

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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		18604.37
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	22032.25									
(c) Total Receipts (from Line 19)	7101.00	88810.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29133.25	107414.37								
7. Total Disbursements (from Line 31)	16798.24	95079.36								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12335.01	12335.01								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	6226.00	61711.00
(ii) Unitemized	875.00	27099.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7101.00	88810.00
(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)	7101.00	88810.00
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))	7101.00	88810.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7101.00	88810.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	32.86	450.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.86	450.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16765.38	94629.26
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))..	16798.24	95079.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16798.24	95079.36

DETAILED SUMMARY PAGE
of Disbursements

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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)	7101.00	88810.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7101.00	88810.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.86	450.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.86	450.10

**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 7 / 87
	<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) Andrew R. Ajello	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-2-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - National Sales/Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

B.	Full Name (Last, First, Middle Initial) Andrew R. Ajello	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-2-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - National Sales/Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

C.	Full Name (Last, First, Middle Initial) Robert K. Anderson	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-4-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Account Executive II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 / 87
	<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) Robert K. Anderson		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-4-12-20
Name of Employer Novo Nordisk		Occupation Account Executive II	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="520.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Frank Armenante		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-5-15-0
Name of Employer Novo Nordisk		Occupation Senior Manager - Incentive Compensation	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="360.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Frank Armenante		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-5-12-20
Name of Employer Novo Nordisk		Occupation Senior Manager - Incentive Compensation	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="360.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
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 / 87
(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) Lynn M. Baer		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-7-15-0
City Princeton	State NJ	Zip Code 08540-6658
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 - North Ameri	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

B.

Full Name (Last, First, Middle Initial) Lynn M. Baer		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-7-12-20
City Princeton	State NJ	Zip Code 08540-6658
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 - North Ameri	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

C.

Full Name (Last, First, Middle Initial) Kaysen Bala		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-8-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation Growth Hormone Medical Liaison II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 / 87
	<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) Kaysen Bala		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-8-12-20
Name of Employer Novo Nordisk		Occupation Growth Hormone Medical Liaison II	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 ▼ 260.00	<input type="text"/> 10.00

B.	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-9-15-0
Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing	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 ▼ 780.00	<input type="text"/> 30.00

C.	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-9-12-20
Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing	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 ▼ 780.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 70.00
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: (check only one)	PAGE 11 / 87
	<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) Kristen C. Beck	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-10-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Regional Clinical Trial Lead Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Kristen C. Beck	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-10-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Regional Clinical Trial Lead Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Jennifer L. Bennett	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-12-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Manager - Strategic Staffing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 87
(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)
Jennifer L. Bennett
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Manager - Strategic Staffing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 24 / 2009
Transaction ID: 20100104-12-12-20
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Daye M. Bexley
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 12 / 11 / 2009
Transaction ID: 20091221-13-15-0
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Daye M. Bexley
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 12 / 24 / 2009
Transaction ID: 20100104-13-12-20
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.00
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 13 / 87
(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) Matthew W. Bianchini		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-14-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Matthew W. Bianchini		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-14-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Francis P. Bigley		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-15-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	50.00
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 14 / 87
	<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 P. Bigley		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-15-12-20
Name of Employer Novo Nordisk		Occupation Chief Compliance Officer	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="780.00"/>	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) Terry P. Bloecher		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-16-15-0
Name of Employer Novo Nordisk		Occupation Senior Growth Hormone Therapy Manager	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="520.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Terry P. Bloecher		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-16-12-20
Name of Employer Novo Nordisk		Occupation Senior Growth Hormone Therapy Manager	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="520.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="70.00"/>
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 15 / 87

(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)
Thomas H. Boyer

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼ 1040.00

Date of Receipt MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-18-15-0

Amount of Each Receipt this Period 40.00

B.

Full Name (Last, First, Middle Initial)
Thomas H. Boyer

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼ 1040.00

Date of Receipt MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-18-12-20

Amount of Each Receipt this Period 40.00

C.

Full Name (Last, First, Middle Initial)
William P. Breitenbach

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Novo Nordisk Associate Vice President - Diabetes Po

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-20-15-0

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 100.00

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 16 / 87
	<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) William P. Breitenbach		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-20-12-20
Name of Employer Novo Nordisk		Occupation Associate Vice President - Diabetes Po	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="520.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-21-15-0
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="1430.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-21-12-20
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="1430.00"/>	<input type="text" value="55.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="130.00"/>
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 17 / 87
	<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) Joseph C. Burns		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-22-15-0
Name of Employer Novo Nordisk		Occupation Growth Hormone Therapy Manager	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="260.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Joseph C. Burns		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-22-12-20
Name of Employer Novo Nordisk		Occupation Growth Hormone Therapy Manager	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="260.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) Jeffrey L. Burt		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-23-15-0
Name of Employer Novo Nordisk		Occupation Director - Managed Markets / Health Ec	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="780.00"/>	<input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.00"/>
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 18 / 87
(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 L. Burt		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-23-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Director - Managed Markets / Health Ec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B.

Full Name (Last, First, Middle Initial) Erin L. Byrne		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-24-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - National Changing Diabetes P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Erin L. Byrne		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-24-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - National Changing Diabetes P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	70.00
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 19 / 87
	(check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Anne P. Cannon	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-25-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Medical Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Anne P. Cannon	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-25-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Medical Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Edward R. Cardoza	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-26-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	50.00
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 20 / 87
	<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) Edward R. Cardoza		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-26-12-20
Name of Employer Novo Nordisk		Occupation Senior 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="260.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Marcus E. Carr		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-27-15-0
Name of Employer Novo Nordisk		Occupation Executive Director - Hemophilia	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="520.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Marcus E. Carr		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-27-12-20
Name of Employer Novo Nordisk		Occupation Executive Director - Hemophilia	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="520.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.00"/>
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 21 / 87
(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)
Scott P. Cassidy
 Mailing Address 100 College Rd. W
 City State Zip Code
Princeton NJ 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Manager - IT Security
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 1 / 2 0 0 9
Transaction ID: 20091221-28-15-0
 Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
Scott P. Cassidy
 Mailing Address 100 College Rd. W
 City State Zip Code
Princeton NJ 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Manager - IT Security
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: 20100104-28-12-20
 Amount of Each Receipt this Period
 20.00

C. Full Name (Last, First, Middle Initial)
Kenneth P. Chambless
 Mailing Address 100 College Rd. W
 City State Zip Code
Princeton NJ 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Senior Strategic Account Executive
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 1 / 2 0 0 9
Transaction ID: 20091221-29-15-0
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00
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 / 87
(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)
Kenneth P. Chambless

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Strategic Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-29-12-20

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Nathaniel G. Clark

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Medical Advisor - Diabetes

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-30-15-0

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Nathaniel G. Clark

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Medical Advisor - Diabetes

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-30-12-20

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 / 87
	<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) Sean P. Clements		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-31-15-0
Name of Employer Novo Nordisk		Occupation Associate Director - Media Relations	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="520.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Sean P. Clements		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-31-12-20
Name of Employer Novo Nordisk		Occupation Associate Director - Media Relations	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="520.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Jane R. Conlon-Werner		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-32-15-0
Name of Employer Novo Nordisk		Occupation Senior Director - Quality Assurance	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="1430.00"/>	<input type="text" value="55.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="95.00"/>
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: (check only one)	PAGE 24 / 87
	<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) Jane R. Conlon-Werner		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-32-12-20
Name of Employer Novo Nordisk		Occupation Senior Director - Quality Assurance	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="1430.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Christopher Conner		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-33-15-0
Name of Employer Novo Nordisk		Occupation Senior Manager - Field Outcomes Resear	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="520.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Christopher Conner		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-33-12-20
Name of Employer Novo Nordisk		Occupation Senior Manager - Field Outcomes Resear	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="520.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="95.00"/>
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 25 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Henry W. Cortina
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Associate Vice President - Information
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 11 / 2009
Transaction ID: 20091221-34-15-0
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Henry W. Cortina
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Associate Vice President - Information
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 24 / 2009
Transaction ID: 20100104-34-12-20
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Traci R. Cravaack
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 11 / 2009
Transaction ID: 20091221-35-15-0
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 70.00
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 26 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Traci R. Cravaack

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-35-12-20

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
John E. Davis

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-38-15-0

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
John E. Davis

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-38-12-20

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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 27 / 87
(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) Mary M. Dugan		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-41-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Biopharmaceuticals Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Mary M. Dugan		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-41-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Biopharmaceuticals Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Kim B. Elston		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-42-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 28 / 87

(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)
Kim B. Elston

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Account Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-42-12-20

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
Joann A. Fawaz

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Growth Hormone Therapy Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-43-15-0

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Joann A. Fawaz

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Growth Hormone Therapy Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-43-12-20

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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 29 / 87
	<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) Neal C. Fitzpatrick	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-44-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Associate Vice President - Biopharmaceutics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1430.00	

B.	Full Name (Last, First, Middle Initial) Neal C. Fitzpatrick	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-44-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Associate Vice President - Biopharmaceutics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1430.00	

C.	Full Name (Last, First, Middle Initial) David K. Flood	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-45-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Manager - Applications Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 260.00	

SUBTOTAL of Receipts This Page (optional)	120.00
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 30 / 87
(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)
David K. Flood

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Manager - Applications Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-45-12-20

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Kathleen S. Flynn

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Strategic Account Executive II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-46-15-0

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Kathleen S. Flynn

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Strategic Account Executive II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-46-12-20

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 31 / 87
(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) Philip F. Fornecker		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-47-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Vice President - Strategic Business Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Philip F. Fornecker		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-47-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Vice President - Strategic Business Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Brooklynne N. Foster		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-48-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation Regional Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	50.00
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 32 / 87
(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)
Brooklynne N. Foster

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-48-12-20

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey A. Frazier

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Vice President - Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-51-15-0

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey A. Frazier

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Vice President - Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-51-12-20

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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 33 / 87
(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) Seth C. Freund		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-52-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - Client Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Seth C. Freund		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-52-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - Client Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Bryan J. Gallagher		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-54-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Medical Scientific Director - Endocrino	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
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 34 / 87
(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)
Bryan J. Gallagher

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Medical Scientific Director - Endocrino

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-54-12-20

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Robert D. Gawlikowski

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-55-15-0

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Robert D. Gawlikowski

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-55-12-20

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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 35 / 87
(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)
Stephen W. Gilligan

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Endocrinology District Business Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-57-15-0

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Stephen W. Gilligan

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Endocrinology District Business Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-57-12-20

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Reza Green

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Chief Intellectual Property Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-60-15-0

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 36 / 87
(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)
Reza Green

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Chief Intellectual Property Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-60-12-20

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Carrie A. Greer

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-61-15-0

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
Carrie A. Greer

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-61-12-20

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 40.00

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 37 / 87
	<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) Gary W. Grote		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-62-15-0
Name of Employer Novo Nordisk		Occupation Senior Director - Managed Care & Govern	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 ▼ 340.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Gary W. Grote		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-62-12-20
Name of Employer Novo Nordisk		Occupation Senior Director - Managed Care & Govern	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 ▼ 340.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Sharon J. Haggerty		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-63-15-0
Name of Employer Novo Nordisk		Occupation Institutional Regional Business Direct	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 ▼ 520.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
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 38 / 87
(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)
Sharon J. Haggerty

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-63-12-20

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Samantha D. Hall

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-64-15-0

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Samantha D. Hall

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-64-12-20

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► **50.00**

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 39 / 87
(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 F. Hanover		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-65-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

B.

Full Name (Last, First, Middle Initial) Edward F. Hanover		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-65-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

C.

Full Name (Last, First, Middle Initial) Kristin L. Hanson		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-66-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Medical Scientific Director - M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

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 40 / 87
(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)
Kristin L. Hanson

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Medical Scientific Director - M

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-66-12-20

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
John W. Hart

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-67-15-0

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
John W. Hart

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-67-12-20

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **115.00**

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 41 / 87
(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)
Miguel A. Hechavarria

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-69-15-0

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Miguel A. Hechavarria

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-69-12-20

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Brand Director - NovoSeven

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1430.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-70-15-0

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **95.00**

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 42 / 87

(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 08540-6658

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

Name of Employer Occupation
Novo Nordisk Brand Director - NovoSeven

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1430.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-70-12-20

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)
Scott W. Hocking

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Managed Markets Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-72-15-0

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
Scott W. Hocking

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Managed Markets Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-72-12-20

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

75.00

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 43 / 87
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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Julia L. Hoff	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-73-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B.	Full Name (Last, First, Middle Initial) Julia L. Hoff	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-73-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Walter J. Hunter	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-75-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Executive Director - Medical Scientifi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional)	90.00
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 44 / 87
	<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) Walter J. Hunter	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-75-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Executive Director - Medical Scientifi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

B.	Full Name (Last, First, Middle Initial) Elizabeth G. Ingram	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-77-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Managed Mar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth G. Ingram	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-77-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Managed Mar	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	90.00
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 45 / 87
	<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) Frank J. Jacobs	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-78-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Diabetes Sa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

B.	Full Name (Last, First, Middle Initial) Frank J. Jacobs	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-78-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Diabetes Sa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

C.	Full Name (Last, First, Middle Initial) J. P. Jones	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-80-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Director - Sales Force	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	▶	160.00
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 46 / 87
(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 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Director - Sales Force
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: 20100104-80-12-20
 Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Doxie A. Jordan
 Mailing Address 100 College Rd. W
 City State Zip Code
Princeton NJ 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Institutional Regional Business Direct
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 1 / 2 0 0 9
Transaction ID: 20091221-81-15-0
 Amount of Each Receipt this Period
 20.00

C. Full Name (Last, First, Middle Initial)
Doxie A. Jordan
 Mailing Address 100 College Rd. W
 City State Zip Code
Princeton NJ 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Institutional Regional Business Direct
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: 20100104-81-12-20
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► 90.00
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 47 / 87
	<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) James A. Kalmes		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-82-15-0
	Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>

B.	Full Name (Last, First, Middle Initial) James A. Kalmes		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-82-12-20
	Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>

C.	Full Name (Last, First, Middle Initial) Joseph F. Kelly		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-83-15-0
	Name of Employer Novo Nordisk		Occupation Regional Business Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1430.00"/>	Amount of Each Receipt this Period <input type="text" value="55.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="105.00"/>
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 48 / 87
(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)
Joseph F. Kelly

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Regional Business Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1430.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-83-12-20

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Donald A. Kempin

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-84-15-0

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Donald A. Kempin

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-84-12-20

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **95.00**

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 49 / 87
	<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) Carol L. Krause		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 100 College Rd. W		Transaction ID: 20091221-86-15-0		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Senior Medical Liaison			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

B.	Full Name (Last, First, Middle Initial) Carol L. Krause		Date of Receipt MM / DD / YYYY 12 / 24 / 2009		
	Mailing Address 100 College Rd. W		Transaction ID: 20100104-86-12-20		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Senior Medical Liaison			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

C.	Full Name (Last, First, Middle Initial) Camille C. Lee		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 100 College Rd. W		Transaction ID: 20091221-87-15-0		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Vice President - Diabetes Brand Market			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 780.00			

SUBTOTAL of Receipts This Page (optional)	▶	90.00
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 50 / 87
(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) Camille C. Lee		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-87-12-20
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Vice President - Diabetes Brand Market	Aggregate Year-to-Date ▼ 780.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Jeffrey P. Letourneau		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-89-15-0
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation District Business Manager II	Aggregate Year-to-Date ▼ 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Jeffrey P. Letourneau		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-89-12-20
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation District Business Manager II	Aggregate Year-to-Date ▼ 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	50.00
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 51 / 87
(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)
Charles J. Maerzke
Mailing Address 100 College Rd. W
City State Zip Code
Princeton NJ 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Novo Nordisk Senior Manager - National
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9
Transaction ID: 20091221-90-15-0
Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Charles J. Maerzke
Mailing Address 100 College Rd. W
City State Zip Code
Princeton NJ 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Novo Nordisk Senior Manager - National
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9
Transaction ID: 20100104-90-12-20
Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Michael L. Mawby
Mailing Address 100 College Rd. W
City State Zip Code
Princeton NJ 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Novo Nordisk Associate Vice President - Government
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1430.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9
Transaction ID: 20091221-92-15-0
Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► 95.00
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 52 / 87
(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)
Michael L. Mawby
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Associate Vice President - Government
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1430.00
Date of Receipt 12 / 24 / 2009
Transaction ID: 20100104-92-12-20
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 Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Regional Business Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1430.00
Date of Receipt 12 / 11 / 2009
Transaction ID: 20091221-93-15-0
Amount of Each Receipt this Period 55.00

C. Full Name (Last, First, Middle Initial)
Jeff S. Maxwell
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Regional Business Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1430.00
Date of Receipt 12 / 24 / 2009
Transaction ID: 20100104-93-12-20
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 53 / 87
	<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) Mary Ann McElligott	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-95-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Associate Vice President - Regulatory Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mary Ann McElligott	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-95-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Associate Vice President - Regulatory Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Stephen B. McGill	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-96-15-0
	City State Zip Code Princeton NJ 08540-6658	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 ▼ 1430.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 54 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Stephen B. McGill

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼
1430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 20100104-96-12-20

Amount of Each Receipt this Period
55.00

B. Full Name (Last, First, Middle Initial)
Christopher N. McGowen

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼
1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	9

Transaction ID: 20091221-97-15-0

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Christopher N. McGowen

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼
1040.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	9

Transaction ID: 20100104-97-12-20

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **135.00**

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 55 / 87
(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) Heather L. Millage		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-98-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Brand Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Heather L. Millage		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-98-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Brand Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-99-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Business Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 56 / 87
(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) Joseph Miller		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-99-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Business Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Bridget M. Molloy		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-101-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.

Full Name (Last, First, Middle Initial) Bridget M. Molloy		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-101-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	130.00
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 57 / 87
(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)
Michael H. Morse

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior District Business Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-102-15-0

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Michael H. Morse

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior District Business Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-102-12-20

Amount of Each Receipt this Period
10.00

C.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼ 1430.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-103-15-0

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 58 / 87
	<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) Alan C. Moses	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-103-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Global Chief Medical	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

B.	Full Name (Last, First, Middle Initial) Elizabeth A. Moses	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-104-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - Curriculum Design	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth A. Moses	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-104-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - Curriculum Design	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	95.00
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 59 / 87
(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) Catherine A. Mullooly		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-105-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Clinical/Scientific Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Catherine A. Mullooly		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-105-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Clinical/Scientific Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Kathleen L. Mulrone y		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-106-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation Director - Applications Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	50.00
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 60 / 87
	<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) Kathleen L. Mulroney		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-106-12-20
Name of Employer Novo Nordisk		Occupation Director - Applications Development	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="260.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Stephen D. Noyes		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-107-15-0
Name of Employer Novo Nordisk		Occupation Associate Vice President - Managed Car	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="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Stephen D. Noyes		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-107-12-20
Name of Employer Novo Nordisk		Occupation Associate Vice President - Managed Car	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="300.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.00"/>
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: (check only one)	PAGE 61 / 87
	<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) Curtis G. Oltmans	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-108-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Deputy Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

B.	Full Name (Last, First, Middle Initial) Curtis G. Oltmans	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-108-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Deputy Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

C.	Full Name (Last, First, Middle Initial) Gina Parks	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-110-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 8.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Institutional District Business	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	68.00
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 62 / 87
(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)
Dylan M. Pensabene

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-111-15-0

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Dylan M. Pensabene

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-111-12-20

Amount of Each Receipt this Period
20.00

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Biopharmaceuticals Regional Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-113-15-0

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 63 / 87
(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)
Joseph C. Piscitello
Mailing Address 100 College Rd. W
City State Zip Code
Princeton NJ 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Novo Nordisk Biopharmaceuticals Regional Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt: 12 / 24 / 2009
Transaction ID: 20100104-113-12-20
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
Christopher M. Porter
Mailing Address 100 College Rd. W
City State Zip Code
Princeton NJ 08540-6658
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 ▼ 1430.00
Date of Receipt: 12 / 11 / 2009
Transaction ID: 20091221-114-15-0
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 08540-6658
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 ▼ 1430.00
Date of Receipt: 12 / 24 / 2009
Transaction ID: 20100104-114-12-20
Amount of Each Receipt this Period: 55.00

SUBTOTAL of Receipts This Page (optional) ► 130.00
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 64 / 87

(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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Growth Hormone Therapy Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1430.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-116-15-0

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)
Robert J. Powers

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Growth Hormone Therapy Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1430.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-116-12-20

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)
Kurtis R. Purrello

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Biopharmaceuticals Sales Manager

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-117-15-0

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

130.00

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 65 / 87
(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)
Patrick M. Quinn
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Director - Trade
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 11 / 2009
Transaction ID: 20091221-118-15-0
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Patrick M. Quinn
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Director - Trade
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00
Date of Receipt 12 / 24 / 2009
Transaction ID: 20100104-117-12-20
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Linda S. Reyle
Mailing Address 100 College Rd. W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Manager - Customer Channel Mark
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1430.00
Date of Receipt 12 / 11 / 2009
Transaction ID: 20091221-121-15-0
Amount of Each Receipt this Period 55.00

SUBTOTAL of Receipts This Page (optional) ► 115.00
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 66 / 87
	<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) Linda S. Reyle		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-120-12-20
Name of Employer Novo Nordisk		Occupation Senior Manager - Customer Channel Mark	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="1430.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Laura L. Riedy		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-122-15-0
Name of Employer Novo Nordisk		Occupation Senior District Business Manager	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="520.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Laura L. Riedy		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-121-12-20
Name of Employer Novo Nordisk		Occupation Senior District Business Manager	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="520.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="95.00"/>
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: (check only one)	PAGE 67 / 87
	<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) Kevin Ryan	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-123-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Attorney II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Kevin Ryan	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-122-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Attorney II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Joanne L. Sadowsky	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-124-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Director - Contract Management & Compl Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 68 / 87
	<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) Joanne L. Sadowsky		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		Transaction ID: 20100104-123-12-20
		Amount of Each Receipt this Period	<input type="text" value="20.00"/>
Name of Employer Novo Nordisk		Occupation Director - Contract Management & Compl	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="520.00"/>

B.	Full Name (Last, First, Middle Initial) C. Reed Scott		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		Transaction ID: 20091221-126-15-0
		Amount of Each Receipt this Period	<input type="text" value="55.00"/>
Name of Employer Novo Nordisk		Occupation Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1430.00"/>

