

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table> | X | Y | Y | Y | 2 | 0 | 1 | 1 | | 21633.21 |
| X | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 1 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 32900.10 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 8026.00 | 23858.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 40926.10 | 45491.21 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 21503.04 | 26068.15 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 19423.06 | 19423.06 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY 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**

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 1 |

| 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) | 3040.00 | 4565.00 |
| (ii) Unitemized | 4986.00 | 19293.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 8026.00 | 23858.00 |
| (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) | 8026.00 | 23858.00 |
| 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 Transfer (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)) | 8026.00 | 23858.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 8026.00 | 23858.00 |

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared 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..... | 3.04 | 68.15 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 3.04 | 68.15 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 21500.00 | 26000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared 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)).. | 21503.04 | 26068.15 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21503.04 | 26068.15 |

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 8026.00 | 23858.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8026.00 | 23858.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 3.04 | 68.15 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 3.04 | 68.15 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) | PAGE 7 / 32 |
| | <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Thomas H. Boyer | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| | Mailing Address 100 College Rd W | Transaction ID: 20110322-21-13-2 |
| | City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Novo Nordisk | Occupation Associate Director - Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) M. T. Brooks | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| | Mailing Address 100 College Rd W | Transaction ID: 20110322-24-11-37 |
| | City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Novo Nordisk | Occupation Director - Changing Diabetes and Public Health | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) M. T. Brooks | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| | Mailing Address 100 College Rd W | Transaction ID: 20110322-24-13-2 |
| | City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer Novo Nordisk | Occupation Director - Changing Diabetes and Public Health | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 150.00 |
| 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: (check only one) | PAGE 8 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Francis X. Brown | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-25-11-37 |
| Name of Employer Novo Nordisk | | Occupation Senior Director - Business Process Cha | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Francis X. Brown | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-25-13-2 |
| Name of Employer Novo Nordisk | | Occupation Senior Director - Business Process Cha | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Henry W. Cortina | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-39-11-37 |
| Name of Employer Novo Nordisk | | Occupation Associate Vice President - Information | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="165.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 32
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Henry W. Cortina | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-39-13-2 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Associate Vice President - Information | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Basil Denno | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-45-11-37 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Associate Vice President - Diabetes Sa | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Basil Denno | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-45-13-2 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Associate Vice President - Diabetes Sa | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
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| SUBTOTAL of Receipts This Page (optional) | ▶ | 165.00 |
| 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: (check only one) | PAGE 10 / 32 | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

| | | | | | |
|---|---|--|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Travis S. Fisher | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 | | |
| | Mailing Address 100 College Rd W | | Transaction ID: 20110322-54-11-37 | | |
| | City Princeton | State NJ | Zip Code 08540 | Amount of Each Receipt this Period 55.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Novo Nordisk | Occupation Senior Director - Medical Strategy | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 330.00 | | | |

| | | | | | |
|---|---|--|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Travis S. Fisher | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 | | |
| | Mailing Address 100 College Rd W | | Transaction ID: 20110322-54-13-2 | | |
| | City Princeton | State NJ | Zip Code 08540 | Amount of Each Receipt this Period 55.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Novo Nordisk | Occupation Senior Director - Medical Strategy | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 330.00 | | | |

| | | | | | |
|---|---|--|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Jeffrey A. Frazier | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 | | |
| | Mailing Address 100 College Rd W | | Transaction ID: 20110322-60-11-37 | | |
| | City Princeton | State NJ | Zip Code 08540 | Amount of Each Receipt this Period 55.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Novo Nordisk | Occupation Vice President - Human Resources | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 330.00 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 165.00 |
| 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 11 / 32
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Jeffrey A. Frazier | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-60-13-2 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Vice President - Human Resources | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Joanne M. Golankiewicz | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-69-11-37 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Senior Director - Marketing Effectiven | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Joanne M. Golankiewicz | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-69-13-2 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Senior Director - Marketing Effectiven | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 165.00 |
| 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: (check only one) | PAGE 12 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Edward F. Hanover | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-76-11-37 |
| Name of Employer Novo Nordisk | | Occupation Senior Corporate Counsel | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Edward F. Hanover | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-76-13-2 |
| Name of Employer Novo Nordisk | | Occupation Senior Corporate Counsel | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Tanya L. Hill | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-80-11-37 |
| Name of Employer Novo Nordisk | | Occupation Senior Brand Director Novoseven | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="165.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 32
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
Tanya L. Hill

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Senior Brand Director Novoseven

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-80-13-2

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Farruq Z. Jafery

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Senior Director - Pricing/Contract Ope

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-89-11-37

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Farruq Z. Jafery

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Senior Director - Pricing/Contract Ope

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-89-13-2

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 14 / 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A. Full Name (Last, First, Middle Initial)
J. P. Jones

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Senior Director - Diabetes Field Marke

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-91-11-37

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
J. P. Jones

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Senior Director - Diabetes Field Marke

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-91-13-2

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Joseph F. Kelly

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Institutional Regional Business Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-97-11-37

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 15 / 32
(check only one)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
Joseph F. Kelly

