



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">8563.62</td></tr></table>	8563.62
Y	Y	Y	Y									
2	0	0	7									
8563.62												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">8563.62</td></tr></table>	8563.62										
8563.62												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">18502.00</td></tr></table>	18502.00	<table border="1" style="width: 100%;"><tr><td align="right">18502.00</td></tr></table>	18502.00								
18502.00												
18502.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">27065.62</td></tr></table>	27065.62	<table border="1" style="width: 100%;"><tr><td align="right">27065.62</td></tr></table>	27065.62								
27065.62												
27065.62												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">18749.19</td></tr></table>	18749.19	<table border="1" style="width: 100%;"><tr><td align="right">18749.19</td></tr></table>	18749.19								
18749.19												
18749.19												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">8316.43</td></tr></table>	8316.43	<table border="1" style="width: 100%;"><tr><td align="right">8316.43</td></tr></table>	8316.43								
8316.43												
8316.43												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	10375.00	10375.00
(i) Itemized (use Schedule A) .....	8127.00	8127.00
(ii) Unitemized .....	18502.00	18502.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18502.00	18502.00
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)) .....	18502.00	18502.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18502.00	18502.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	499.19	499.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	499.19	499.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18250.00	18250.00
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))..	18749.19	18749.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18749.19	18749.19

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18502.00	18502.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18502.00	18502.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	499.19	499.19
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	499.19	499.19

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 89
	<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) Robert Anderson Mailing Address 100 College Rd. W City Princeton State NJ Zip Code 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 03404-92893618345261 Amount of Each Receipt this Period 480.00
Name of Employer NovoNordisk Occupation AE II - NORTH CA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Lynn Baer Mailing Address 100 College Rd. W City Princeton State NJ Zip Code 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7 <b>Transaction ID:</b> 20070419-1-10-40 Amount of Each Receipt this Period 30.00
Name of Employer NovoNordisk Occupation SR DIR - CLINICAL TRIAL OPERATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Lynn Baer Mailing Address 100 College Rd. W City Princeton State NJ Zip Code 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> 20070504-34-14-47 Amount of Each Receipt this Period 30.00
Name of Employer NovoNordisk Occupation SR DIR - CLINICAL TRIAL OPERATIONS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	540.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 89
	<input checked="" 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

Full Name (Last, First, Middle Initial) <b>A.</b> Lynn Baer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070521-1-17-12	
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation SR DIR - CLINICAL TRIAL OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Lynn Baer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070621-1-17-18	
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation SR DIR - CLINICAL TRIAL OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Lynn Baer		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070601-1-14-42	
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation SR DIR - CLINICAL TRIAL OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Lynn Baer		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-1-16-28
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - CLINICAL TRIAL OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Patrick Baird		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-2-14-42
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 NovoNordisk	Occupation ASSOC DIR - GOVT ACCTS SOUTH & WEST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Patrick Baird		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-2-17-18
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 NovoNordisk	Occupation ASSOC DIR - GOVT ACCTS SOUTH & WEST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Patrick Baird</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		Transaction ID: 20070702-2-16-28
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 NovoNordisk	Occupation ASSOC DIR - GOVT ACCTS SOUTH & WEST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Chester Barszcz</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2007
Mailing Address 100 College Rd. W		Transaction ID: 20070419-3-10-40
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation DIR - CUSTOMER CHANNEL MKTG (INST)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Chester Barszcz</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2007
Mailing Address 100 College Rd. W		Transaction ID: 20070504-36-14-47
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation DIR - CUSTOMER CHANNEL MKTG (INST)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	80.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Chester Barszcz		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070521-3-17-12	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation DIR - CUSTOMER CHANNEL MKTG (INST)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Chester Barszcz		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070621-3-17-18	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation DIR - CUSTOMER CHANNEL MKTG (INST)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Chester Barszcz		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070601-3-14-42	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation DIR - CUSTOMER CHANNEL MKTG (INST)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Chester Barszcz</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-3-16-28</b>	
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation DIR - CUSTOMER CHANNEL MKTG (INST)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. Francis Bigley</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070419-5-10-40</b>	
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation SR CORPORATE COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. Francis Bigley</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070504-38-14-47</b>	
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation SR CORPORATE COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

