

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Novartis Corporation Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Ave. NW Suite 725

Check if different  
than previously  
reported. (ACC)

Washington

DC

20004-2608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00033969

3. IS THIS  
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 M / D 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 M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
02 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
02 28 2017

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

O'Neil, Shawn, , ,

Type or Print Name of Treasurer

Signature of Treasurer

O'Neil, Shawn, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
03 17 2017

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  
02 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
02 / 28 / 2017

	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;">2017</span>		82321.29
(b) Cash on Hand at Beginning of Reporting Period.....	77876.22	
(c) Total Receipts (from Line 19) .....	16944.46	33515.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	94820.68	115836.88
7. Total Disbursements (from Line 31).....	1411.72	22427.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	93408.96	93408.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

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	Y	Y
0	2		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	8		2	0	1	7		

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).....	2761.71	3240.55
(ii) Unitemized .....	14182.75	30275.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16944.46	33515.59
(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) .....	16944.46	33515.59
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)) .....	16944.46	33515.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16944.46	33515.59

**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 .....	11.72	27.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11.72	27.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	28000.00
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).....	-5600.00	-5600.00
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)) ..	1411.72	22427.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1411.72	22427.92

**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) .....	16944.46	33515.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16944.46	33515.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	11.72	27.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	11.72	27.92

# **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 25

(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. 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)

Oncology

Occupation (for Individual)

Exec Director Health Policy

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  
02 / 17 / 2017

Transaction ID : A2017-236406

Amount of Each Receipt this Period

60.00

☐ 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)

Head of Fed Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : A2017-93420

Amount of Each Receipt this Period

138.46

☐ 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)

Head of Fed Government Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

553.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : A2017-236300

Amount of Each Receipt this Period

138.46

☐ Memo Item

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

336.92

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 the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 25

☒ 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. Clary, Cathryn, M, ,**

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 Patient Affairs and 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  
02 / 03 / 2017

**Transaction ID : A2017-93526**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Clary, Cathryn, M, ,**

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 Patient Affairs and Policy

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  
02 / 17 / 2017

**Transaction ID : A2017-236087**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Epstein, David, 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)  
Corporate

Occupation (for Individual)  
Head Pharma AG

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  
02 / 03 / 2017

**Transaction ID : A2017-93428**

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 9 OF 25

(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. Epstein, David, 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)

Corporate

Occupation (for Individual)

Head Pharma AG

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  
02 / 17 / 2017

Transaction ID : A2017-236308

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Frye, Neely, 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)

Corporate

Occupation (for Individual)

AD State &amp; External Affairs

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

224.11

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : A2017-236312

Amount of Each Receipt this Period

64.03

☐ 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)

NBS

Occupation (for Individual)

Svc Del &amp; Ops Lead Connectivity

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : A2017-93433

Amount of Each Receipt this Period

77.00

☐ Memo Item

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

241.03

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 25

(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)

NBS

Occupation (for Individual)

Svc Del &amp; Ops Lead Connectivity

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : A2017-236313

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : A2017-93290

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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : A2017-236180

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 25

(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 ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

**Transaction ID : A2017-93561**

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 ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : A2017-236319**

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)

Asc Dir State & Ext Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

**Transaction ID : A2017-93567**

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 12 OF 25

(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. 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)

Asc Dir State &amp; Ext Affairs

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : A2017-236325

Amount of Each Receipt this Period

77.00

☐ 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 Health Policy

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

Transaction ID : A2017-93573

Amount of Each Receipt this Period

77.00

☐ 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 Health Policy

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

Transaction ID : A2017-236331

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).....▶

231.00

# **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 13 OF 25

☒ 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)  
Oncology

Occupation (for Individual)  
Oncology Business Franchise Head

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  
02 / 03 / 2017

**Transaction ID : A2017-93685**

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)  
Oncology

Occupation (for Individual)  
Oncology Business Franchise Head

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  
02 / 17 / 2017

**Transaction ID : A2017-236484**

Amount of Each Receipt this Period

100.00

☐ 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 ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

**Transaction ID : A2017-93272**

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)..... ►

315.38

# **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 14 OF 25

☒ 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 ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : A2017-236004**

Amount of Each Receipt this Period

115.38

☐ 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)  
Ex Dir Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

**Transaction ID : A2017-93168**

Amount of Each Receipt this Period

78.00

☐ 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)  
Ex Dir Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : A2017-236344**

Amount of Each Receipt this Period

78.00

☐ Memo Item

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

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

271.38

# **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 15 OF 25

☒ 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 Federal Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY  
02 / 03 / 2017

**Transaction ID : A2017-93170**

Amount of Each Receipt this Period

110.00

☐ 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 Federal Government Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

MM / DD / YYYY  
02 / 17 / 2017

**Transaction ID : A2017-236346**

Amount of Each Receipt this Period

110.00

☐ Memo Item

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

**C. Spurr, Robert, A, ,**

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)

Oncology

Occupation (for Individual)

Oncology US Mkt Access & Health Policy

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

MM / DD / YYYY  
02 / 03 / 2017

**Transaction ID : A2017-93885**

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)..... ►

335.00

# **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 16 OF 25

☒ 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. Spurr, Robert, A, ,**

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)

Oncology

Occupation (for Individual)

Oncology US Mkt Access &Health Polic

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  
02 / 17 / 2017

**Transaction ID : A2017-236686**

Amount of Each Receipt this Period

115.00

☐ 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)

Sandoz Inc.

