



A. Form/Schedule : **F3X**

Transaction ID :

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

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		12335.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	21076.81									
(c) Total Receipts (from Line 19) .....	6686.00	38028.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27762.81	50363.01								
7. Total Disbursements (from Line 31) .....	6568.07	29168.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21194.74	21194.74								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5000.00	15375.00
(ii) Unitemized .....	1686.00	22653.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6686.00	38028.00
(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) .....	6686.00	38028.00
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)) .....	6686.00	38028.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6686.00	38028.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	68.07	168.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	68.07	168.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	29000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6568.07	29168.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6568.07	29168.27

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6686.00	38028.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6686.00	38028.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	68.07	168.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68.07	168.27

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 55  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Andrew R. Ajello</p> <p>Mailing Address 100 College Rd. W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Vice President - National Sales/Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 20100527-2-16-5</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Vincent L. Ambrosine</p> <p>Mailing Address 100 College Rd. W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Growth Hormone Therapy Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 14 / 2010</span></p> <p><b>Transaction ID:</b> 20100512-3-12-5</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">30.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Vincent L. Ambrosine</p> <p>Mailing Address 100 College Rd. W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Growth Hormone Therapy Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 20100527-3-16-5</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">30.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">80.00</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: PAGE 8 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robert K. Anderson</p> <p>Mailing Address 100 College Rd. W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Account Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 20100527-4-16-5</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Frank Armenante</p> <p>Mailing Address 100 College Rd. W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Manager - Incentive Compensation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 20100527-5-16-5</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) James M. Austin</p> <p>Mailing Address 100 College Rd. W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk District Business Manager I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 28 / 2010</span></p> <p><b>Transaction ID:</b> 20100527-6-16-5</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">60.00</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: PAGE 9 / 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial) Lynn M. Baer		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100512-7-12-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Vice President - North Ameri	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**B.**

Full Name (Last, First, Middle Initial) Lynn M. Baer		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-7-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Vice President - North Ameri	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**C.**

Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100512-9-12-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Director - Customer Channel Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100527-9-16-5
	Princeton	NJ	08540-6658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kristen C. Beck		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100527-10-16-5
	Princeton	NJ	08540-6658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer Novo Nordisk		Occupation Regional Clinical Trial Lead		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Daye M. Bexley		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100527-13-16-5
	Princeton	NJ	08540-6658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer Novo Nordisk		Occupation Senior Strategic Account Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<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: (check only one)	PAGE 11 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Francis P. Bigley		Date of Receipt																					
	Mailing Address 100 College Rd. W		<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>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	4		2	0	1	0														
	City State Zip Code Princeton NJ 08540-6658		<b>Transaction ID:</b> 20100512-15-12-5																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Novo Nordisk Occupation: Chief Compliance Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>		30.00																				
30.00																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Francis P. Bigley		Date of Receipt																					
	Mailing Address 100 College Rd. W		<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>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	8		2	0	1	0														
	City State Zip Code Princeton NJ 08540-6658		<b>Transaction ID:</b> 20100527-15-16-5																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Novo Nordisk Occupation: Chief Compliance Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>		30.00																				
30.00																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Terry P. Bloecher		Date of Receipt																					
	Mailing Address 100 College Rd. W		<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>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		2	8		2	0	1	0														
	City State Zip Code Princeton NJ 08540-6658		<b>Transaction ID:</b> 20100527-16-16-5																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Novo Nordisk Occupation: Senior Growth Hormone Therapy Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		<table border="1"> <tr> <td colspan="10">20.00</td> </tr> </table>		20.00																				
20.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<table border="1"><tr><td>80.00</td></tr></table>	80.00
80.00			
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 55  
(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)  
Thomas H. Boyer

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Government Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-18-12-5

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Government Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-18-16-5

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Diane C. Boynton

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 I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-19-16-5

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) William P. Breitenbach		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-20-16-5
Name of Employer Novo Nordisk		Occupation Associate Vice President - Diabetes Po	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-21-12-5
Name of Employer Novo Nordisk		Occupation Senior Director - Business Process Cha	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="605.00"/>	<input type="text" value="55.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-21-16-5
Name of Employer Novo Nordisk		Occupation Senior Director - Business Process Cha	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="605.00"/>	<input type="text" value="55.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 55  
(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 L. Burt		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100512-23-12-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Director - Managed Markets / Health Ec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**B.**

Full Name (Last, First, Middle Initial) Jeffrey L. Burt		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-23-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Director - Managed Markets / Health Ec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**C.**

Full Name (Last, First, Middle Initial) Erin L. Byrne		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-24-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - National Changing Diabetes P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	80.00
<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 15 / 55  
(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) Anne P. Cannon		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-25-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Medical Liaison	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Marcus E. Carr		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-27-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Executive Director - Hemophilia	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Scott P. Cassidy		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-28-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Manager - IT Security	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<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 16 / 55

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kenneth P. Chambless

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Strategic Account Executive

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-29-16-5

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
Sean P. Clements

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 - Media Relations

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-30-16-5

Amount of Each Receipt this Period

20.00

**C.**

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 - Quality Assurance

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 605.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100512-31-12-5

Amount of Each Receipt this Period

55.00

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

95.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jane R. Conlon-Werner		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-31-16-5
Name of Employer Novo Nordisk		Occupation Senior Director - Quality Assurance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="605.00"/>	<input type="text" value="55.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Conner		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-32-16-5
Name of Employer Novo Nordisk		Occupation Senior Manager - Field Outcomes Resear	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Henry W. Cortina		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-33-12-5
Name of Employer Novo Nordisk		Occupation Associate Vice President - Information	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="105.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 / 55  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Henry W. Cortina  
Mailing Address 100 College Rd. W  
City Princeton State NJ Zip Code 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novo Nordisk Occupation Associate Vice President - Information  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 05 / 28 / 2010  
Transaction ID: 20100527-33-16-5  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
John E. Davis  
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 District Business Manager I  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 05 / 28 / 2010  
Transaction ID: 20100527-37-16-5  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Basil Denno  
Mailing Address 100 College Rd. W  
City Princeton State NJ Zip Code 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Novo Nordisk Occupation Associate Vice President - Diabetes Sa  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 05 / 28 / 2010  
Transaction ID: 20100527-38-16-5  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kim B. Elston		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-41-16-5
	Name of Employer Novo Nordisk		Occupation Senior Account Executive
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Joann A. Fawaz		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-42-16-5
	Name of Employer Novo Nordisk		Occupation Growth Hormone Therapy Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Philip F. Fornecker		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-44-16-5
	Name of Employer Novo Nordisk		Occupation Vice President - Strategic Business Op
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100512-48-12-5
	Princeton	NJ	08540-6658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		55.00	
Name of Employer Novo Nordisk		Occupation Vice President - Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100527-48-16-5
	Princeton	NJ	08540-6658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		55.00	
Name of Employer Novo Nordisk		Occupation Vice President - Human Resources		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Seth C. Freund		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100527-49-16-5
	Princeton	NJ	08540-6658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		20.00	
Name of Employer Novo Nordisk		Occupation Manager - Client Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<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 21 / 55  
(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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Bryan J. Gallagher

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Medical Scientific Director - Endocrino

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-51-16-5

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk District Business Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-52-16-5

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Karin B. Gillespie

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Manager - National Changing Dia

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-53-16-5

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen W. Gilligan	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-54-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Endocrinology District Business Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joanne M. Golankiewicz	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100512-56-12-5
	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 Senior Director - Marketing Effectiven	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joanne M. Golankiewicz	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-56-16-5
	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 Senior Director - Marketing Effectiven	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	130.00
<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 23 / 55  
(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)  
Reza Green

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Chief Intellectual Property Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-57-16-5

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary W. Grote

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 - Managed Care & Govern

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-59-16-5

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Sharon J. Haggerty

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Institutional Regional Business Direct

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-60-16-5

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 55  
(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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-62-12-5

Amount of Each Receipt this Period  
55.00

**B.**

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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-62-16-5

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-63-12-5

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 25 / 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial) Kristin L. Hanson		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-63-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Medical Scientific Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**B.**

Full Name (Last, First, Middle Initial) John W. Hart		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100512-64-12-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation District Business Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**C.**

Full Name (Last, First, Middle Initial) John W. Hart		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-64-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation District Business Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 55

(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)  
William R. Healey

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 - Grants & Philanthropy

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-65-16-5

Amount of Each Receipt this Period

20.00

**B.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk District Business Manager II

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-66-16-5

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
Matthew J. 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 Senior Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-68-16-5

Amount of Each Receipt this Period

20.00

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

60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 55

(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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 605.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100512-67-12-5

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: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 605.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-67-16-5

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)  
Julia L. Hoff

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100512-70-12-5

Amount of Each Receipt this Period

30.00

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

140.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 55

(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)  
Julia L. Hoff

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

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-70-16-5

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
Walter J. Hunter

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Executive Director - Medical Scientifi

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100512-72-12-5

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
Walter J. Hunter

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Executive Director - Medical Scientifi

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-72-16-5

Amount of Each Receipt this Period

30.00

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

90.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth G. Ingram		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-74-12-5
Name of Employer Novo Nordisk		Occupation Associate Vice President - Managed Mar	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"/> 330.00	<input type="text"/> 30.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth G. Ingram		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 28 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-74-16-5
Name of Employer Novo Nordisk		Occupation Associate Vice President - Managed Mar	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"/> 330.00	<input type="text"/> 30.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Frank J. Jacobs		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-75-12-5
Name of Employer Novo Nordisk		Occupation Associate Vice President - Diabetes Sa	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"/> 605.00	<input type="text"/> 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 115.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 55  
(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 ▼ 605.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

**Transaction ID:** 20100527-75-16-5

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 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 ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

**Transaction ID:** 20100512-77-12-5

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 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 ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

**Transaction ID:** 20100527-77-16-5

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: PAGE 31 / 55  
(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) Doxie A. Jordan		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-78-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Institutional Regional Business Direct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) James A. Kalmes		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100512-79-12-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Novo Nordisk	Occupation Director - Customer Channel Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**C.**

Full Name (Last, First, Middle Initial) James A. Kalmes		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-79-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Novo Nordisk	Occupation Director - Customer Channel Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	70.00
<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 32 / 55  
(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)  
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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-80-12-5

Amount of Each Receipt this Period  
55.00

**B.**

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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-80-16-5

Amount of Each Receipt this Period  
55.00

**C.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk District Business Manager II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-81-16-5

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 55  
(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)  
Carol L. Krause

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 Liaison

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-83-12-5

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol L. Krause

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 Liaison

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-83-16-5

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Camille C. Lee

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 - Diabetes Brand Market

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-84-12-5

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 55  
(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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Camille C. Lee

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 - Diabetes Brand Market

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-84-16-5

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles J. Maerzke

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Manager - National

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-87-16-5

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Vice President - Government

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-89-12-5

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **105.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Michael 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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-89-16-5

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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-90-12-5

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 Business Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-90-16-5

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 36 / 55  
(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		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100512-93-12-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**B.**

Full Name (Last, First, Middle Initial) Stephen B. McGill		Date of Receipt MM / DD / YYYY 05 / 28 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100527-93-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**C.**

Full Name (Last, First, Middle Initial) Christopher N. McGowen		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20100512-94-12-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 55  
(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)  
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 Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-94-16-5

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Heather L. Millage

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 Brand Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-95-16-5

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Miller

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Manager - Business Support

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-96-16-5

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bridget M. Molloy		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-98-12-5
Name of Employer Novo Nordisk		Occupation Senior Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 55.00
		<input type="text"/> 605.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bridget M. Molloy		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 28 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-98-16-5
Name of Employer Novo Nordisk		Occupation Senior Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 55.00
		<input type="text"/> 605.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan C. Moses		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-101-12-5
Name of Employer Novo Nordisk		Occupation Vice President - Global Chief Medical	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 55.00
		<input type="text"/> 605.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-100-16-5

Amount of Each Receipt this Period  
55.00

**B.**

Full Name (Last, First, Middle Initial)  
Elizabeth A. 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 Senior Manager - Curriculum Design

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-101-16-5

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Catherine A. Mullooly

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 Clinical/Scientific Liaison

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-102-16-5

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen D. Noyes		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100527-104-16-5
	Princeton	NJ	08540-6658	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		20.00		
Name of Employer Novo Nordisk		Occupation Associate Vice President - Managed Car		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Curtis G. Oltmans		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100512-105-12-5
	Princeton	NJ	08540-6658	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		30.00		
Name of Employer Novo Nordisk		Occupation Associate Vice President - Deputy Gene		
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) Curtis G. Oltmans		Date of Receipt	
	Mailing Address 100 College Rd. W		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0	
	City	State	Zip Code	<b>Transaction ID:</b> 20100527-105-16-5
	Princeton	NJ	08540-6658	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		30.00		
Name of Employer Novo Nordisk		Occupation Associate Vice President - Deputy Gene		
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) .....	▶	80.00
<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 41 / 55  
(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)  
Dylan M. Pensabene

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk District Business Manager I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-108-16-5

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Gretchen S. Peters

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 ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-109-16-5

Amount of Each Receipt this Period  
20.00

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Biopharmaceuticals Regional Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-110-16-5

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 55  
(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)  
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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-111-12-5

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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-111-16-5

Amount of Each Receipt this Period  
55.00

**C.**

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-113-12-5

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 43 / 55  
(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)  
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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-113-16-5

Amount of Each Receipt this Period  
55.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick M. Quinn

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 - Trade

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-114-12-5

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Patrick M. Quinn

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 - Trade

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-114-16-5

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 55  
(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)  
Erin J. Reily

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 Brand Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-115-12-5

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Erin J. Reily

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 Brand Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-115-16-5

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Manager - Customer Channel Mark

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-117-12-5

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda S. Reyle	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-117-16-5
	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 Senior Manager - Customer Channel Mark	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Laura L. Riedy	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-118-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior District Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Ryan	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-119-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	95.00
<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: (check only one)	PAGE 46 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Joanne L. Sadowsky		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-120-12-5
Name of Employer Novo Nordisk		Occupation Director - Contract Management & Compl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="55.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Joanne L. Sadowsky		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-120-16-5
Name of Employer Novo Nordisk		Occupation Director - Contract Management & Compl	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	<input type="text" value="55.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) C. Reed Scott		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-121-12-5
Name of Employer Novo Nordisk		Occupation Government Account Executive II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="605.00"/>	<input type="text" value="55.00"/>

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 55  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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 ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-121-16-5

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 Senior Manager - Government Affairs Me

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

**Transaction ID:** 20100512-122-12-5

Amount of Each Receipt this Period  
40.00

**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 Senior Manager - Government Affairs Me

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** 20100527-122-16-5

Amount of Each Receipt this Period  
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 55
	<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) James Shehan	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100512-123-12-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Novo Nordisk Occupation: Vice President - Legal/Government & Qu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) James Shehan	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-123-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Novo Nordisk Occupation: Vice President - Legal/Government & Qu Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan W. Snow	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-125-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Novo Nordisk Occupation: Senior Manager - Liraglutide Launch Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>170.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 55  
(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)  
Lisa G. Suttner

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 - Regulatory

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-127-16-5

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert A. Toepfer

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 Growth Hormone Therapy Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: 20100527-130-16-5

Amount of Each Receipt this Period  
20.00

**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 - Clinical Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 1 0

Transaction ID: 20100512-131-12-5

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bartholomew J. Tortella		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-131-16-5
Name of Employer Novo Nordisk		Occupation Senior Director - Clinical Research	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00	<input type="text"/> 55.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Vargas		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-132-16-5
Name of Employer Novo Nordisk		Occupation Manager - Applications Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Dana G. Vaughns		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-133-16-5
Name of Employer Novo Nordisk		Occupation Endocrinology District Business Manage	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 ▼ 220.00	<input type="text"/> 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 95.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Deena M. Ward		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-135-12-5
Name of Employer Novo Nordisk		Occupation Senior Manager - Business Support	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"/> 30.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Deena M. Ward		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 28 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-135-16-5
Name of Employer Novo Nordisk		Occupation Senior Manager - Business Support	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"/> 30.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Ellene S. Whitmore		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-136-12-5
Name of Employer Novo Nordisk		Occupation Executive Biopharmaceutical Sales Mana	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"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 55
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ellene S. Whitmore		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-136-16-5
	Name of Employer Novo Nordisk		Occupation Executive Biopharmaceutical Sales Mana
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"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Rosemarie R. Wilk-Orescan		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100512-137-12-5
	Name of Employer Novo Nordisk		Occupation Senior Intellectual Property Counsel
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"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Rosemarie R. Wilk-Orescan		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20100527-137-16-5
	Name of Employer Novo Nordisk		Occupation Senior Intellectual Property Counsel
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"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 53 / 55</span>
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward L. Williams	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100512-138-12-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Biopharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward L. Williams	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-138-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Biopharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bill S. Young	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 100 College Rd. W	<b>Transaction ID:</b> 20100527-139-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	130.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3D63753CB09F551B7EA <b>Date of Disbursement:</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13B4EDE9AB113E7E2CF <b>Date of Disbursement:</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address PO Box 17192 Suite F</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A9B80F07E8A33A89B95 <b>Date of Disbursement:</b> 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 55

<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)  
Gingrey for Congress

Transaction ID: DB44438AB580299B9E7  
Date of Disbursement

Mailing Address PO Box U

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	0

City State Zip Code  
Marietta GA 30060

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2010 Primary

011  
Category/  
Type

Candidate Name  
John Phillip Gingrey

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

B.

Full Name (Last, First, Middle Initial)  
Scott Garrett for Congress

Transaction ID: 627D36A2F178AF44CAD  
Date of Disbursement

Mailing Address PO Box 905

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	0

City State Zip Code  
Newton NJ 07860

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2010 Primary

011  
Category/  
Type

Candidate Name  
E. Scott Garrett

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

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

2000.00
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TOTAL This Period (last page this line number only) ..... ►

6500.00
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