  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 40
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Van Meter, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Pharmaceuticals Occupation (for Individual) Director Quality Ext Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152871**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Van Pelt, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Novartis Services Inc Occupation (for Individual) Exec Dir Fed Govt Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1152845**  
 Amount of Each Receipt this Period 154.00  
 Memo Item

**C. Warner, Robert, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Health Plaza  
 City East Hanover State NJ Zip Code 07936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Alcon Laboratories Inc Occupation (for Individual) Global Franchise Head Vision Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 06 / 30 / 2016  
**Transaction ID : A2016-1151876**  
 Amount of Each Receipt this Period 46.16  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 40
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Woolford, Stephen, 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) US Novartis Services Inc	Occupation (for Individual) Ex Dir Business Plang & Analy
---------------------------------------------------------------	--------------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.04

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		30		2016

**Transaction ID : A2016-1152456**

Amount of Each Receipt this Period  
46.16

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	46.16
<b>TOTAL</b> This Period (last page this line number only).....	6311.93

**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"/> 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

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

FEC Identification Number

C
---

Transaction ID : B619942

Amount of Each Disbursement this Period

46.99
-------

Memo Item

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

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

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 Y

FEC Identification Number

C
---

Amount of Each Disbursement this Period

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Memo Item

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

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

46.99
-------

46.99
-------

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Boozman for Arkansas**

Mailing Address 1316 Alexandria Avenue

City Alexandria State VA Zip Code 22308

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Boozman, John, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number

C C00476317

**Transaction ID : B604837**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Anna Eshoo for Congress**

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Eshoo, Anna, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: CA District: 18

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number

C C00258475

**Transaction ID : B604845**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Georgians for Isakson**

Mailing Address PO Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Isakson, Johnny, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number

C C00384693

**Transaction ID : B604852**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kinzinger for Congress**

Mailing Address P.O. Box 15239

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name Kinzinger, Adam, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: IL District: 16

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B604841**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Guthrie for Congress**

Mailing Address 499 S. Capitol St. SW Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name Guthrie, Brett, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: KY District: 02

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B604839**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Moulton for Congress Committee**

Mailing Address 410 1st Street SE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name Moulton, Seth, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: MA District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B604838**

Amount of Each Disbursement this Period

Memo Item

**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"/> 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. Hoyer for Congress**

Mailing Address 499 S. Capitol St. SW Suite 406

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Hoyer, Steny, H, ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number

C C00140715

**Transaction ID : B604849**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Paulsen, Erik, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify)

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number

C C00439661

**Transaction ID : B604843**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Millennium PAC**

Mailing Address 300 New Jersey Ave. NW Suite 900

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number

C C00349233

**Transaction ID : B604834**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress**

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Pascrell, William, J, , Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: NJ District: 09

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B604850**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Crowley for Congress**

Mailing Address 410 1st Street SE Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Crowley, Joseph, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: NY District: 14

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B604851**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Engel for Congress**

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Engel, Eliot, L, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  Other (specify) ▼  
State: NY District: 16

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B604836**

Amount of Each Disbursement this Period

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Schumer**

Mailing Address 220 I Street NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Schumer, Charles, E, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NY District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number  
**C** C00346312  
**Transaction ID : B604847**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kaine for Virginia**

Mailing Address 1490-5A Quarterpath Road #272

City Williamsburg State VA Zip Code 23185

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Kaine, Tim, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: VA District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number  
**C** C00495358  
**Transaction ID : B605235**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Patty Murray**

Mailing Address 1602 Belle View Boulevard #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Murray, Patty, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WA District:

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number  
**C** C00257642  
**Transaction ID : B604835**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

3000.00  
18000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. People for Matt Baker Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 602

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement  
G-2016 State House 68 PA

Candidate Name  
**Baker, Matt, , ,**

Office Sought:  House  Senate  President  
State: PA District: 68

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
06 / 20 / 2016

FEC Identification Number  
C [ ]  
**Transaction ID : B604832**

Amount of Each Disbursement this Period  
[ ] 250.00 [ ]

Memo Item

**B.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C [ ]

Amount of Each Disbursement this Period  
[ ] [ ]

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY

FEC Identification Number  
C [ ]

Amount of Each Disbursement this Period  
[ ] [ ]

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 250.00 [ ]
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 250.00 [ ]