



A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		21633.21
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	29477.04									
(c) Total Receipts (from Line 19) .....	7956.00	15832.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37433.04	37465.21								
7. Total Disbursements (from Line 31) .....	4532.94	4565.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	32900.10	32900.10								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1525.00	1525.00
(ii) Unitemized .....	6431.00	14307.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7956.00	15832.00
(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) .....	7956.00	15832.00
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)) .....	7956.00	15832.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7956.00	15832.00

## 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.....	32.94	65.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.94	65.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4532.94	4565.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4532.94	4565.11

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	7956.00	15832.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7956.00	15832.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.94	65.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	32.94	65.11

**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 / 16
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) M. T. Brooks	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110222-24-12-58
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Director - Changing Diabetes and Public Health	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Francis X. Brown	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110222-25-12-58
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Director - Business Process Change	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry W. Cortina	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110222-39-12-58
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	165.00
<b>TOTAL</b> 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 8 / 16  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Basil Denno</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Associate Vice President - Diabetes Sa</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 8 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110222-45-12-58</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">55.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Travis S. Fisher</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Director - Medical Strategy</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 8 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110222-54-12-58</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">55.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey A. Frazier</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Vice President - Human Resources</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 8 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110222-60-12-58</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">55.00</span></p>
---	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">165.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 9 / 16
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joanne M. Golankiewicz		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110222-69-12-58
Name of Employer Novo Nordisk		Occupation Senior Director - Marketing Effectiven	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="220.00"/>	<input type="text" value="55.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward F. Hanover		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110222-76-12-58
Name of Employer Novo Nordisk		Occupation Senior Corporate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="55.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Tanya L. Hill		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110222-79-12-58
Name of Employer Novo Nordisk		Occupation Senior Brand Director Novoseven	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="55.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="165.00"/>
<b>TOTAL</b> 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 10 / 16  
(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) Farruq Z. Jaferi		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110222-89-12-58
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Director - Pricing/Contract Ope	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph F. Kelly		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110222-97-12-58
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Institutional Regional Business Direct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Michael L. Mawby		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110222-107-12-58
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Vice President - Government	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 16  
(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) Jeff S. Maxwell		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110222-108-12-58
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Institutional Regional Business Direct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Stephen B. McGill		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110222-112-12-58
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
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 ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Christopher N. McGowen		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110222-114-12-58
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
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 ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 16
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bridget M. Molloy		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110222-119-12-58
Name of Employer Novo Nordisk		Occupation Senior Regional Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="55.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan C. Moses		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110222-123-12-58
Name of Employer Novo Nordisk		Occupation Vice President - Global Chief Medical	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="55.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher M. Porter		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110222-139-12-58
Name of Employer Novo Nordisk		Occupation Director - Government Affairs	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="220.00"/>	<input type="text" value="55.00"/>

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

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

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

FOR LINE NUMBER: PAGE 13 / 16  
(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)  
Robert J. Powers

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Growth Hormone Therapy Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 20110222-141-12-58

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
Linda S. Reyle

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Diabetes Educatio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 20110222-146-12-58

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Joanne L. Sadowsky

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Director - Contract Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 20110222-150-12-58

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 16  
(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)  
C. Reed Scott

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Government Account Executive II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 20110222-152-12-58

Amount of Each Receipt this Period  
55.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Senior Manager - Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** 20110222-154-12-58

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
James Shehan

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Vice President - Legal/Patents/Governm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2011

**Transaction ID:** 20110221-155-14-37

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **185.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 16

(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)  
James Shehan

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Vice President - Legal/Patents/Governm

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 20110222-155-12-58

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Chung-Sing W. Weng

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Biostatistics

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 20110222-168-12-58

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

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

Name of Employer Occupation  
Novo Nordisk Vice President - Biopharmaceuticals

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: 20110222-171-12-58

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) .....

185.00

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

1525.00

**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 16 / 16

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Joe Pitts Mailing Address PO Box 775 City Unionville State PA Zip Code 19375 Purpose of Disbursement 2012 Primary Candidate Name Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1CE0C23E2B6A2183329 Date of Disbursement 02 / 28 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Jon Runyan for Congress, Inc Mailing Address PO Box 225 City Colonia State NJ Zip Code 07067 Purpose of Disbursement 2012 Primary Candidate Name Jon Runyan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32CB2DE319E2CBF1A01 Date of Disbursement 02 / 28 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Whitfield for Congress Committee Mailing Address PO Box 391 City Hopkinsville State KY Zip Code 42241 Purpose of Disbursement 2012 Primary Candidate Name Edward Whitfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 97239687414C4AA10BF Date of Disbursement 02 / 28 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4500.00</b>