C.	Full Name (Last, First, Middle Initial) C. Reed Scott		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		Transaction ID: 20100104-124-12-20
		Amount of Each Receipt this Period	<input type="text" value="55.00"/>
Name of Employer Novo Nordisk		Occupation Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1430.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="130.00"/>
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: (check only one)	PAGE 69 / 87
	<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) Jane E. Scott	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-125-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk District Business Manager I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Jane E. Scott	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-125-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk District Business Manager I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.	Full Name (Last, First, Middle Initial) Lauren E. Semeniuk	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-127-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Manager - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 70 / 87
	<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 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-126-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Manager - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

B.	Full Name (Last, First, Middle Initial) James Shehan	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20091221-128-15-0
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Legal/Government & Qu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

C.	Full Name (Last, First, Middle Initial) James Shehan	Date of Receipt MM / DD / YYYY 12 / 24 / 2009
	Mailing Address 100 College Rd. W	Transaction ID: 20100104-127-12-20
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Legal/Government & Qu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

SUBTOTAL of Receipts This Page (optional)	190.00
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 71 / 87
(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) Jonathan W. Snow		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-130-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Liraglutide Launch &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Jonathan W. Snow		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-129-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Liraglutide Launch &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Gabriele E. Sonnenberg		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-131-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Senior Clinical Director - Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

SUBTOTAL of Receipts This Page (optional)	70.00
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 72 / 87
	<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) Gabriele E. Sonnenberg		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-130-12-20
Name of Employer Novo Nordisk		Occupation Senior Clinical Director - Research	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 ▼ 780.00	<input type="text"/> 30.00

B.	Full Name (Last, First, Middle Initial) Joann C. Sufalko		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20091221-132-15-0
Name of Employer Novo Nordisk		Occupation Associate Director - Sample Administra	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 ▼ 260.00	<input type="text"/> 10.00

C.	Full Name (Last, First, Middle Initial) Joann C. Sufalko		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100104-131-12-20
Name of Employer Novo Nordisk		Occupation Associate Director - Sample Administra	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 ▼ 260.00	<input type="text"/> 10.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 50.00
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 73 / 87
(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) Lisa G. Suttner		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-133-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Director - Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Lisa G. Suttner		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-132-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Director - Regulatory	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Caroline B. Ten Eyck		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-133-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 8.00
Name of Employer Novo Nordisk	Occupation District Business Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

SUBTOTAL of Receipts This Page (optional)	48.00
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 74 / 87
(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) Anton L. Titus		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-135-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation Biopharmaceuticals Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Anton L. Titus		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-134-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Novo Nordisk	Occupation Biopharmaceuticals Sales Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Robert A. Toepfer		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-136-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Growth Hormone Therapy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	40.00
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 75 / 87
(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 A. Toepfer		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-135-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Growth Hormone Therapy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Bartholomew J. Tortella		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-137-15-0
City Princeton	State NJ	Zip Code 08540-6658
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 - Clinical Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

C.

Full Name (Last, First, Middle Initial) Bartholomew J. Tortella		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-136-12-20
City Princeton	State NJ	Zip Code 08540-6658
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 - Clinical Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

SUBTOTAL of Receipts This Page (optional)	130.00
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 76 / 87
(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) Michael Vargas		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-138-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - Applications Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.

Full Name (Last, First, Middle Initial) Michael Vargas		Date of Receipt MM / DD / YYYY 12 / 24 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20100104-137-12-20
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - Applications Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

C.

Full Name (Last, First, Middle Initial) Dana G. Vaughns		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20091221-139-15-0
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Endocrinology District Business Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)	60.00
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 77 / 87
(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)
Dana G. Vaughns

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Endocrinology District Business Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-138-12-20

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Deena M. Ward

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Manager - Business Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-141-15-0

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Deena M. Ward

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Manager - Business Support

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-140-12-20

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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 78 / 87
(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)
Ellene S. Whitmore

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Executive Biopharmaceutical Sales Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-142-15-0

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Ellene S. Whitmore

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Executive Biopharmaceutical Sales Mana

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-141-12-20

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Intellectual Property Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-143-15-0

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **90.00**

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 79 / 87
(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)
Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Intellectual Property Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-142-12-20

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Edward L. Williams

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Vice President - Biopharmaceuticals

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 20091221-144-15-0

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Edward L. Williams

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Vice President - Biopharmaceuticals

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: 20100104-143-12-20

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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 80 / 87

(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)
Bill S. Young

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Account Executive II

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 20091221-145-15-0

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Bill S. Young

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Account Executive II

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 9

Transaction ID: 20100104-144-12-20

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

6226.00

**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)

PAGE 81 / 87

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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

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)
Wachovia

Mailing Address 444 N Capitol Street NW

City State Zip Code
Washington DC 20001

Purpose of Disbursement
Bank Fee Nov 09

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 1E75368DBD7F500C126

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

32.86

SUBTOTAL of Disbursements This Page (optional)

32.86

TOTAL This Period (last page this line number only)

32.86

**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

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) Adler for Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	Transaction ID: 2E1A84FD36A88B22757 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress <hr/> Mailing Address 555 Capitol Mall, Suite 1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Anna G. Eshoo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 14	Transaction ID: 208054638588818BA5C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dave Wu for Us Congress <hr/> Mailing Address 818 SW Third Ave. #1182 <hr/> City Portland State OR Zip Code 97204 <hr/> Purpose of Disbursement 2010 Primary Candidate Name David Wu <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 01	Transaction ID: 28A898F01E0C5F4C1BC Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <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

<p>A. Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc.</p> <p>Mailing Address PO Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Diana L. DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 6E6FCD3A8B2B407220E</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Menendez for Senate</p> <p>Mailing Address One Gateway Center Suite 520</p> <p>City Newark State NJ Zip Code 07102</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Robert Menendez</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 06518114E18CCDAC5E2</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Novo Nordisk Inc</p> <p>Mailing Address 100 College Road West</p> <p>City Princeton State NJ Zip Code 08540</p> <p>Purpose of Disbursement In-kind Dave Wu 2010 Primary</p> <p>Candidate Name David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VD33E7BF2F6EF0F02B8A</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 265.38</p> <p>In-Kind</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2765.38

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

<p>A. Full Name (Last, First, Middle Initial) Price for Congress Committee</p> <p>Mailing Address PO Box 1986</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name David E. Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FA9D4BB8F467C3DDFCC</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Rogers for Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Mike Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7D39C14777F29743BF1</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Scalise for Congress</p> <p>Mailing Address PO Box 23219 Suite 301</p> <p>City Jefferson State LA Zip Code 70183</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Stephen J. Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8DC411160048C4E7053</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</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 85 / 87

<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) Shelby for U S Senate <hr/> Mailing Address Post Office Box 1091 <hr/> City Tuscaloosa State AL Zip Code 35403 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard C. Shelby <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District:	Transaction ID: D53933BF68DE03E8A2E Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Steve Rothman for New Jersey Inc. <hr/> Mailing Address PO Box 714 <hr/> City Hackensack State NJ Zip Code 07602 <hr/> Purpose of Disbursement 2010 Election Candidate Name Steven R. Rothman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 09	Transaction ID: 1963C2FD65BE1EB6FEE Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Upton for All of Us <hr/> Mailing Address PO Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Fredrick Stephen Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06	Transaction ID: A80D061617D39984BAC Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <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 86 / 87

<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) Volunteers for Shimkus</p> <p>Mailing Address PO Box 5458 PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: FEA3291E0D0F4DAC307</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Walter Herger, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 50DB558FA62C01665BD</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Whitfield for Congress Committee</p> <p>Mailing Address PO Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 4760C3939BCF8562102</p> <p>Date of Disbursement 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 87 / 87

<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)
Zack Space for Congress Committee

Transaction ID: 26D88CB39CE8D9EC90B

Date of Disbursement

Mailing Address 726 Sixteenth Street NE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

City State Zip Code
Massillon OH 44646

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
2010 Primary

011
Category/ Type

Candidate Name
Zachary T. Space

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 18

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

16765.38
