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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Novartis Corporation Political Action Committee 801 Pennsylvania Ave. NW Suite 700 ADDRESS (number and street) (Check if address is changed) Washington 20004 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fecinfo@pass1.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2018 C00033969 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. O'Neail, Shawn, , , Type or Print Name of Treasurer O'Neail, Shawn, , , [Electronically Filed] 04 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

_		1 (Paying 1 (Paying 02/2000)	Doro O
		OMMITTEE	Page 2
		Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complinformation below.)	ete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Com	mittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, epublican, etc.) Party
Polit	ical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
	_	Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nan	ne		
Novartis Corpo	oration Political Action	Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative, or Lead	lership PAC Sponsor
Novartis Corporation			
Mailing Address	801 Pennsylvania Ave. NW Suite 700		
	Washington	DC 2000	4
	CITY	STATE	ZIP CODE
Relationship: x Connecte	ed Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ide books and records.	entify by name, address (phone number o	optional) and position of the person in	possession of committee
McCabe,	Andrea, , ,		
Full Name	801 Pennsylvania Ave. Suite 700		
Mailing Address	United the state of the state o		
	Washington	DC 2000	4
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		Telephone number 202	662 4360
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of t assistant treasurer).	he treasurer of the committee; and the	name and address of
Full Name O'Neail, S	Shawn, , ,		
Mailing Address	801 Pennsylvania Ave. NW Suite 700		
	Washington	DC 2000	4
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number 202 -	662 - 4363

1 LO 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1
Mailing Address		
maining reaches		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
safety deposit be Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds. Depository, etc.	s accounts, rents
safety deposit bo	oxes or maintains funds.	a accounts, rents
safety deposit be Name of Bank, I	Depository, etc. Capital One Bank	a accounts, rents
safety deposit be Name of Bank, I	Depository, etc. Capital One Bank	
safety deposit be Name of Bank, I	Depository, etc. Capital One Bank 701 Pennsylvania Avenue NW	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Capital One Bank 701 Pennsylvania Avenue NW Washington CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. Capital One Bank 701 Pennsylvania Avenue NW Washington CITY STATE	ZIP CODE
safety deposit be Name of Bank, I	Depository, etc. Capital One Bank 701 Pennsylvania Avenue NW Washington CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc. Capital One Bank 701 Pennsylvania Avenue NW Washington CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	Depository, etc. Capital One Bank 701 Pennsylvania Avenue NW Washington CITY STATE Depository, etc.	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This registration is being amended to show new addresses for the PAC, connected organization and officers, as well as to remove the Designated Agent and update the banking information. Please update your records accordingly.

Form/Schedule: Transaction ID: