

**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)

801 Pennsylvania Ave. NW Suite 700

Check if different  
than previously  
reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00033969

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

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

Election on

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

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
03 01 2019

through

M M / D D / Y Y Y Y Y Y  
03 31 2019

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

Farber, Leo, A., ,

Type or Print Name of Treasurer

Signature of Treasurer

Farber, Leo, A., ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
05 16 2019

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**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Novartis Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2019</span>		<span style="border: 1px solid black; padding: 2px;">105168.62</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">105966.50</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">28661.32</span>	<span style="border: 1px solid black; padding: 2px;">68980.61</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">134627.82</span>	<span style="border: 1px solid black; padding: 2px;">174149.23</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">38508.95</span>	<span style="border: 1px solid black; padding: 2px;">78030.36</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">96118.87</span>	<span style="border: 1px solid black; padding: 2px;">96118.87</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Novartis Corporation Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	9

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	9

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).....	12669.11	19476.57
(ii) Unitemized .....	15992.21	49504.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28661.32	68980.61
(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) .....	28661.32	68980.61
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)) .....	28661.32	68980.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28661.32	68980.61

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	8.95	30.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8.95	30.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	78000.00
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).....	0.00	0.00
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)) ..	38508.95	78030.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38508.95	78030.36

**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) .....	28661.32	68980.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28661.32	68980.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	8.95	30.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	8.95	30.36

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

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

FOR LINE NUMBER: PAGE 6 OF 69

(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. Ammon, Brian, S, ,

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)

Alcon

Occupation (for Individual)

Assoc. Director NPMR Alcon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586618

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

B. Anderson, Kurt, , ,

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)

Corporate

Occupation (for Individual)

AD State Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369062

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Anderson, Kurt, , ,

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)

Corporate

Occupation (for Individual)

AD State Government Affairs

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-520984

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

150.00

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

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SA11AI  
Transaction ID :

Please note that this report is being amended to show a disbursement not reported on the initial report.

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: PAGE 8 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Anderson, Kurt, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587026**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. Barnett, Allison, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369064**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**C. Barnett, Allison, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520986**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

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

175.38



# **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 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Barnett, Allison, , ,**

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)

Corporate

Occupation (for Individual)

AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587028**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**B. Baron, Neilda, 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)  
Oncology

Occupation (for Individual)

Ex Dir Medical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369510**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Baron, Neilda, 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)  
Oncology

Occupation (for Individual)

Ex Dir Medical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521288**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

157.69

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

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

FOR LINE NUMBER: PAGE 10 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Baron, Neilda, 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)  
Oncology

Occupation (for Individual)  
Ex Dir Medical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586757**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Baroni Allmon, Tracy, L, ,**

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)  
Corporate

Occupation (for Individual)  
ED State Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369065**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Baroni Allmon, Tracy, L, ,**

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)  
Corporate

Occupation (for Individual)  
ED State Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520987**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

170.00

# **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 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Baroni Allmon, Tracy, L, ,**

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)  
Corporate

Occupation (for Individual)  
ED State Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587029**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. Bayron, Castor, , ,**

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)  
Alcon

Occupation (for Individual)  
R&D Compliance Head Vision Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521461**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

**C. Bayron, Castor, , ,**

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)  
Alcon

Occupation (for Individual)  
R&D Compliance Head Vision Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586619**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

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

136.92

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

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

FOR LINE NUMBER: PAGE 12 OF 69  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Booth, Taylor, , ,**

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)

Corporate

Occupation (for Individual)

Director Fed Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369067**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. Booth, Taylor, , ,**

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)  
Corporate

Occupation (for Individual)  
Director Fed Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-520989**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Booth, Taylor, , ,**

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)  
Corporate

Occupation (for Individual)  
Director Fed Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-587031**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

288.45

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

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

FOR LINE NUMBER: PAGE 13 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

A. Bylancik, Angela, D, ,

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)

Pharma

Occupation (for Individual)

Ex Dir BD&amp;L Alliance Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369389

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bylancik, Angela, D, ,

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)

Pharma

Occupation (for Individual)

Ex Dir BD&amp;L Alliance Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521045