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Institutional Regional Business Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-97-13-2

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Michael L. Mawby

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Associate Vice President - Government

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-107-11-37

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Michael L. Mawby

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Associate Vice President - Government

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-106-13-2

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 16 / 32
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
Jeff S. Maxwell

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Institutional Regional Business Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-108-11-37

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Jeff S. Maxwell

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Institutional Regional Business Direct

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-107-13-2

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Stephen B. McGill

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Associate Director - Government Affair

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-112-11-37

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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: (check only one) | PAGE 17 / 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

| | | | | | |
|---|---|--|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Stephen B. McGill | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 | | |
| | Mailing Address 100 College Rd W | | Transaction ID: 20110322-111-13-2 | | |
| | City Princeton | State NJ | Zip Code 08540 | Amount of Each Receipt this Period 55.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Novo Nordisk | Occupation Associate Director - Government Affair | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 330.00 | | | |

| | | | | | |
|---|---|--|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Christopher N. McGowen | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 | | |
| | Mailing Address 100 College Rd W | | Transaction ID: 20110322-114-11-37 | | |
| | City Princeton | State NJ | Zip Code 08540 | Amount of Each Receipt this Period 55.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Novo Nordisk | Occupation Associate Director - Government Affair | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 330.00 | | | |

| | | | | | |
|---|---|--|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Christopher N. McGowen | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 | | |
| | Mailing Address 100 College Rd W | | Transaction ID: 20110322-113-13-2 | | |
| | City Princeton | State NJ | Zip Code 08540 | Amount of Each Receipt this Period 55.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Novo Nordisk | Occupation Associate Director - Government Affair | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 330.00 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 165.00 |
| 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: (check only one) | PAGE 18 / 32 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Bridget M. Molloy | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-119-11-37 |
| Name of Employer Novo Nordisk | | Occupation Senior Regional Account Executive | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Bridget M. Molloy | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-118-13-2 |
| Name of Employer Novo Nordisk | | Occupation Senior Regional Account Executive | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Alan C. Moses | | Date of Receipt |
| | Mailing Address 100 College Rd W | | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2011"/> |
| | City | State | Zip Code |
| | Princeton | NJ | 08540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20110322-123-11-37 |
| Name of Employer Novo Nordisk | | Occupation Vice President - Global Chief Medical | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="330.00"/> | <input type="text" value="55.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="165.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 32
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
Alan C. Moses

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Vice President - Global Chief Medical

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-124-13-2

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Christopher M. Porter

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Director - Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-139-11-37

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Christopher M. Porter

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Director - Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-140-13-2

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 20 / 32
(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Robert J. Powers | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-141-11-37 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Growth Hormone Therapy Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Robert J. Powers | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-142-13-2 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Growth Hormone Therapy Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Linda S. Reyle | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-146-11-37 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Associate Director - Diabetes Educatio | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 165.00 |
| 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 21 / 32
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Linda S. Reyle | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-147-13-2 |
| City Princeton | State Zip Code NJ 08540 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Associate Director - Diabetes Educatio | Aggregate Year-to-Date ▼ 330.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Joanne L. Sadowsky | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-150-11-37 |
| City Princeton | State Zip Code NJ 08540 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Director - Contract Management | Aggregate Year-to-Date ▼ 330.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) Joanne L. Sadowsky | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-151-13-2 |
| City Princeton | State Zip Code NJ 08540 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Director - Contract Management | Aggregate Year-to-Date ▼ 330.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 165.00 |
| 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 22 / 32
(check only one)

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | | |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
C. Reed Scott

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-152-11-37

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
C. Reed Scott

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2011

Transaction ID: 20110322-153-13-2

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Lauren E. Semeniuk

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Novo Nordisk Senior Manager - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2011

Transaction ID: 20110322-154-11-37

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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: (check only one) | PAGE 23 / 32 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Lauren E. Semeniuk | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| | Mailing Address 100 College Rd W | Transaction ID: 20110322-155-13-2 |
| | City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 55.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Novo Nordisk Occupation: Senior Manager - Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 330.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) James Shehan | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| | Mailing Address 100 College Rd W | Transaction ID: 20110322-155-11-37 |
| | City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Novo Nordisk Occupation: Vice President - Legal/Patents/Governm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 450.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) James Shehan | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| | Mailing Address 100 College Rd W | Transaction ID: 20110322-156-13-2 |
| | City State Zip Code Princeton NJ 08540 | Amount of Each Receipt this Period 75.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Novo Nordisk Occupation: Vice President - Legal/Patents/Governm Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 450.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 205.00 |
| 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 24 / 32
(check only one)

| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Chung-Sing W. Weng | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-168-11-37 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Senior Director - Biostatistics | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