A. Full Name (Last, First, Middle Initial) Francis Bigley		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070521-5-17-12	
City State Zip Code Princeton NJ 08540-6658		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NovoNordisk SR CORPORATE COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

B. Full Name (Last, First, Middle Initial) Francis Bigley		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070601-5-14-42	
City State Zip Code Princeton NJ 08540-6658		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NovoNordisk SR CORPORATE COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

C. Full Name (Last, First, Middle Initial) Francis Bigley		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070621-5-17-18	
City State Zip Code Princeton NJ 08540-6658		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation NovoNordisk SR CORPORATE COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Francis Bigley</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-5-16-28</b>	
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation SR CORPORATE COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. Marcus Carr</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 685 Highway Route 1 S		<b>Transaction ID: 20070601-7-14-42</b>	
City State Zip Code North Brunswick NJ 08902	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation VP - NNRUS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Marcus Carr</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 685 Highway Route 1 S		<b>Transaction ID: 20070621-7-17-18</b>	
City State Zip Code North Brunswick NJ 08902	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer NovoNordisk	Occupation VP - NNRUS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Marcus Carr</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 685 Highway Route 1 S		<b>Transaction ID: 20070702-7-16-28</b>	
City State Zip Code North Brunswick NJ 08902	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 240.00		
Name of Employer NovoNordisk	Occupation VP - NNRUS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Scott Cassidy</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-8-17-18</b>	
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	Aggregate Year-to-Date ▼ 240.00		
Name of Employer NovoNordisk	Occupation MGR - IT SECURITY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Scott Cassidy</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-8-14-42</b>	
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	Aggregate Year-to-Date ▼ 240.00		
Name of Employer NovoNordisk	Occupation MGR - IT SECURITY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Scott Cassidy

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
NovoNordisk MGR - IT SECURITY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

Transaction ID: 20070702-8-16-28

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth 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  
NovoNordisk SR SAE - NATIONAL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 20070601-9-14-42

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth 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  
NovoNordisk SR SAE - NATIONAL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 20070621-9-17-18

Amount of Each Receipt this Period  
20.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Kenneth Chambless</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-9-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR SAE - NATIONAL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Jane Conlon-Werner</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070419-10-10-40</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - QUALITY ASSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. Jane Conlon-Werner</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070504-43-14-47</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - QUALITY ASSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 17 / 89
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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jane Conlon-Werner		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-10-17-12
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - QUALITY ASSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jane Conlon-Werner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-10-17-18
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - QUALITY ASSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jane Conlon-Werner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-10-14-42
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - QUALITY ASSURANCE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jane Conlon-Werner		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-10-16-28	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - QUALITY ASSURANCE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Henry Cortina		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-11-15-15	
City Princeton	State NJ	Zip Code 08540-6604	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AVP - IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Henry Cortina		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-11-15-50	
City Princeton	State NJ	Zip Code 08540-6604	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AVP - IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Henry Cortina		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-11-15-18	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AVP - IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Henry Cortina		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-11-10-40	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AVP - IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Henry Cortina		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-44-14-47	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AVP - IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

A. Full Name (Last, First, Middle Initial) Henry Cortina Mailing Address 100 College Rd. W City State Zip Code Princeton NJ 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7 <b>Transaction ID:</b> 20070521-11-17-12 Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk Occupation AVP - IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

B. Full Name (Last, First, Middle Initial) Henry Cortina Mailing Address 100 College Rd. W City State Zip Code Princeton NJ 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 20070621-11-17-18 Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk Occupation AVP - IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

