

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

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" 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>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	31718.37									
(c) Total Receipts (from Line 19)	6402.00	19576.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38120.37	38180.37								
7. Total Disbursements (from Line 31)	18989.10	19049.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19131.27	19131.27								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

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	2790.00	4400.00
(i) Itemized (use Schedule A)	3612.00	15176.00
(ii) Unitemized	6402.00	19576.00
(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)	6402.00	19576.00
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))	6402.00	19576.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6402.00	19576.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	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.....	18959.10	18959.10
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))..	18989.10	19049.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18989.10	19049.10

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	6402.00	19576.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6402.00	19576.00
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: (check only one)	PAGE 6 / 29
	<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

A.	Full Name (Last, First, Middle Initial) Lynn M. Baer		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 06 / 2009
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090313-3-12-0
Name of Employer Novo Nordisk		Occupation Associate Vice President - North Ameri	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 ▼ 330.00	<input type="text"/> 55.00

B.	Full Name (Last, First, Middle Initial) Lynn M. Baer		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 20 / 2009
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090403-3-12-0
Name of Employer Novo Nordisk		Occupation Associate Vice President - North Ameri	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 ▼ 330.00	<input type="text"/> 55.00

C.	Full Name (Last, First, Middle Initial) Thomas H. Boyer		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 20 / 2009
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090403-13-12-0
Name of Employer Novo Nordisk		Occupation Associate Director - Government Affair	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 ▼ 240.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
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 7 / 29
(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) Francis X. Brown		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20090313-15-12-0
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 Sr Director - Business Process Changes	
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) Francis X. Brown		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20090403-15-12-0
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 Sr Director - Business Process Changes	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.

Full Name (Last, First, Middle Initial) Jane R. Conlon-Werner		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20090313-27-12-0
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 Sr Director - Quality Assurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	165.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<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 R. Conlon-Werner		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090403-27-12-0
Name of Employer Novo Nordisk		Occupation Sr 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="330.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Neal C. Fitzpatrick		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090313-39-12-0
Name of Employer Novo Nordisk		Occupation Associate Vice President - Biopharmaceutics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Neal C. Fitzpatrick		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090403-39-12-0
Name of Employer Novo Nordisk		Occupation Associate Vice President - Biopharmaceutics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="55.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 29
(check only one)	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090313-45-12-0
Name of Employer Novo Nordisk		Occupation Vice President - Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090403-45-12-0
Name of Employer Novo Nordisk		Occupation Vice President - Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Edward F. Hanover		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090313-56-12-0
Name of Employer Novo Nordisk		Occupation Corporate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="55.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29
(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

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 Corporate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-56-12-0

Amount of Each Receipt this Period
55.00

B.

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 ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-57-12-0

Amount of Each Receipt this Period
55.00

C.

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 ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-57-12-0

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 11 / 29
(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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-60-12-0

Amount of Each Receipt this Period
55.00

B.

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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-60-12-0

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Frank J. Jacobs

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 Sa

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-67-12-0

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 / 29
(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)
Frank J. Jacobs

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 Sa

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-67-12-0

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Jesper K. Jensen

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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-68-12-0

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Jesper K. Jensen

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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-68-12-0

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 / 29
(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)
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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-70-12-0

Amount of Each Receipt this Period
50.00

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Sales Force

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-70-12-0

Amount of Each Receipt this Period
50.00

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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 ▼
330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-73-12-0

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 29
(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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-73-12-0

Amount of Each Receipt this Period
55.00

B.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Vice President - Government

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-81-12-0

Amount of Each Receipt this Period
55.00

C.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Vice President - Government

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-81-12-0

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 15 / 29
	<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)
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 Business Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-82-12-0

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 Business Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-82-12-0

Amount of Each Receipt this Period
55.00

C.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Director - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-85-12-0

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 / 29
(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 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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-85-12-0

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 ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-86-12-0

Amount of Each Receipt this Period
40.00

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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-90-12-0

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 29
(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 - Global Chief Medical

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-90-12-0

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 Director - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-97-12-0

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 ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-97-12-0

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 / 29

(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) ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 20090313-98-12-0

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) ▼ 330.00

Date of Receipt

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

Transaction ID: 20090403-98-12-0

Amount of Each Receipt this Period
55.00

C.

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 II

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

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 0 9

Transaction ID: 20090313-101-12-0

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 19 / 29
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
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 II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-101-12-0

Amount of Each Receipt this Period
55.00

B.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-108-12-0

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 Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-108-12-0

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 20 / 29
	<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
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 20 / 2009
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090403-109-12-0
Name of Employer Novo Nordisk		Occupation Manager - 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 ▼ 240.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) James Shehan		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 06 / 2009
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090313-110-12-0
Name of Employer Novo Nordisk		Occupation Vice President - Legal/Government & Qu	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 ▼ 450.00	<input type="text"/> 75.00

C.	Full Name (Last, First, Middle Initial) James Shehan		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 20 / 2009
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090403-110-12-0
Name of Employer Novo Nordisk		Occupation Vice President - Legal/Government & Qu	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 ▼ 450.00	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 190.00
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 / 29
(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) Karen D. Smith		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20090313-111-12-0
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 Biopharmaceuticals Regional Director	
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) Karen D. Smith		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20090403-111-12-0
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 Biopharmaceuticals Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

C.

Full Name (Last, First, Middle Initial) Bartholomew J. Tortella		Date of Receipt MM / DD / YYYY 03 / 06 / 2009
Mailing Address 100 College Rd. W		Transaction ID: 20090313-122-12-0
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 Sr Director - Clinical Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 29

(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)
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 Sr Director - Clinical Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-122-12-0

Amount of Each Receipt this Period 55.00

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 ▼ 330.00

Date of Receipt MM / DD / YYYY
03 / 06 / 2009

Transaction ID: 20090313-128-12-0

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 ▼ 330.00

Date of Receipt MM / DD / YYYY
03 / 20 / 2009

Transaction ID: 20090403-128-12-0

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)	2790.00

**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 23 / 29

<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) Adler for Congress	Transaction ID: c1c58bca658f7cb3031 Date of Disbursement																			
	Mailing Address 14 Knightswood Drive	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name John H. Adler	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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																				

B.	Full Name (Last, First, Middle Initial) Anna Eshoo for Congress	Transaction ID: f973777569d86c0cc2b Date of Disbursement																			
	Mailing Address 555 Capitol Mall, Suite 1425	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Anna G. Eshoo	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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																				

C.	Full Name (Last, First, Middle Initial) Donna Christensen Campaign	Transaction ID: 69c02dd2ea18ccabca9 Date of Disbursement																			
	Mailing Address PO Box 5197	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	0		2	0	0	9												
	City St. Croix State VI Zip Code 00823	Amount of Each Disbursement this Period																			
	Purpose of Disbursement 2010 Primary	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Donna Marie Christian-Christensen	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	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: VI District: 01																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A. Full Name (Last, First, Middle Initial) Friends for Harry Reid Mailing Address PO Box 19163 City Las Vegas State NV Zip Code 89132 Purpose of Disbursement 2010 Primary Candidate Name Harry M. Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7d4865a42e31a68d064 Date of Disbursement 03 / 20 / 2009
	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) Friends of Cliff Stearns Mailing Address PO Box 308 City Silver Springs State FL Zip Code 34489 Purpose of Disbursement 2010 Primary Candidate Name Clifford B. Stearns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 645030b7fc62c95fb0e Date of Disbursement 03 / 27 / 2009
	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) Inslee for Congress Mailing Address PO Box 33027 City Seattle State WA Zip Code 98133 Purpose of Disbursement 2010 Primary Candidate Name Jay Inslee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 27da42f7ee7a8bfed37 Date of Disbursement 03 / 27 / 2009
	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) Kay Hagan for Us Senate</p> <p>Mailing Address PO Box 29103</p> <p>City Greensboro State NC Zip Code 27429</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Kay R. Hagan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: f73005a432025b9563f</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lee Terry for Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE 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: d28357954006bcc2f37</p> <p>Date of Disbursement 03 / 27 / 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) Mikulski for Senate Committee</p> <p>Mailing Address P O B 13147</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Barbara A. Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: ae42475b763ac8a85f4</p> <p>Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

<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) 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 2010 Primary</p> <p>Candidate Name Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V501507b77a95a130476</p> <p>Date of Disbursement MM / DD / YYYY 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 319.70</p> <p>011 Category/ Type</p> <p>In-Kind</p>
<p>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 2010 Primary</p> <p>Candidate Name Zachary T. Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V0d08f3e762b045c0df6</p> <p>Date of Disbursement MM / DD / YYYY 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 319.70</p> <p>011 Category/ Type</p> <p>In-Kind</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 2010 Primary</p> <p>Candidate Name Donna Marie Christian-Christensen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI 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: Ve0a63130efd960f1d10</p> <p>Date of Disbursement MM / DD / YYYY 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 319.70</p> <p>011 Category/ Type</p> <p>In-Kind</p>

SUBTOTAL of Disbursements This Page (optional) ►

959.10

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 27 / 29

<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) People for Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3fc26c2b13a463e1291</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address PO Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Fortney H. Pete Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8c20cce4c00102cfc38</p> <p>Date of Disbursement 03 / 20 / 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) Walden for Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Greg P. Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR 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: b7ae2e5dad0523179fb</p> <p>Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

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<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

Mailing Address 726 Sixteenth Street NE

City State Zip Code
Massillon OH 44646

Purpose of Disbursement
2010 Primary

Candidate Name
Zachary T. Space

Office Sought: House
 Senate
 President

State: OH District: 18

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 7681ef9c94d974aa0ed
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Image# 29933575362

Form/Schedule: **F3X**

Transaction ID:
