



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		5097.50
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	13617.50									
(c) Total Receipts (from Line 19) .....	4460.00	16040.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	18077.50	21137.50								
7. Total Disbursements (from Line 31) .....	7378.88	10438.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	10698.62	10698.62								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2080.00	5520.00
(i) Itemized (use Schedule A) .....	2380.00	10520.00
(ii) Unitemized .....	4460.00	16040.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	4460.00	16040.00
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)) .....	4460.00	16040.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4460.00	16040.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	30.00	90.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	30.00	90.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7348.88	10348.88
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))..	7378.88	10438.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7378.88	10438.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	4460.00	16040.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4460.00	16040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30.00	90.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30.00	90.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22  
(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)  
Jane R. Conlon-Werner  
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 Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008  
**Transaction ID: 20080318-12-19-36**  
Amount of Each Receipt this Period 55.00

**B.** Full Name (Last, First, Middle Initial)  
Jane R. Conlon-Werner  
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 Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008  
**Transaction ID: 20080401-12-15-31**  
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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008  
**Transaction ID: 20080318-19-19-36**  
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 7 / 22  
(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) Jeffrey A. Frazier		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">03 / 21 / 2008</span>
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080401-19-15-31
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">55.00</span>
Name of Employer Novo Nordisk	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Kristin L. Hanson		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">03 / 07 / 2008</span>
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080318-28-19-36
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">55.00</span>
Name of Employer Novo Nordisk	Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Kristin L. Hanson		Date of Receipt MM / DD / YYYY <span style="border: 1px solid black; padding: 2px;">03 / 21 / 2008</span>
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080401-28-15-31
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">55.00</span>
Name of Employer Novo Nordisk	Occupation Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span>	

<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 8 / 22
	<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) Tanya L. Hill	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20080318-30-19-36
	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 Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tanya L. Hill	Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20080401-30-15-31
	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 Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jesper K. Jensen	Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20080318-36-19-36
	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 Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<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 9 / 22  
(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)  
Jesper K. Jensen  
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 Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt MM / DD / YYYY  
03 / 21 / 2008  
**Transaction ID:** 20080401-36-15-31  
Amount of Each Receipt this Period 55.00

**B.** Full Name (Last, First, Middle Initial)  
J. P. Jones  
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 Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY  
03 / 07 / 2008  
**Transaction ID:** 20080318-37-19-36  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
J. P. Jones  
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 Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY  
03 / 21 / 2008  
**Transaction ID:** 20080401-37-15-31  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 155.00  
**TOTAL** This Period (last page this line number only) .....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <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 10 / 22
---	--	--------------

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) Joseph F. Kelly		Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080318-38-19-36
	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 Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph F. Kelly		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
	Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080401-38-15-31
	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 Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael L. Mawby		Date of Receipt MM / DD / YYYY 03 / 07 / 2008
	Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080318-44-19-36
	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

<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 11 / 22  
(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
							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)  
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 Senior Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-44-15-31

Amount of Each Receipt this Period  
55.00

**B.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-45-19-36

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 State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-45-15-31

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 12 / 22  
(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)  
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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-48-19-36

Amount of Each Receipt this Period  
55.00

**B.**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-48-15-31

Amount of Each Receipt this Period  
55.00

**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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-52-19-36

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 13 / 22  
(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)  
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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-52-15-31

Amount of Each Receipt this Period  
55.00

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-59-19-36

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 Associate Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-59-15-31

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 / 22

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2008

Transaction ID: 20080318-60-19-36

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 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Account Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2008

Transaction ID: 20080401-60-15-31

Amount of Each Receipt this Period

55.00

**C.**

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2008

Transaction ID: 20080318-63-19-36

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 15 / 22  
(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)  
C. Reed Scott

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-64-15-31

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 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-65-19-36

Amount of Each Receipt this Period  
55.00

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-65-15-31

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 22  
(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 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-66-19-36

Amount of Each Receipt this Period  
55.00

**B.**

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-66-15-31

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Karen D. Smith

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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-67-19-36

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 17 / 22  
(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)  
Karen D. Smith

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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-67-15-31

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
Bartholomew J. Tortella

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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 07 / 2008

**Transaction ID:** 20080318-72-19-36

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Bartholomew J. Tortella

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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 21 / 2008

**Transaction ID:** 20080401-72-15-31

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 18 / 22
	(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) Edward L. Williams		Date of Receipt MM / DD / YYYY 03 / 07 / 2008
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080318-79-19-36
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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**B.**

Full Name (Last, First, Middle Initial) Edward L. Williams		Date of Receipt MM / DD / YYYY 03 / 21 / 2008
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20080401-79-15-31
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 Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	110.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2080.00

**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 19 / 22

<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) Blue Dog Political Action Committee <hr/> Mailing Address 6849 Old Dominion Drive Suite 222 <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name	Transaction ID: 54878-8462640643119 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc <hr/> Mailing Address PO Box 549 <hr/> City Napoleonville State LA Zip Code 70390 <hr/> Purpose of Disbursement Primary 2008 Candidate Name Charlie Melancon	Transaction ID: 54878-6905786395073 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Coble for Congress <hr/> Mailing Address PO Box 1177 <hr/> City Greensboro State NC Zip Code 27402 <hr/> Purpose of Disbursement Primary 2008 Candidate Name Howard Coble	Transaction ID: 54878-4903985857963 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Primary 2008</p> <p>Candidate Name Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 06</p>	<p><b>Transaction ID:</b> 54878-1002313494682</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nathan Deal for Congress</p> <p>Mailing Address PO Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Primary 2008</p> <p>Candidate Name Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: GA District: 09</p>	<p><b>Transaction ID:</b> 54878-3038598895072</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>C.</b> 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 Contribution Gordon P08</p> <p>Candidate Name Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District: 06</p>	<p><b>Transaction ID:</b> V54878-6551477313041</p> <p>Date of Disbursement 03 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 348.88</p> <p>In-Kind</p>

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

3348.88

**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 21 / 22

<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)  
Sue Myrick for Congress

Transaction ID: 54878-9166681170463

Date of Disbursement

Mailing Address PO Box 37091

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	8

City State Zip Code  
Charlotte NC 28237

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Primary 2008

011
Category/ Type

Candidate Name  
Sue Myrick

Office Sought:  House  
 Senate  
 President  
State: NC District: 09

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

1000.00
---------

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

7348.88
---------

Image# 28991408355

Form/Schedule: **F3X**  
Transaction ID:

Amendment is filed in response to a request for more information in clarification of the occupation information previously provided.

\*\*\*\*\*