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Bylancik, Angela, D, ,

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)

Pharma

Occupation (for Individual)

Ex Dir BD&amp;L Alliance Mgmt

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-587054

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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: PAGE 14 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Calabrese, Ashley, , ,**

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)  
Corporate

Occupation (for Individual)  
Assoc Director State Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

MM / DD / YYYY  
03 / 01 / 2019

**Transaction ID : A2019-369068**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**B. Calabrese, Ashley, , ,**

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)  
Corporate

Occupation (for Individual)  
Assoc Director State Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

MM / DD / YYYY  
03 / 15 / 2019

**Transaction ID : A2019-520990**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**C. Calabrese, Ashley, , ,**

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)  
Corporate

Occupation (for Individual)  
Assoc Director State Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

MM / DD / YYYY  
03 / 29 / 2019

**Transaction ID : A2019-587032**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

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

173.07

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

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

FOR LINE NUMBER: PAGE 15 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Caldwell, Julie, D, ,**

Mailing Address One Health Plaza  
Ste 725

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharma

Occupation (for Individual)  
Dermatology Executive Sales Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

MM / DD / YYYY  
03 / 01 / 2019

**Transaction ID : A2019-369392**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**B. Caldwell, Julie, D, ,**

Mailing Address One Health Plaza  
Ste 725

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharma

Occupation (for Individual)  
Dermatology Executive Sales Specialis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

MM / DD / YYYY  
03 / 15 / 2019

**Transaction ID : A2019-521048**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**C. Caldwell, Julie, D, ,**

Mailing Address One Health Plaza  
Ste 725

City  
East Hanover

State  
NJ

Zip Code  
07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharma

Occupation (for Individual)  
Dermatology Executive Sales Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

MM / DD / YYYY  
03 / 29 / 2019

**Transaction ID : A2019-587057**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

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

173.07

# **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 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Casserly, Daniel, P, ,**

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)  
Corporate

Occupation (for Individual)  
US Country Head Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369069**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Casserly, Daniel, P, ,**

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)  
Corporate

Occupation (for Individual)  
US Country Head Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520991**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. Casserly, Daniel, P, ,**

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)  
Corporate

Occupation (for Individual)  
US Country Head Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587033**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

576.90



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Christensen-Boner, Barbara, , ,**

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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369070**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. Christensen-Boner, Barbara, , ,**

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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520992**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Christensen-Boner, Barbara, , ,**

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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587034**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

288.45

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

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

FOR LINE NUMBER: PAGE 18 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Connors, Elenora, , ,

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)  
Corporate

Occupation (for Individual)  
Director Fed Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369072

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

B. Connors, Elenora, , ,

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)  
Corporate

Occupation (for Individual)  
Director Fed Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-520994

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

C. Connors, Elenora, , ,

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)  
Corporate

Occupation (for Individual)  
Director Fed Gov't Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-587036

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

288.45

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

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

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

FOR LINE NUMBER: PAGE 19 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Conoshenti, Joseph, J, ,**

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)  
Oncology

Occupation (for Individual)  
Director Strat. Market Access RD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586773**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Consier, Kirby, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369073**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**C. Consier, Kirby, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520995**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

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

145.38

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

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

FOR LINE NUMBER: PAGE 20 OF 69

(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. Consier, Kirby, , ,

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)

Corporate

Occupation (for Individual)

AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-587037

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

B. Coombs, Seth, , ,

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)

Sandoz Inc.

Occupation (for Individual)

VP Oncology and Injectable Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369466

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

C. Coombs, Seth, , ,

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)

Sandoz Inc.

Occupation (for Individual)

VP Oncology and Injectable Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

276.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521244

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

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

149.99

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

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

FOR LINE NUMBER: PAGE 21 OF 69  
(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. Coombs, Seth, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
VP Oncology and Injectable Products

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586932**

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

**B. Cross, Jonra, , ,**

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)  
Pharma

Occupation (for Individual)  
Dir Scientific Comms (Ophtha)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369431**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Cross, Jonra, , ,**

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)  
Pharma

Occupation (for Individual)  
Dir Scientific Comms (Ophtha)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521160**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

238.45

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

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

FOR LINE NUMBER: PAGE 22 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Cross, Jonra, , ,

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)

Pharma

Occupation (for Individual)

Dir Scientific Comms (Ophtha)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586465

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

B. Emerson, Rodney, , ,

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)

Sandoz Inc.

