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## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

			1. Effecti	ve Date of Registration _	01/01/2006
2. House ld	lentification Number	33962	Senate Ic	lentification Number	25603
REGISTE	RANT				
3. Registrar	nt name Organization ML	Strategies, LLC			
Address	701 Pennsylvania Avenue	, NW		Suite #900	
City	Washington	State C	oc T	Zip 20004	USA
4. Principal	place of business (if differ	ent than line 3)			
City		State		Zip	
5. Telephor	ne number and contact name	e Prefix Full Na	ame		
2	202-296-3622 C	ontact Mr. Stever	ı E. Irizarry	E-mail seirizarry@mlstr	ategies.com
	description of registrant's b ment Affairs Consultants	usiness or activities			
7. Client na	A Lobbying firm is required to file to labeled "Self" and proceed to line me Novartis Pharmaceul 701 Pennsylvania Avenue	io. Seif ticals, Inc.	ch client. Orguni	zations employing in-house lobb	vists should check the box
City	Washington	State [	oc	Zip 20004	Country USA
8. Principal	place of business (if differ	ent than line 7)	× · · · · · · · · · · · · · · · · · · ·		
City		State .		Zip	Country
9. General	description of client's busir	ess or activities	4.25	** - * * * * * * * * * * * * * * * * *	# - A - A - A - B - B - B - B - B - B - B
Pharma	ceuticals				
section h	each individual who has acted has served as a "covered executes for the client, state the executes Name	tive branch official" or	"covered legi position(s) in	the client identified on line slative branch official" with	nin two years of first
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Novartis Pharmaceuticals, Inc.

Client Name

David J. Leiter, Sr. Exec. Vice President Government Relations

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Registrant Name ML Strategies, LLC		Client Name Novartis Pharmaceuticals, Inc.			
ADDITIONAL LOBBYIST		• Eletad on any of the second	Return to page 2 to finish th		
10 Supplemental. List any additional 1	obbyists for this chent no	= =			
Name First Last	Suffix	Covered Officia	l Position (if applicable)		
AFFILIATED ORGANIZA	ATIONS		Return to page 2 to finish t		
13 Supplemental. List any other affil	liated organization that me	eets the criteria specified a	nd is not listed on page 2, numbe		
Name	Address		Principal place of Busines (city and state or countr		
ADDITIONAL FOREIGN	ENTITIES		Return to page 2 to finish ti		
14 Supplemental. List any other foreig		iteria specified and is not li	. •		

Name	Address Street Address City State/Province	Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ow percenta
			ri <sub>i</sub>		

Add an additional supplementary information

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