C. Full Name (Last, First, Middle Initial) Henry Cortina Mailing Address 100 College Rd. W City State Zip Code Princeton NJ 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7 <b>Transaction ID:</b> 20070601-11-14-42 Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk Occupation AVP - IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Henry Cortina		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-11-16-28
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 NovoNordisk AVP - IT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joann Fawaz		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-13-14-42
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 NovoNordisk GHTM - DETROIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joann Fawaz		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-13-17-18
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 NovoNordisk GHTM - DETROIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joann Fawaz		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-13-16-28	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation GHTM - DETROIT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-14-15-15	
City Princeton	State NJ	Zip Code 08540-6604	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-14-15-50	
City Princeton	State NJ	Zip Code 08540-6604	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-14-15-18
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 NovoNordisk	Occupation VP - HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-14-10-40
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 NovoNordisk	Occupation VP - HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-47-14-47
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 NovoNordisk	Occupation VP - HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-14-17-12	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-14-17-18	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jeffrey Frazier		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-14-14-42	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Frazier</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-14-16-28</b>	
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 NovoNordisk	Occupation VP - HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. Seth Freund</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-15-14-42</b>	
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 NovoNordisk	Occupation MGR - CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Seth Freund</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-15-17-18</b>	
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 NovoNordisk	Occupation MGR - CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Seth Freund</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-15-16-28</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MGR - CLIENT SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Edith Garrow</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-16-17-18</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation DIR - BUSINESS RELATIONSHIP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Edith Garrow</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-16-14-42</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation DIR - BUSINESS RELATIONSHIP SALES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 89
	<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) Edith Garrow Mailing Address 100 College Rd. W City Princeton State NJ Zip Code 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007 <b>Transaction ID:</b> 20070702-16-16-28 Amount of Each Receipt this Period 20.00
Name of Employer NovoNordisk Occupation DIR - BUSINESS RELATIONSHIP SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Stephen Gilligan Mailing Address 100 College Rd. W City Princeton State NJ Zip Code 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007 <b>Transaction ID:</b> 20070601-17-14-42 Amount of Each Receipt this Period 20.00
Name of Employer NovoNordisk Occupation SR DBM - PORTLAND ME Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Stephen Gilligan Mailing Address 100 College Rd. W City Princeton State NJ Zip Code 08540-6658 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007 <b>Transaction ID:</b> 20070621-17-17-18 Amount of Each Receipt this Period 20.00
Name of Employer NovoNordisk Occupation SR DBM - PORTLAND ME Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Stephen Gilligan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-17-16-28</b>
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 NovoNordisk	Occupation SR DBM - PORTLAND ME	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Reza Green</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-18-14-42</b>
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 NovoNordisk	Occupation CHIEF IP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Reza Green</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-18-17-18</b>
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 NovoNordisk	Occupation CHIEF IP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Reza Green</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-18-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation CHIEF IP COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. George Hampton</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-19-14-42</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - OHIO VALLEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. George Hampton</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-19-17-18</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - OHIO VALLEY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> George Hampton		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-19-16-28
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 NovoNordisk	Occupation RBD - OHIO VALLEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-20-15-15
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation MSD DIABETES - CALIFORNIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-20-15-50
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation MSD DIABETES - CALIFORNIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-20-15-18
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 NovoNordisk	Occupation MSD DIABETES - CALIFORNIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-20-10-40
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 NovoNordisk	Occupation MSD DIABETES - CALIFORNIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-53-14-47
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 NovoNordisk	Occupation MSD DIABETES - CALIFORNIA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-20-17-12	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MSD DIABETES - CALIFORNIA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-20-17-18	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MSD DIABETES - CALIFORNIA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kristin Hanson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-20-14-42	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MSD DIABETES - CALIFORNIA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Kristin Hanson</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-20-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MSD DIABETES - CALIFORNIA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. Julia Hoff</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070419-21-10-40</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation GAE I - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C. Julia Hoff</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070504-54-14-47</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation GAE I - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Julia Hoff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-21-17-12	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation GAE I - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Julia Hoff		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-21-17-18	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation GAE I - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Julia Hoff		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-21-14-42	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation GAE I - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Julia Hoff</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-21-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation GAE I - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. Jesper Jensen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070308-22-15-15</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C. Jesper Jensen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070322-22-15-50</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jesper Jensen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-22-15-18
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 NovoNordisk BRD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jesper Jensen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-22-10-40
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 NovoNordisk BRD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jesper Jensen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-55-14-47
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 NovoNordisk BRD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jesper Jensen		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-22-17-12
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 NovoNordisk	Occupation BRD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jesper Jensen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-22-14-42
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 NovoNordisk	Occupation BRD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jesper Jensen		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-22-17-18
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 NovoNordisk	Occupation BRD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Jesper Jensen</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-22-16-28</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. J. Jones</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070322-23-15-50</b>	
City Princeton	State NJ	Zip Code 08540-6604	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. J. Jones</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070412-23-15-18</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	155.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
J. 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  
NovoNordisk RBD - GREAT LAKES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 7

**Transaction ID:** 20070419-23-10-40

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
J. 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  
NovoNordisk RBD - GREAT LAKES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

**Transaction ID:** 20070504-56-14-47

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
J. 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  
NovoNordisk RBD - GREAT LAKES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

**Transaction ID:** 20070521-23-17-12

Amount of Each Receipt this Period  
50.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> J. Jones		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-23-17-18	
City Princeton	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> J. Jones		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-23-14-42	
City Princeton	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> J. Jones		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-23-16-28	
City Princeton	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-24-15-15	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-24-15-50	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-24-15-18	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-24-10-40	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-57-14-47	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-24-17-12	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-24-14-42
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 NovoNordisk SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-24-17-18
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 NovoNordisk SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Kelly		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-24-16-28
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 NovoNordisk SR IDBM - MID SOUTH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Donald Kempin		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-25-17-18
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 NovoNordisk	Occupation DBM II - KANSAS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Donald Kempin		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-25-14-42
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 NovoNordisk	Occupation DBM II - KANSAS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Donald Kempin		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-25-16-28
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 NovoNordisk	Occupation DBM II - KANSAS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Samuel Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-26-17-18</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - NORDITROPIN MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Samuel Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-26-14-42</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - NORDITROPIN MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Samuel Marshall</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-26-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - NORDITROPIN MARKETING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070308-27-15-15</b>	
City Princeton	State NJ	Zip Code 08540-6604	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070322-27-15-50</b>	
City Princeton	State NJ	Zip Code 08540-6604	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070412-27-15-18</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070419-27-10-40</b>
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 NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070504-60-14-47</b>
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 NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070521-27-17-12</b>
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 NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 48 / 89
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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-27-17-18</b>	
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 NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-27-14-42</b>	
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 NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C. Michael Mawby</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-27-16-28</b>	
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 NovoNordisk	Occupation SR DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-28-15-15
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-28-15-50
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-28-15-18
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 NovoNordisk	Occupation RBD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-28-10-40
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-61-14-47
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-28-17-12
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-28-17-18	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-28-14-42	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jeff Maxwell		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-28-16-28	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation RBD - ROCKY MOUNTAIN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-30-15-15	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-30-15-50	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-30-15-18	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-30-10-40	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-63-14-47	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-30-17-12	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-30-17-18
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 NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-30-14-42
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 NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Stephen McGill		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-30-16-28
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 NovoNordisk	Occupation ASSOC DIR - GOVERNMENT AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph Miller		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-31-14-42	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AE II - CONNECTICUT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph Miller		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-31-17-18	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AE II - CONNECTICUT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Miller		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-31-16-28	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AE II - CONNECTICUT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Alan Moses		Date of Receipt M M / D D / Y Y Y Y Y 03 / 09 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-32-15-15
City Princeton	State NJ	Zip Code 08540-6604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Alan Moses		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-32-15-50
City Princeton	State NJ	Zip Code 08540-6604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Alan Moses		Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-32-15-18
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Alan Moses		Date of Receipt MM / DD / YYYY 04 / 20 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-32-10-40
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 NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Alan Moses		Date of Receipt MM / DD / YYYY 05 / 04 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-65-14-47
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 NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Alan Moses		Date of Receipt MM / DD / YYYY 05 / 18 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-32-17-12
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 NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Alan Moses		Date of Receipt MM / DD / YYYY 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-32-14-42
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Alan Moses		Date of Receipt MM / DD / YYYY 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-32-17-18
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Alan Moses		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-32-16-28
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer NovoNordisk	Occupation AVP - CHIEF MEDICAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Catherine Mullooly</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-33-14-42</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MSL DIABETES - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Catherine Mullooly</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-33-17-18</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MSL DIABETES - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Catherine Mullooly</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-33-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation MSL DIABETES - NEW ENGLAND		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Curtis Oltmans		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-34-10-40
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Curtis Oltmans		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-67-14-47
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Curtis Oltmans		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-34-17-12
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Curtis Oltmans		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-34-14-42
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Curtis Oltmans		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-34-17-18
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Curtis Oltmans		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-34-16-28
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation DEPUTY GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Raymond Polakowski		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007
Mailing Address 100 College Rd. W		Transaction ID: 43b6c2de54d445e14e2
City State Zip Code Princeton NY 08540-6658	Amount of Each Receipt this Period 480.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NovoNordisk DBM II - CINCINATTI OH		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 100 College Rd. W		Transaction ID: 20070308-36-15-15
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NovoNordisk SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 100 College Rd. W		Transaction ID: 20070322-36-15-50
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NovoNordisk SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	590.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 100 College Rd. W		Transaction ID: 20070412-36-15-18
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		Transaction ID: 20070419-36-10-40
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		Transaction ID: 20070504-69-14-47
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		Transaction ID: 20070521-36-17-12
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		Transaction ID: 20070621-37-17-18
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Christopher Porter		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		Transaction ID: 20070601-37-14-42
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Christopher 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  
NovoNordisk SR MGR - GOV AFFAIRS - FEDERAL LOBBYIS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2007