Occupation (for Individual)

Executive Director Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369468

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

C. Emerson, Rodney, , ,

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)

Sandoz Inc.

Occupation (for Individual)

Executive Director Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521246

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

326.15

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

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

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

FOR LINE NUMBER: PAGE 23 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Emerson, Rodney, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
Executive Director Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586934**

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

**B. Farber, Leo, 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)  
Corporate

Occupation (for Individual)  
Exec Dir Fed Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369076**

Amount of Each Receipt this Period

95.00

☐ Memo Item

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

**C. Farber, Leo, 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)  
Corporate

Occupation (for Individual)  
Exec Dir Fed Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520998**

Amount of Each Receipt this Period

95.00

☐ Memo Item

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

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

305.00

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

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

FOR LINE NUMBER: PAGE 24 OF 69  
(check only one)

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

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. Farber, Leo, 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)

Corporate

Occupation (for Individual)

Exec Dir Fed Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-587040**

Amount of Each Receipt this Period

95.00

☐ Memo Item

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

**B. Fellers, Thomas, S, ,**

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)  
Pharma

Occupation (for Individual)

Head Med Comms & FM Capabilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369114**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Fellers, Thomas, S, ,**

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)  
Pharma

Occupation (for Individual)

Head Med Comms & FM Capabilities

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-521197**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

195.00



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

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

FOR LINE NUMBER: PAGE 25 OF 69

(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. Fellers, Thomas, S, ,**

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)

Pharma

Occupation (for Individual)

Head Med Comms & FM Capabilities

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586979**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Fletcher, Tiffany, , ,**

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)

Sandoz Inc.

Occupation (for Individual)

Exec. Dir. Gov't. Affairs Biosimilars

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369469**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Fletcher, Tiffany, , ,**

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)

Sandoz Inc.

Occupation (for Individual)

Exec. Dir. Gov't. Affairs Biosimilars

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521247**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

242.30

**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 26 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Fletcher, Tiffany, , ,**

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)

Sandoz Inc.

Occupation (for Individual)

Exec. Dir. Gov't. Affairs Biosimilars

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586716**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. Gentry, Michael, L, ,**

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)

Alcon

Occupation (for Individual)

TIS & EUX Head

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369538**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**C. Gentry, Michael, L, ,**

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)

Alcon

Occupation (for Individual)

TIS & EUX Head

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

462.00

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-521472**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

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

250.15

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

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

FOR LINE NUMBER: PAGE 27 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Gentry, Michael, L, ,**

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)

Alcon

Occupation (for Individual)

TIS &amp; EUX Head

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586630

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**B. Goldfarb, Steven, L, ,**

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)

Pharma

Occupation (for Individual)

VP Legal Section Head

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369138

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**C. Goldfarb, Steven, L, ,**

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)

Pharma

Occupation (for Individual)

VP Legal Section Head

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521436

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

231.00

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: PAGE 28 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Goldfarb, Steven, L, ,

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)

Pharma

Occupation (for Individual)

VP Legal Section Head

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586500

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

B. Grande, Nancy, J, ,

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)

Global Drug Development

Occupation (for Individual)

Sr Global Program Safety Lead

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369142

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Grande, Nancy, J, ,

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)

Global Drug Development

Occupation (for Individual)

Sr Global Program Safety Lead

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521440

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

177.00

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: PAGE 29 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Grande, Nancy, J, ,**

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)  
Global Drug Development

Occupation (for Individual)  
Sr Global Program Safety Lead

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586504**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Grzegorzewski, Kris, , ,**

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)  
Oncology

Occupation (for Individual)  
VP USOM Solid Tumors Franchise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521488**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**C. Grzegorzewski, Kris, , ,**

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)  
Oncology

Occupation (for Individual)  
VP USOM Solid Tumors Franchise

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586510**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

130.00

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

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

FOR LINE NUMBER: PAGE 30 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Guilbault, Matthew, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369079**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**B. Guilbault, Matthew, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521001**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**C. Guilbault, Matthew, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587043**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

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

173.07

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

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

FOR LINE NUMBER: PAGE 31 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

A. **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)

Corporate

Occupation (for Individual)

VP Intl Public Affairs

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369081

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

B. **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)

Corporate

Occupation (for Individual)

VP Intl Public Affairs

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521003

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

C. **Haller, Sarah, E, ,**

Mailing Address One Health Plaza

City

East Hanover

State

NJ

Zip Code

07936

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corporate

Occupation (for Individual)

VP Intl Public Affairs

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-587045

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

231.00

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 32 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. 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)  
Corporate

Occupation (for Individual)  
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369082**

Amount of Each Receipt this Period

115.00

☐ 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)  
Corporate

Occupation (for Individual)  
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521004**

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)  
Corporate

Occupation (for Individual)  
ED Federal Public Policy&Reimburseme

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587046**

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)..... ►

345.00



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

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

FOR LINE NUMBER: PAGE 33 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Hellberg, Mark, R, ,

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)

NIBR

Occupation (for Individual)

Executive Director Chemical Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369758

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Hellberg, Mark, R, ,

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)

NIBR

Occupation (for Individual)

Executive Director Chemical Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-520931

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Hellberg, Mark, R, ,

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)

NIBR

Occupation (for Individual)

Executive Director Chemical Technolog

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586923

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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: PAGE 34 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Hohenwarter, John, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369084**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**B. Hohenwarter, John, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521006**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**C. Hohenwarter, John, , ,**

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)  
Corporate

Occupation (for Individual)  
AD State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586566**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

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

173.07

# **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 35 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Hughes, Donald, , ,**

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)

Corporate

Occupation (for Individual)

Director State Public Policy

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586567**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Hughson, Melody, , ,**

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)

Corporate

Occupation (for Individual)

ED Federal Public Policy & Reimburserr

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369086**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Hughson, Melody, , ,**

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)

Corporate

Occupation (for Individual)

ED Federal Public Policy & Reimburserr

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-521008**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

130.00

# **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 36 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Hughson, Melody, , ,**

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)

Corporate

Occupation (for Individual)

ED Federal Public Policy & Reimbursen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586568**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Kamal, Tawfik, , ,**

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)  
Oncology

Occupation (for Individual)

VP-Glb Head of Bus. Exc & Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369613**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Kamal, Tawfik, , ,**

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)  
Oncology

Occupation (for Individual)

VP-Glb Head of Bus. Exc & Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-520828**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 37 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Kamal, Tawfik, , ,**

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)  
Oncology

Occupation (for Individual)  
VP-Glb Head of Bus. Exc & Oper

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586827**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Kan, Sarah, G, ,**

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)  
Corporate

Occupation (for Individual)  
Director State Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369087**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**C. Kan, Sarah, G, ,**

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)  
Corporate

Occupation (for Individual)  
Director State Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521009**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

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

204.00

# **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 38 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Kan, Sarah, G., ,**

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)  
Corporate

Occupation (for Individual)  
Director State Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586569**

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

**B. Kendris, Thomas, N., ,**

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)  
Corporate

Occupation (for Individual)  
President Novartis Corp & US Cntry Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369059**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Kendris, Thomas, N., ,**

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)  
Corporate

Occupation (for Individual)  
President Novartis Corp & US Cntry Pre

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520981**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

277.00

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

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

FOR LINE NUMBER: PAGE 39 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Kendris, Thomas, N, ,

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)

Corporate

Occupation (for Individual)

President Novartis Corp &amp; US Cntry Pre

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-587023

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Kowalski, Robert, W, ,

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)  
Global Drug Development

Occupation (for Individual)

Global Head RA US Head Developmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369737

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

C. Kowalski, Robert, W, ,

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)  
Global Drug Development

Occupation (for Individual)

Global Head RA US Head Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

276.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-520848

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

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

192.30

# **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 40 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Kowalski, Robert, W, ,**

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)

