

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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)
Novo Nordisk Inc. PAC (Novo Nordisk PAC)

Full Name (Last, First, Middle Initial)

A. Helping Every Campaign Kickoff (HECK PAC)

Mailing Address 119 1St Ave S
Ste 320

City Seattle State WA Zip Code 98104

Purpose of Disbursement
2018 Contribution

011
Category/
Type

Candidate Name
Helping Every Campaign Kickoff (HECK PAC)

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

/ /

FEC Identification Number

C C00548792
Transaction ID : 610776B51E6
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Kelly, G. Mike, J., ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: PA District: 16

Date of Disbursement

/ /

FEC Identification Number

C C00474189
Transaction ID : 9A7119A6D47
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Morgan Griffith For Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
2018 General

011
Category/
Type

Candidate Name
Griffith, H. Morgan, , ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General
 Other (specify)

State: VA District: 09

Date of Disbursement

/ /

FEC Identification Number

C C00477240
Transaction ID : 84B9AD88E7
Amount of Each Disbursement this Period

Memo Item

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

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