Occupation (for Individual)

VP Managed Markets Specialty Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 03 / 2017

**Transaction ID : A2017-93225**

Amount of Each Receipt this Period

77.00

☐ 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)

Sandoz Inc.

Occupation (for Individual)

VP Managed Markets Specialty Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2017

**Transaction ID : A2017-236377**

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)..... ►

269.00

2761.71



**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 17 OF 25

<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. Scott Peters for Congress**

Mailing Address PO Box 70980

City  
WashingtonState  
DCZip Code  
20024Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Peters, Scott, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

FEC Identification Number

**C** C00503110**Transaction ID : B550398**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item 03/25/15

Full Name (Last, First, Middle Initial)

**B. Walters for Congress**

Mailing Address P.O. Box 15239

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Walters, Mimi, , ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2017

FEC Identification Number

**C** C00546853**Transaction ID : B641435**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Project West Political Action Committee**

Mailing Address 1020 N. Fairfax Street Suite 201

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2017

FEC Identification Number

**C** C00525543**Transaction ID : B641438**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00
---------

**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 18 OF 25

<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. Himes for Congress**

Mailing Address 50 E Street SE Suite 1

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Himes, Jim, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT

District: 04

Date of Disbursement

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

FEC Identification Number

**C** C00434191**Transaction ID : B449965**

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated

☐ Memo Item 03/22/13

Full Name (Last, First, Middle Initial)

**B. Blue Hen PAC**

Mailing Address 220 I Street NE Suite 110

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify)

State:

District:

Not Applicable

Date of Disbursement

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

FEC Identification Number

**C** C00493700**Transaction ID : B572509**

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated  
04/24/15☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Carper for Senate**

Mailing Address 303 Massachusetts Ave. NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Carper, Tom, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: DE

District:

Date of Disbursement

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

FEC Identification Number

**C** C00349217**Transaction ID : B480241**

Amount of Each Disbursement this Period

-2000.00

Voided: Original check dated

☐ Memo Item 10/25/13**SUBTOTAL** of Disbursements This Page (optional).....▶

-4000.00

**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 19 OF 25

<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. Next Century Fund**

Mailing Address 116 S. Royal Street

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2017

FEC Identification Number

C C00343947

Transaction ID : B641439

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Menendez for Senate**

Mailing Address PO Box 32248

City  
NewarkState  
NJZip Code  
07102Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Menendez, Robert, , ,**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	22	/	2017

FEC Identification Number

C C00264564

Transaction ID : B641440

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of John Boehner**

Mailing Address 631-B Pennsylvania Ave. SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Boehner, John, A, ,**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2017

FEC Identification Number

C C00237198

Transaction ID : B402934

Amount of Each Disbursement this Period

-5000.00

☐ Memo Item  
Voided: Original check dated 01/06/12**SUBTOTAL** of Disbursements This Page (optional)..... ►

-1500.00

**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 20 OF 25

<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. Kurt Schrader for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2017

Mailing Address P.O. Box 636

City  
AnnandaleState  
VAZip Code  
22003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Schrader, Kurt, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR

District: 05

FEC Identification Number

C C00446906

**Transaction ID : B641437**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Marc Veasey Congressional Campaign Cmte**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

Mailing Address PO Box 50084

City  
Fort WorthState  
TXZip Code  
76105Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Veasey, Marc, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 33

FEC Identification Number

C C00506832

**Transaction ID : B549995**

Amount of Each Disbursement this Period

-1000.00

Voided: Original check dated  
03/24/15☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2017

Mailing Address P.O. Box 30844

City  
BethesdaState  
MDZip Code  
20824Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

FEC Identification Number

C C00415208

**Transaction ID : B641441**

Amount of Each Disbursement this Period

2500.00

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

2500.00

**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 21 OF 25

<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. Alamo PAC**

Mailing Address 1020 N. Fairfax St. Suite 201

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00387464

**Transaction ID : B641434**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Brady for Congress**

Mailing Address 104 Hume Avenue

City  
AlexandriaState  
VAZip Code  
22301Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Brady, Kevin, P, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: TX

District: 08

Date of Disbursement

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

FEC Identification Number

C C00311043

**Transaction ID : B641442**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. New Democrat Coalition PAC**

Mailing Address 233 Pennsylvania Ave. SE 2nd Fl.