Global Drug Development

Occupation (for Individual)

Global Head RA US Head Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586847**

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

**B. Kuenzel, Andrea, , ,**

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)

Pharma

Occupation (for Individual)

Regional Director of MSLs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520853**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

**C. Kuenzel, Andrea, , ,**

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)

Pharma

Occupation (for Individual)

Regional Director of MSLs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586852**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

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

123.07



# **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 41 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Lawrence, Todd, , ,**

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)

Pharma

Occupation (for Individual)

Associate Director Systems of Care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369202**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Lawrence, Todd, , ,**

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)

Pharma

Occupation (for Individual)

Associate Director Systems of Care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-520866**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Lawrence, Todd, , ,**

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)

Pharma

Occupation (for Individual)

Associate Director Systems of Care

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586865**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 42 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Leas, Leigh Anne, 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)  
Corporate

Occupation (for Individual)  
VP and U.S. Country Head Public Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369088**

Amount of Each Receipt this Period

145.00

☐ Memo Item

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

**B. Leas, Leigh Anne, 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)  
Corporate

Occupation (for Individual)  
VP and U.S. Country Head Public Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-521010**

Amount of Each Receipt this Period

145.00

☐ Memo Item

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

**C. Leas, Leigh Anne, 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)  
Corporate

Occupation (for Individual)  
VP and U.S. Country Head Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1015.00

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586570**

Amount of Each Receipt this Period

145.00

☐ Memo Item

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

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

435.00

# **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 43 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Lehman, Brian, , ,**

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)

Sandoz Inc.

Occupation (for Individual)

Dir Medical Acc Mngmt & Strategic Alli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369471**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. Lehman, Brian, , ,**

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)

Sandoz Inc.

Occupation (for Individual)

Dir Medical Acc Mngmt & Strategic Alli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521249**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Lehman, Brian, , ,**

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)

Sandoz Inc.

Occupation (for Individual)

Dir Medical Acc Mngmt & Strategic Alli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586718**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

288.45

# 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 44 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Lennon, David, , ,**

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)

Corporate

Occupation (for Individual)

President AveXis

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369089**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Lennon, David, , ,**

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)

Corporate

Occupation (for Individual)

President AveXis

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-521011**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Lennon, David, , ,**

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)

Corporate

Occupation (for Individual)

President AveXis

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586571**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 45 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Lloyd, Richard, , ,**

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)  
Oncology

Occupation (for Individual)  
Global Head Marketing Value & Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369218**

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

**B. Lloyd, Richard, , ,**

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)  
Oncology

Occupation (for Individual)  
Global Head Marketing Value & Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520881**

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

**C. Lloyd, Richard, , ,**

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)  
Oncology

Occupation (for Individual)  
Global Head Marketing Value & Access

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

323.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586597**

Amount of Each Receipt this Period

46.15

☐ Memo Item

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

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

138.45

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

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

FOR LINE NUMBER: PAGE 46 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. McGough, Edward, D, ,**

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)  
Alcon

Occupation (for Individual)  
SVP Global Mfg & Tech Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369569**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**B. McGough, Edward, D, ,**

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)  
Alcon

Occupation (for Individual)  
SVP Global Mfg & Tech Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521452**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

**C. McGough, Edward, D, ,**

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)  
Alcon

Occupation (for Individual)  
SVP Global Mfg & Tech Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586652**

Amount of Each Receipt this Period

115.38

☐ Memo Item

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

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

346.14

# **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 47 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. McGowan, Joseph, , ,**

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)  
Corporate

Occupation (for Individual)  
Exec Dir Fed Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369091**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. McGowan, Joseph, , ,**

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)  
Corporate

Occupation (for Individual)  
Exec Dir Fed Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521218**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. McGowan, Joseph, , ,**

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)  
Corporate

Occupation (for Individual)  
Exec Dir Fed Govt Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586573**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

288.45

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

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

FOR LINE NUMBER: PAGE 48 OF 69  
(check only one)

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

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. Mennilli, David, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
Director Key Customers

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586721**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Mui-Lipnik, Shelly, , ,**

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)  
Corporate

Occupation (for Individual)  
Exec Dir Fed Govt Affairs & Tax Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369094**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Mui-Lipnik, Shelly, , ,**

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)  
Corporate

Occupation (for Individual)  
Exec Dir Fed Govt Affairs & Tax Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-521221**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

222.30



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 69

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Mui-Lipnik, Shelly, , ,

Mailing Address One Health Plaza

City  
East HanoverState  
NJZip Code  
07936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corporate

Occupation (for Individual)

Exec Dir Fed Govt Affairs &amp; Tax Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2019

Transaction ID : A2019-586576

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

B. Neylon, Thomas, , ,

Mailing Address One Health Plaza

City  
East HanoverState  
NJZip Code  
07936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corporate

Occupation (for Individual)

VP &amp; Head Tax for Int IP TP M&amp;A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2019

Transaction ID : A2019-369444

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Neylon, Thomas, , ,

Mailing Address One Health Plaza

City  
East HanoverState  
NJZip Code  
07936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corporate

Occupation (for Individual)

VP &amp; Head Tax for Int IP TP M&amp;A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2019

Transaction ID : A2019-521223

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

196.15

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

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

FOR LINE NUMBER: PAGE 50 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Neylon, Thomas, , ,**

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)

Corporate

Occupation (for Individual)

VP & Head Tax for Int IP TP M&A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586578**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. O'Neail, Shawn, , ,**

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)

Corporate

Occupation (for Individual)

Head Federal Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369446**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**C. O'Neail, Shawn, , ,**

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)

Corporate

Occupation (for Individual)

Head Federal Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521225**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

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

434.60

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 69

(check only one)

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

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. O'Neil, Shawn, , ,**

Mailing Address 608 Fifth Avenue

City  
New YorkState  
NYZip Code  
10020FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corporate

Occupation (for Individual)

Head Federal Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2019

**Transaction ID : A2019-586580**

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

**B. Owenson, Laura, J, ,**

Mailing Address One Health Plaza

City  
East HanoverState  
NJZip Code  
07936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pharma

Occupation (for Individual)

Associate Director Systems of Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2019

**Transaction ID : A2019-586389**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Phipps, Candice, C, ,**

Mailing Address One Health Plaza

City  
East HanoverState  
NJZip Code  
07936FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Corporate

Occupation (for Individual)

Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2019

**Transaction ID : A2019-369448**

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).....▶

337.30

# **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 52 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Phipps, Candice, C, ,**

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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521227**

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

**B. Phipps, Candice, C, ,**

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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586582**

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

**C. Pott, Leslie, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
VP Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369478**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

280.00

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

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

FOR LINE NUMBER: PAGE 53 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Pott, Leslie, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
VP Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521256**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Pott, Leslie, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
VP Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586725**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Price, John, T, ,**

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 Technical Operations

Occupation (for Individual)  
Associate Director HS&E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520977**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

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

138.46

# **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 54 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Price, John, T, ,**

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 Technical Operations

Occupation (for Individual)  
Associate Director HS&E

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-587019**

Amount of Each Receipt this Period

38.46

☐ Memo Item

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

**B. Richert, Jayson, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
AD Regional Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369481**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**C. Richert, Jayson, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
AD Regional Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521259**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

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

153.84

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

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

FOR LINE NUMBER: PAGE 55 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Richert, Jayson, , ,**

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)  
Sandoz Inc.

Occupation (for Individual)  
AD Regional Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586728**

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

**B. Rodgers, Renee, C, ,**

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)  
Oncology

Occupation (for Individual)  
Head Digital Strategy And Svc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586438**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. Schweitzer, Mark, G, ,**

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 Technical Operations

Occupation (for Individual)  
GLHd AS&T SCI Initiatives Oversight

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369453**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

137.69

# **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 56 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Schweitzer, Mark, G, ,**

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 Technical Operations

Occupation (for Individual)  
GLHd AS&T SCI Initiatives Oversight

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521232**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Schweitzer, Mark, G, ,**

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 Technical Operations

Occupation (for Individual)  
GLHd AS&T SCI Initiatives Oversight

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586587**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Smith, Brian, P, ,**

