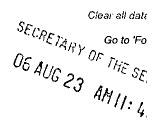
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

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



LOBBYING REPORT

I. Registrant name			···-
Organization ML Strategies, LLC			
2. Address Check if different than previously reported			
Address 701 Pennsylvania Avenue, NW	Suit	e #900	
City Washington State	DC zip C	code 20004	Country USA
3. Principal place of business (if different than line 2)		<u></u>	
City State City State	Zip C Zip or Country	Code	Country
ła, Contact Name b. Telephone number Prefix Full Name	c. E-mail	***************************************	5. Senate ID#
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7. Client Name Self Novartis Pharmaceuticals, Inc.			6. House ID# 33962055
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O. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report \$\sum_{\text{c}} \rightharpoonup \text{Termination Data}\$	ary 1-June30) 🗵		
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Registrant Name	ML Strategie	s, LLC		Client Nam	e Novartis Pl	narmaceuticals,	Inc.
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15. General iss	ue area code	HCR - Heal	th Issues		one p	er page)	
16. Specific lo	bbying issue:	3					
		sciences issu Cosmetic Ac					
17. House(s) o	f Congress a	nd Federal ag	gencies contac	ted None	House	Senate	Other
18. Name of ea	ich individua	al who acted a	as a lobbyist i	n this issue area			
First Name	Nan La:	ne st Name	Suffix	Covere	ed Official Po	sition (if applica	able)
Steven	Irizarry			Senior Couns	el Senate Sp	ecial Committ	ee on Aging
				Senior Couns	el Senate HE	LP Committe	е
David	Leiter						
Mark	Buse						
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19. Interest of	each foreign	entity in the	specific issues	s listed on line 10	ó above 🔀	Check if None	Leader and Social State Constitution of the Co

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Registrant Name ML Strategies	s, LLC	Client Name Novartis Pharmaceuticals, Inc.
LOBBYING ACTIVITY engaged in lobbying on beh information as requested. A	alf of the client during the r	necessary to reflect the general issue areas in which the reporting period. Using a separate page for each code s needed.
15. General issue area code	MMM - Medicare/Medicalo	d (one per page)
16. Specific lobbying issues	;	
Pharmaceutical coverage	e and reimbursement issues	S
17. House(s) of Congress ar	nd Federal agencies contact	ted None House Senate Other
18. Name of each individua	l who acted as a lobbyist in	n this issue area
	ne it Name Suffix	Covered Official Position (if applicable)
Steven Irizarry		Senior Counsel Senate Special Committee on Aging Senior Counsel Senate HELP Committee
David Leiter		
Mark Buse		
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Registrant Name ML Strategies	i, LLC	Client Name	eNovartis Pharmaceuticals, Inc.
	alf of the client during	the reporting period.	ect the general issue areas in which the re Using a separate page for each code,
15. General issue area code	SCI - Science/Techno	ology	(one per page)
16. Specific lobbying issues	;	Add page to contil	nue specific issues description for this issue
Pharmaceutical and life Federal Food, Drug and 17. House(s) of Congress a	Cosmetic Act (21 USC		
18. Name of each individua Nam First Name Lac		Cover	Add a page to continue additing lobbyists for this red Official Position (if applicable)
Steven Irizarry		Senior Couns	sel Senate Special Committee on Aging
		Senior Couns	el Senate HELP Committee
David Leiter			
Mark Buse			
19. Interest of each foreign	entity in the specific	issues listed on line 1	6 above Check if None
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Registrant Name ML Strategies, LLC			Client	Client Name Novartis Pharmaceuticals, Inc.				
Information Update	e Page -	Compl	lete ONLY	where reg	gistration inf	ormation l	as changed	•
20. Client new address Address City 21. Client new principal p City 22. New general descripti LOBBYIST UPDAT 23. Name of each previo	lace of busing on of client?	ness (if c	lifferent than	State line 20) State	Zip Co	de le	Country Country	Land
2				4				
ISSUE UPDATE 24. General lobbying iss	sues that n o	longer	· pertain		Find the code	to select be	low.	
AFFILIATED ORGA								
25. Add the following at Name	filliated org	anizatio	on(s)	Address		Prin	cipal place of Bu	siness
26. Name of each previous	ously repor	Address C/S/Z Address C/S/Z	anization tha	it is no long	er affiliated wi	City State City State	Count	
		2				3		
FOREIGN ENTITIE 27. Add the following for		ies						
Nane	Street Address City	Addres	s te/Province_Cour	(city ar	al place of business and state or country)		of contribution ying activities	Owner percer client
				City State	Country			
28. Name of each previou affiliated organization 1 2 Printed Name and Title		3				5	with the registr	

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