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2017

☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00409730

**Transaction ID : B640399**

Amount of Each Disbursement this Period

5000.00

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

8500.00

**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 22 OF 25

<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. People for Patty Murray**

Mailing Address 1602 Belle View Boulevard #510

City  
AlexandriaState  
VAZip Code  
22307Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Murray, Patty, , ,**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2017

FEC Identification Number

**C** C00257642**Transaction ID : B627600**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item 09/23/16

Full Name (Last, First, Middle Initial)

**B. Ryan For Congress**

Mailing Address 320 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ryan, Paul, D, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2017

FEC Identification Number

**C** C00330894**Transaction ID : B641436**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Country Roads PAC**

Mailing Address 426 C Street NW

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2015

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2017

FEC Identification Number

**C** C00484402**Transaction ID : B588337**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item 11/23/15
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

7000.00

**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 23 OF 25

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cmte to Re-elect Chad Campbell**

Mailing Address 822 N 5th Avenue

City  
PhoenixState  
AZZip Code  
85003Purpose of Disbursement  
P-2014 State House 24 AZ

011

Category/  
Type

Candidate Name

**Campbell, Chad, , ,**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2017

FEC Identification Number

C

**Transaction ID : B476159**

Amount of Each Disbursement this Period

-100.00

☐ Voids: Original check dated  
Memo Item 10/22/13

Full Name (Last, First, Middle Initial)

**B. Dr. Dan Brown for Senate**

Mailing Address 28 North 8th St. Suite 317

City  
ColumbiaState  
MOZip Code  
65203Purpose of Disbursement  
P-2014 State Senate 16 MO

011

Category/  
Type

Candidate Name

**Brown, Dan, W, ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: MO District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2017

FEC Identification Number

C

**Transaction ID : B447071**

Amount of Each Disbursement this Period

-1000.00

☐ Voids: Original check dated  
Memo Item 01/31/13

Full Name (Last, First, Middle Initial)

**C. Citizens for Tamara Barringer**

Mailing Address P.O. Box 6365

City  
CaryState  
NCZip Code  
27512Purpose of Disbursement  
P-2016 State Senate 17 NC

011

Category/  
Type

Candidate Name

**Barringer, Tamara, , ,**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2017

FEC Identification Number

C

**Transaction ID : B543670**

Amount of Each Disbursement this Period

-1000.00

☐ Voids: Original check dated  
Memo Item 01/19/15
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-2100.00



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

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

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NAME OF COMMITTEE (In Full)

**Novartis Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. NC Healthy Leadership Committee**

Mailing Address P.O. Box 1054

City  
MorrisvilleState  
NCZip Code  
27560Purpose of Disbursement  
P-2014 State House 41 NC

011

Category/  
Type

Candidate Name

**Murry, Thomas, O, ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

FEC Identification Number

C

**Transaction ID : B473837**

Amount of Each Disbursement this Period

-1000.00

☐ Memo Item Voids: Original check dated 09/20/13

Full Name (Last, First, Middle Initial)

**B. Citizens for Grove**

Mailing Address 1854 Ashcombe Drive

City  
DoverState  
PAZip Code  
17315Purpose of Disbursement  
G-2012 State House 196 PA

011

Category/  
Type

Candidate Name

**Grove, Seth, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

FEC Identification Number

C

**Transaction ID : B409760**

Amount of Each Disbursement this Period

-250.00

☐ Memo Item Voids: Original check dated 04/30/12

Full Name (Last, First, Middle Initial)

**C. Friends of Ron Marsico**

Mailing Address 4320 Crestview Rd.

City  
HarrisburgState  
PAZip Code  
17112Purpose of Disbursement  
G-2012 State House 105 PA

011

Category/  
Type

Candidate Name

**Marsico, Ron, , ,**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA

District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

FEC Identification Number

C

**Transaction ID : B444297**

Amount of Each Disbursement this Period

-250.00

☐ Memo Item Voids: Original check dated 11/20/12
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

-1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Novartis Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Glenn Hegar for State Senate Campaign**

Mailing Address P.O. Box 1008

City  
KatyState  
TXZip Code  
77492Purpose of Disbursement  
P-2014 State Senate 18 TX

011

Category/  
Type

Candidate Name

Hegar, Glenn, , ,

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX

District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2017

FEC Identification Number

C

Transaction ID : B487707

Amount of Each Disbursement this Period

-2000.00

Voided: Original check dated

☐ Memo Item 02/25/14

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

-2000.00

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

-5600.00