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)  
Global Drug Development

Occupation (for Individual)  
Senior Director Biostatistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586928**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

130.00



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

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

FOR LINE NUMBER: PAGE 57 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Snapp, Jacob, , ,

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 Technical Operations

Occupation (for Individual)

Sr. Director Commercial Supply Chain

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369651

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

B. Snapp, Jacob, , ,

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 Technical Operations

Occupation (for Individual)

Sr. Director Commercial Supply Chain

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521321

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

C. Snapp, Jacob, , ,

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 Technical Operations

Occupation (for Individual)

Sr. Director Commercial Supply Chain

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586532

Amount of Each Receipt this Period

57.69

☐ Memo Item

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

173.07

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

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

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

FOR LINE NUMBER: PAGE 58 OF 69

(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. Subasinghe, Nishani, , ,**

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)

Corporate

Occupation (for Individual)

Dir Strategic Alliance Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

03 / 01 / 2019

**Transaction ID : A2019-369457**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. Subasinghe, Nishani, , ,**

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)

Corporate

Occupation (for Individual)

Dir Strategic Alliance Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

03 / 15 / 2019

**Transaction ID : A2019-521236**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Subasinghe, Nishani, , ,**

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)

Corporate

Occupation (for Individual)

Dir Strategic Alliance Dev.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

673.05

Date of Receipt

03 / 29 / 2019

**Transaction ID : A2019-586591**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

288.45

# **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 59 OF 69

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Suter, Thomas, 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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369458**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**B. Suter, Thomas, 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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-521237**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

**C. Suter, Thomas, 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)  
Corporate

Occupation (for Individual)  
Director State Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586592**

Amount of Each Receipt this Period

96.15

☐ Memo Item

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

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

288.45

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

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

FOR LINE NUMBER: PAGE 60 OF 69  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

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

**A. Van Meter, Jennifer, , ,**

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)  
Corporate

Occupation (for Individual)  
Director Quality Ext Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A2019-586594**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**B. Vineis, Mark, , ,**

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)  
Pharma

Occupation (for Individual)  
VP Access Strategy & Commercializati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

**Transaction ID : A2019-369710**

Amount of Each Receipt this Period

145.00

☐ Memo Item

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

**C. Vineis, Mark, , ,**

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)  
Pharma

Occupation (for Individual)  
VP Access Strategy & Commercializatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

**Transaction ID : A2019-520904**

Amount of Each Receipt this Period

145.00

☐ Memo Item

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

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

320.00

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

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

FOR LINE NUMBER: PAGE 61 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Vineis, Mark, , ,

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)

Pharma

Occupation (for Individual)

VP Access Strategy &amp; Commercializatic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586896

Amount of Each Receipt this Period

145.00

☐ Memo Item

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

B. Williams, Donna Lee, , ,

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)  
Corporate

Occupation (for Individual)

Director Federal Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369462

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Wojtylak, Melissa, , ,

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)  
Sandoz Inc.

Occupation (for Individual)

Dir Associate GC - Derm &amp; Oral Solids

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2019

Transaction ID : A2019-369488

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

255.00

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: PAGE 62 OF 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

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

A. Wojtylak, Melissa, , ,

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)

Sandoz Inc.

Occupation (for Individual)

Dir Associate GC - Derm &amp; Oral Solids

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2019

Transaction ID : A2019-521266

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Wojtylak, Melissa, , ,

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)

Sandoz Inc.

Occupation (for Individual)

Dir Associate GC - Derm &amp; Oral Solids

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2019

Transaction ID : A2019-586735

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

100.00

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

12669.11

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 69

<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. Billy Long for Congress**

Mailing Address 499 S. Capitol St. SW Suite 420

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Long, Billy, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5				2	0	1	9

FEC Identification Number

**C** C00460063**Transaction ID : B726297**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chris Coons for Delaware**

Mailing Address 918 Pennsylvania Ave. SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Coons, Christopher, A, ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5				2	0	1	9

FEC Identification Number

**C** C00475392**Transaction ID : B726302**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Todd Young Inc.**

Mailing Address P.O. Box 40323

City  
WashingtonState  
DCZip Code  
20016Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Young, Todd, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5				2	0	1	9

FEC Identification Number

**C** C00459255**Transaction ID : B726301**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 69

<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

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

NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. George Holding for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2019

Mailing Address P.O. Box 15239

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Candidate Name

**Holding, George, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 02

FEC Identification Number

C C00499236

**Transaction ID : B726497**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Georgians for Isakson**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2019

Mailing Address 1111 19th Street NW Suite 1100

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Contribution

011

Candidate Name

**Isakson, Johnny, , ,**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA

District:

FEC Identification Number

C C00384693

**Transaction ID : B726498**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Jason Smith for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		25		2019

Mailing Address 439 New Jersey Ave. SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Candidate Name

**Smith, Jason, , ,**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO

District: 08

FEC Identification Number

C C00541862

**Transaction ID : B729474**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 69

<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. Kevin McCarthy for Congress**

Mailing Address 439 New Jersey Ave. SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**McCarthy, Kevin, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA

District: 23

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

**C** C00420935**Transaction ID : B726300**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address 412 First St. SE Suite 100

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Schrader, Kurt, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR

District: 05

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

**C** C00446906**Transaction ID : B726303**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee**

Mailing Address PO Box 1496

City  
LouisvilleState  
KYZip Code  
40201Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**McConnell, Mitch, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

**C** C00193342**Transaction ID : B727107**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6500.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 69

<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. McConnell Senate Committee**

Mailing Address PO Box 1496

City  
LouisvilleState  
KYZip Code  
40201Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**McConnell, Mitch, ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00193342

**Transaction ID : B727108**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Crapo for US Senate**

Mailing Address 25 E. Masonic View Avenue

City  
AlexandriaState  
VAZip Code  
22301Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Crapo, Michael, D, ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2022

☐ Primary ☒ General  
☐ Other (specify) ▼

State: ID

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00330886

**Transaction ID : B726309**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mikie Sherrill for Congress**

Mailing Address 1140 3rd Street NE 2nd Floor

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sherrill, Rebecca, M, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ

District: 11

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00640003

**Transaction ID : B726299**

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).....▶

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 69

<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. New Millennium PAC**

Mailing Address 700 Thirteenth St. NW Suite 600

City  
WashingtonState  
DCZip Code  
20005Purpose of Disbursement  
Contribution

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00349233

**Transaction ID : B726500**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Peters for Michigan**

Mailing Address 660 Pennsylvania Ave. SE Suite 201

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Peters, Gary, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00437889

**Transaction ID : B726492**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Peters for Michigan**

Mailing Address 660 Pennsylvania Ave. SE Suite 201

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Peters, Gary, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00437889

**Transaction ID : B726494**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 69

<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. Schneider for Congress**

Mailing Address 415 New Jersey Avenue SE #1

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Schneider, Brad, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5					2	0	1

FEC Identification Number

**C** C00495952**Transaction ID : B726496**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Markey Committee**

Mailing Address 1140 Third St. NE 2nd Floor

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Markey, Edward, J, ,**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: MA District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5					2	0	1

FEC Identification Number

**C** C00196774**Transaction ID : B726298**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Thom Tillis Committee**

Mailing Address PO Box 97396

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Tillis, Thom, , ,**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				2	5					2	0	1

FEC Identification Number

**C** C00545772**Transaction ID : B726490**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 69

<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. Together Holding Our Majority (THOMPAC)**

Mailing Address P.O. Box 97275

City  
RaleighState  
NCZip Code  
27624Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2019

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00571323

**Transaction ID : B726495**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Walker 4 NC**

Mailing Address 1001 Pennsylvania Ave. NW Suite 1

City  
WashingtonState  
DCZip Code  
20004Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Walker, Mark, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify)

State: NC

District: 06

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	1	9		

FEC Identification Number

C C00543231

**Transaction ID : B726296**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Ben**

Mailing Address PO Box 31129

City  
Santa FeState  
NMZip Code  
87594Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lujan, Ben, R, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2020

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM

District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	9		

FEC Identification Number

C C00443689

**Transaction ID : B727636**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7000.00

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

38500.00