Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

Novartis Vaccines and Diagnostics				
S	s, Inc.			
2. Address Check if different than previously reported			***************************************	***************************************
1300 I (Eye) Street NW, Suite 1090 E				
Washington	DC	20005		USA
3. Principal place of business (if different than line 2)				
***************************************	/Zip or Country	······································	••	
4a. Contact Name b. Telephone number	c. E-mail		5. Senate I	D#
	rguerite_baxter@chiron.			901155-12
7. Client Name Self Novartis Vaccines and Diagnostics, Inc.			6. House II	36887000
10. Check if this is a Termination Report Termination Date Te			II. No Lob	bying Activity
INCOME OR EXPENSES - Complete Either Line 12. Lobbying Firms	12 OR Line 13	13. Organ	izations	
NCOME relating to lobbying activities for this reporting period was:	EXPENSES relati	_		is reporting period
Less than \$10,000 [Less than \$10,000			
\$10,000 or more	\$10,000 or more	⋈ ⇒ \$	31,14	1,000
Provide a good faith estimate, rounded to the nearest \$20,000,	14. REPORTING accounting method	METHOD, Ch	eck box to inc is for descript	dicate expense ion of options.
of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	Method A. Reporting amounts using LDA definitions only Method B. Reporting amounts under section 6033(b)(8) of the			
	☐ Method C.	Internal Revenue Reporting amoun Revenue Code		n 162(e) of the Interi
			Edit Form >	Ella ilitata I tana
				The Willi House
Karento Boule	s	enate Password		File with House

✓ Page 1 of 6

~	Novartis Vaccines and Diagnostics, I	Client Name Novartis Vaccines and Diagnostics, Inc.
engaged in lobb	ACTIVITY. Select as many codo bying on behalf of the client durin requested. Attach additional page	es as necessary to reflect the general issue areas in which the reg the reporting period. Using a separate page for each code, e(s) as needed.
15. General issu	ue area code HCR - Health Issues	(one per page)
16. Specific lob	obying issues	
j accidental, a	and natural outbreaks of illness, ar	odefenses of the United States against deliberate, d for other purposes. Lobbied in support of vaccine ovision to effectively address influenza pandemic.
17. House(s) of	Congress and Federal agencies c	ontacted None House Senate Other
Department of Centers for D	of Health and Human Services Disease Control and Prevention	
18. Name of ear	ch individual who acted as a lobb	yist in this issue area
	Name	Covered Official Position (if applicable)
Marguerite D.	Baxter	
	Baxter Keaney	
Marguerite D. David		
9. Interest of each	Keaney	ssues listed on line 16 above \(\square \text{Check if None} \)

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engaged in lob	ACTIVITY. Select as many coobying on behalf of the client duri requested. Attach additional page	des as necessary to reflect the general issue areas in which the ng the reporting period. Using a separate page for each cod ge(s) as needed.	regis l e, pro
15. General iss	sue area code BUD - Budget/Appl	ropriations (one per page)	
16. Specific lo	bbying issues		
HR 5384, F House vers	inding and pandemic vaccine liabi FY 2007 Agriculture, Rural Develop sion, pandemic preparedness and	iations for FY 2006, Section 2607 and Title IV, pandemic lity. pment, Food and Drug Administration Appropriation Bill - to ensure that the FDA Funding is sufficient to support ry pathway to approve new influenza technology.	
7. House(s) o	f Congress and Federal agencies	contacted None House Senate Other	
	of Health and Human Services Disease Control and Prevention		
	Discuse Control and Frevention		
8 Name of ea	ach individual who acted as a lob	hviet in this issue area	
io. Manie of Ci	in marriada who deted as a 100	by 1st in this issue area	
	Name	Covered Official Position (if applicable)	IN
Marguerite	Name Baxter	Covered Official Position (if applicable)	
	··· ·	Covered Official Position (if applicable)	
	Baxter	Covered Official Position (if applicable)	
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	Baxter	Covered Official Position (if applicable)	
	Baxter		
	Baxter	Covered Official Position (if applicable)	
Marguerite David	Baxter		
David	Baxter Keaney		

20. Client new address	ate rage - co	inplete ONLY	vhere registration info	rmation has change	d.
20. Chelle new address					
21. Client new principa	al place of business	(if different than lin	ne 20)		·····
City		State/Zip	,		
22. New general descri	ption of client's bu	siness or activities			
LOBBYIST UPDA				÷ <u>E-i</u>	191
23. Name of each pre	viously reported	individual who is	no longer expected to act	as a lobbyist for the cl	ient
ISSUE UPDATE	 -				
24. General lobbying	issues that no lon	iger pertain			
HOM CPT	TAX	ммм			
AFFILIATED OR	GANIZATION	S		, <u>, , , , , , , , , , , , , , , , , , </u>	
25. Add the following		-			
Name			Address Principal place of Business (city and state or country)		
***************************************	(1)((1)			(city and state of	ountry)
]		
			<u> </u>		
26. Name of each pre-	viously reported o	prognization that i	s no longer affiliated with	the registrant or client	•
26. Name of each pre-	viously reported o	organization that i	s no longer affiliated with	the registrant or client	···
		organization that i	s no longer affiliated with	the registrant or client	
26. Name of each press FOREIGN ENTIT 27. Add the following	IES	organization that i	s no longe r affiliated with	the registrant or client	
FOREIGN ENTIT	IES foreign entities	organization that is	s no longer affiliated with Principal place of business (city and state or country)	the registrant or client Amount of contribution for lobbying activities	Ownersh percenta client
FOREIGN ENTIT 27. Add the following	IES foreign entities	idress	Principal place of business	Amount of contribution for lobbying activities	Ownersh percenta client
FOREIGN ENTIT 27. Add the following Name	IES foreign entities	idress	Principal place of business (city and state or country)	Amount of contribution	Ownersh percenta
FOREIGN ENTIT 27. Add the following Name Novartis Corporation 28. Name of each previous	foreign entities Account of the second of t	idress SJ SWI	Principal place of business (city and state or country) BASEL	Amount of contribution for lobbying activities	Ownersh percenta client 100
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