Transaction ID: 20070702-37-16-28

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
Linda 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  
NovoNordisk AE I - LOUISIANA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 20070601-38-14-42

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Linda 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  
NovoNordisk AE I - LOUISIANA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 01 / 2007

Transaction ID: 20070621-38-17-18

Amount of Each Receipt this Period  
20.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Linda Reyle</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-38-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AE I - LOUISIANA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Laura Riedy</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-39-14-42</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DBM - ROCKY MOUNT NC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Laura Riedy</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-39-17-18</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DBM - ROCKY MOUNT NC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) <b>A. Laura Riedy</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-39-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR DBM - ROCKY MOUNT NC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Joanne Sadowsky</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-40-14-42</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation DIR - CONTRACT OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Joanne Sadowsky</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-40-17-18</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation DIR - CONTRACT OPERATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Joanne Sadowsky		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-40-16-28
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 NovoNordisk	Occupation DIR - CONTRACT OPERATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> James Shehan		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-41-14-42
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 NovoNordisk	Occupation VP - LEGAL/GOVT & QUALITY AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> James Shehan		Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-41-17-18
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 NovoNordisk	Occupation VP - LEGAL/GOVT & QUALITY AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. James Shehan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-41-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 20.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - LEGAL/GOVT & QUALITY AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. Karen Smith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070308-41-15-15</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C. Karen Smith</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070322-41-15-50</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Karen Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-41-15-18	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Karen Smith		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-41-10-40	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-74-14-47	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Karen Smith		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-41-17-12	
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 NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Karen Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-42-14-42	
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 NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen Smith		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-42-17-18	
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 NovoNordisk	Occupation BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Karen Smith		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070702-42-16-28
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 NovoNordisk BRD - SOUTHEAST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070308-44-15-15
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NovoNordisk SR DIR - GLOBAL TRAUMA PROGRAM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070322-44-15-50
City State Zip Code Princeton NJ 08540-6604	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NovoNordisk SR DIR - GLOBAL TRAUMA PROGRAM		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-44-15-18
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - GLOBAL TRAUMA PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-43-10-40
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - GLOBAL TRAUMA PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-76-14-47
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - GLOBAL TRAUMA PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-43-17-12
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 NovoNordisk	Occupation SR DIR - GLOBAL TRAUMA PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-44-17-18
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 NovoNordisk	Occupation SR DIR - GLOBAL TRAUMA PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Bartholomew Tortella		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-44-14-42
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 NovoNordisk	Occupation SR DIR - GLOBAL TRAUMA PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Bartholomew Tortella</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-44-16-28</b>
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR DIR - GLOBAL TRAUMA PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B. Rosemarie Wilk-Orescan</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 20 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070419-45-10-40</b>
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR IP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Rosemarie Wilk-Orescan</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070504-78-14-47</b>
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer NovoNordisk	Occupation SR IP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Rosemarie Wilk-Orescan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-45-17-12
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation SR IP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Rosemarie Wilk-Orescan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-46-17-18
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation SR IP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rosemarie Wilk-Orescan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-46-14-42
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NovoNordisk	Occupation SR IP COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 89
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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

Full Name (Last, First, Middle Initial) <b>A. Rosemarie Wilk-Orescan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-46-16-28</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation SR IP COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B. Edward Williams</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070308-46-15-15</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - BIOPHARMACEUTICALS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>C. Edward Williams</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2007	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070322-46-15-50</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 55.00	
Zip Code 08540-6604			
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - BIOPHARMACEUTICALS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 89
	(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

Full Name (Last, First, Middle Initial) <b>A.</b> Edward Williams		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070412-47-15-18
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 NovoNordisk	Occupation VP - BIOPHARMACEUTICALS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Edward Williams		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070419-46-10-40
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 NovoNordisk	Occupation VP - BIOPHARMACEUTICALS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Edward Williams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070504-79-14-47
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 NovoNordisk	Occupation VP - BIOPHARMACEUTICALS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Edward Williams		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070521-46-17-12
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 NovoNordisk	Occupation VP - BIOPHARMACEUTICALS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Edward Williams		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070621-47-17-18
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 NovoNordisk	Occupation VP - BIOPHARMACEUTICALS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Edward Williams		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 100 College Rd. W		<b>Transaction ID:</b> 20070601-47-14-42
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 NovoNordisk	Occupation VP - BIOPHARMACEUTICALS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Edward Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-47-16-28</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation VP - BIOPHARMACEUTICALS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. Bill Young</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070601-49-14-42</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AE II - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Bill Young</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070621-49-17-18</b>	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer NovoNordisk	Occupation AE II - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 89
	<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

Full Name (Last, First, Middle Initial) <b>A. Bill Young</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070702-49-16-28</b>
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 NovoNordisk AE II - GREAT LAKES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Pamela Young</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 20 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070419-47-10-40</b>
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NovoNordisk VP - DIABETES SALES/MC&G SOUTH & WEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Pamela Young</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2007
Mailing Address 100 College Rd. W		<b>Transaction ID: 20070504-80-14-47</b>
City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation NovoNordisk VP - DIABETES SALES/MC&G SOUTH & WEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 89						
	(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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Pamela Young		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070521-47-17-12	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00	
Name of Employer NovoNordisk	Occupation VP - DIABETES SALES/MC&G SOUTH & WEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Pamela Young		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070621-48-17-18	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00	
Name of Employer NovoNordisk	Occupation VP - DIABETES SALES/MC&G SOUTH & WEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Pamela Young		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7	
Mailing Address 100 College Rd. W		Transaction ID: 20070601-48-14-42	
City Princeton	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 08540-6658		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00	
Name of Employer NovoNordisk	Occupation VP - DIABETES SALES/MC&G SOUTH & WEST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 83 / 89	
	(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"/> 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)  
Pamela Young

Mailing Address 100 College Rd. W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
NovoNordisk VP - DIABETES SALES/MC&G SOUTH & WEST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2007