B.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Chung-Sing W. Weng | | Date of Receipt MM / DD / YYYY 03 / 18 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-170-13-2 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Senior Director - Biostatistics | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) Edward L. Williams | | Date of Receipt MM / DD / YYYY 03 / 04 / 2011 |
| Mailing Address 100 College Rd W | | Transaction ID: 20110322-171-11-37 |
| City Princeton | State NJ | Zip Code 08540 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 55.00 |
| Name of Employer Novo Nordisk | Occupation Vice President - Biopharmaceuticals | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 330.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 165.00 |
| 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 25 / 32 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Edward L. Williams | | Date of Receipt |
| Mailing Address 100 College Rd W | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 1 8 / 2 0 1 1 |
| City | State | Zip Code |
| Princeton | NJ | 08540 |
| FEC ID number of contributing federal political committee. | | Transaction ID: 20110322-173-13-2 |
| <input type="text"/> C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 55.00 |
| Name of Employer Novo Nordisk | Occupation Vice President - Biopharmaceuticals | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ <input type="text"/> 330.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 55.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 3040.00 |

**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"/> 24 | <input type="checkbox"/> 25 | <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 PAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Ben Chandler for Congress <hr/> Mailing Address PO Box 12678 <hr/> City Lexington State KY Zip Code 40508 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Albert Benjamin Chandler, III <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B4CFA412E21FBA0C298 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Blumenauer for Congress <hr/> Mailing Address 830 NE Holladay, #105 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Earl Blumenauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 68C70CD72B2C6C5D012 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Capuano for Congress Committee <hr/> Mailing Address PO Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Michael E. Capuano <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 1235F74AFEC78F31D00 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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 PAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Diana Degette for Congress <hr/> Mailing Address PO Box 61337 <hr/> City Denver State CO Zip Code 80206 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Diana L. DeGette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 1F34F198ABE8EF5D573 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Donna Christensen Campaign <hr/> Mailing Address PO Box 5197 <hr/> City St. Croix State VI Zip Code 00823 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Donna Marie Christian-Christensen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: DCA1C928CCDAF3E5ED2 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Frelinghuysen for Congress <hr/> Mailing Address 19 Cattano Avenue <hr/> City Morristown State NJ Zip Code 07960 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Rodney P. Frelinghuysen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 11 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 21CA8487992468B68E8 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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 Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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 PAC

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) Friends of John Barrow Mailing Address PO Box 8166 City Savannah State GA Zip Code 31412 Purpose of Disbursement 2012 Primary Candidate Name John Jenkins Barrow Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: CC690F39486F76F2756 Date of Disbursement 03 / 16 / 2011 Amount of Each Disbursement this Period 2000.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Hagan for Us Senate Inc Mailing Address PO Box 29103 City Greensboro State NC Zip Code 27429 Purpose of Disbursement 2014 Primary Candidate Name Kay R. Hagan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 1E0E02C0C8F3DCFB9DD Date of Disbursement 03 / 16 / 2011 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Hatch Election Committee Inc Mailing Address 175 South West Temple Suite 650 City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement 2012 Primary Candidate Name Orrin G. Hatch Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 03BED73EF9511045C95 Date of Disbursement 03 / 09 / 2011 Amount of Each Disbursement this Period 1000.00 011 Category/ Type |

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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 PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon <hr/> Mailing Address 2236 SE 10th Ave <hr/> City Portland State OR Zip Code 97214 <hr/> Purpose of Disbursement 2014 Primary Candidate Name Jeffery A. Merkley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: B96722A8C984E63025B Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2011 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Michael Clifton Burgess <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: FBDEA93DCDAD804DFA0 Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2011 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Mikulski for Senate Committee <hr/> Mailing Address PO Box 13147 <hr/> City Baltimore State MD Zip Code 21203 <hr/> Purpose of Disbursement 2016 Primary Candidate Name Barbara A. Mikulski <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: <hr/> Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: C8273FD928F036080B8 Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2011 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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 PAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name National Republican Congressional Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution | Transaction ID: 16AB4B4B04014122CEO Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name National Republican Congressional Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution | Transaction ID: 267ECC66E8CDE94821D Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name National Republican Congressional Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution | Transaction ID: E2ABC65F67519944196 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1 |
| | Amount of Each Disbursement this Period 500.00 |
| | Category/ Type 011 |
| | Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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 PAC

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: E7A9877BF6727B7A750</p> <p>Date of Disbursement MM / DD / YYYY 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p> |
| <p>B. Full Name (Last, First, Middle Initial) Rush Holt for Congress</p> <p>Mailing Address PO Box 782</p> <p>City Pennington State NJ Zip Code 08534</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Rush Dew Holt, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 12</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: CCD802CE8B02A0588DD</p> <p>Date of Disbursement MM / DD / YYYY 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p> |
| <p>C. Full Name (Last, First, Middle Initial) Steve Rothman for New Jersey, Inc.</p> <p>Mailing Address PO Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Steven R. Rothman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: FF8E4D8C0C9B1079AE3</p> <p>Date of Disbursement MM / DD / YYYY 03 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <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 PAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee <hr/> Mailing Address PO Box 1007 <hr/> City Willows State CA Zip Code 95988 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Walter Herger, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2F634B591196A6F2671 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2011 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Whitehouse for Senate <hr/> Mailing Address PO Box 40280 <hr/> City Providence State RI Zip Code 02940 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Sheldon Whitehouse <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: BA70A34C7952F59EBA7 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2011 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

21500.00