Transaction ID: 20070702-48-16-28

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10375.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 / 89

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A. Novo Nordisk Inc</b>		Transaction ID: V29748-2173578143119 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 100 College Road West		Amount of Each Disbursement this Period 319.19	
City Princeton	State NJ	Zip Code 08540	001 Category/ Type
Purpose of Disbursement Operating Expenditures		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>319.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>319.19</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 89

<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

Full Name (Last, First, Middle Initial) <b>A. Bob Etheridge for Congress Committee</b>		<b>Transaction ID:</b> 20543-7062188982963 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address Post Office Box 28001 PO Box 28001		Amount of Each Disbursement this Period 250.00
City Raleigh State NC Zip Code 27611	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name Bob Etheridge		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Citizens for Arlen Specter</b>		<b>Transaction ID:</b> 42281-1640588641166 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 111 S 15th Street Packard Building 7th Floor		Amount of Each Disbursement this Period 1000.00
City Philadelphia State PA Zip Code 19102-2625	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name Arlen Specter		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Harkin</b>		<b>Transaction ID:</b> 29748-9873010516166 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address PO Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A. Citizens for Harkin</b>		<b>Transaction ID:</b> 29748-7273370623588 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address PO Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304	011 Category/ Type	
Purpose of Disbursement Contribution P2008 Candidate Name Tom Harkin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:		

Full Name (Last, First, Middle Initial) <b>B. Diana Degette for Congress Inc.</b>		<b>Transaction ID:</b> 29748-3768426775932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address PO Box 61337		Amount of Each Disbursement this Period 2000.00
City Denver State CO Zip Code 80206	011 Category/ Type	
Purpose of Disbursement Contribution P2008 Candidate Name Diana DeGette		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01		

Full Name (Last, First, Middle Initial) <b>C. Engel for Congress</b>		<b>Transaction ID:</b> 29748-1531183123588 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 462 California Road		Amount of Each Disbursement this Period 1000.00
City Bronxville State NY Zip Code 10708	011 Category/ Type	
Purpose of Disbursement Contribution P2008 Candidate Name Eliot Engel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

Full Name (Last, First, Middle Initial) <b>A. Enzi for Us Senate</b>		<b>Transaction ID:</b> 98169-4480249285697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address PO Box 2775		Amount of Each Disbursement this Period 2000.00
City Cody State WY Zip Code 82414	011 Category/ Type	
Purpose of Disbursement Contribution P2012		
Candidate Name Michael Enzi		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Gene Green Congressional Campaign</b>		<b>Transaction ID:</b> 29748-1908075213432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 2000.00
City Houston State TX Zip Code 77222	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Hooley for Congress</b>		<b>Transaction ID:</b> 20543-7279321551323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 1000.00
City Salem State OR Zip Code 97308	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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 88 / 89

<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

Full Name (Last, First, Middle Initial) <b>A. Hoyer for Congress</b>		<b>Transaction ID:</b> 29748-5175439715385 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2000.00
City Clinton State MD Zip Code 20735	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name Steny Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John D. Dingell for Congress Committee</b>		<b>Transaction ID:</b> 29748-7812158465385 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name John Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Pat Roberts for Senate</b>		<b>Transaction ID:</b> 98049-1464349627494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address PO Box 433		Amount of Each Disbursement this Period 1000.00
City Great Bend State KS Zip Code 67530	011 Category/ Type	
Purpose of Disbursement Contribution P2008		
Candidate Name Pat Roberts		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> 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 89 / 89

<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

Full Name (Last, First, Middle Initial) <b>A. Shore Pac</b>		<b>Transaction ID:</b> 42281-5139276385307 Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2007
Mailing Address PO Box 3157		Amount of Each Disbursement this Period 1000.00
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Contribution 2007 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Tim Murphy for Congress</b>		<b>Transaction ID:</b> 98169-6642114520073 Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2007
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1000.00
City Pttsburgh State PA Zip Code 15234	Purpose of Disbursement Contribution P2008 Candidate Name Timothy Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	18250.00