



A. Form/Schedule : **F3X**

Transaction ID :

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

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
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| 1 | 0 |

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| D | D |
| 1 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 12335.01 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | -1022.11                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 3743.00                 | 69880.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 2720.89                 | 82215.01                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 1068.07                 | 80562.19                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 1652.82                 | 1652.82                           |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 3 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 2930.00                       | 42930.00                          |
| (ii) Unitemized .....  | 813.00                        | 26950.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 3743.00                       | 69880.00                          |
| (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) .....     | 3743.00                       | 69880.00                          |
| 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)) .....                          | 3743.00                       | 69880.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 3743.00                       | 69880.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 68.07                                 | 367.97                                    |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 68.07                                 | 367.97                                    |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 1000.00                               | 80194.22                                  |
| 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))..       | 1068.07                               | 80562.19                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1068.07                               | 80562.19                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 3743.00                       | 69880.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 3743.00                       | 69880.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 68.07                         | 367.97                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 68.07                         | 367.97                            |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 40  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Andrew R. Ajello</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code<br/>Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Novo Nordisk Vice President - Diabetes Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/>10 / 01 / 2010</p> <p><b>Transaction ID:</b> 20101006-2-9-31</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">20.00</span></p> |
|--|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Vincent L. Ambrosine</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code<br/>Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Novo Nordisk Growth Hormone Therapy Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/>10 / 01 / 2010</p> <p><b>Transaction ID:</b> 20101006-3-9-31</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">30.00</span></p> |
|---|---|

|   |   |
|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Robert K. Anderson</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code<br/>Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Novo Nordisk Senior Strategic Account Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">430.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/>10 / 01 / 2010</p> <p><b>Transaction ID:</b> 20101006-4-9-31</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">30.00</span></p> |
|---|---|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">80.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>     |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 40                  |
|   | <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)<br>Frank Armenante          |   | Date of Receipt   |
|   | Mailing Address 100 College Rd W                                    |   | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
|   | City  | State   | Zip Code  |
|   | Princeton   | NJ  | 08540-6658  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | Transaction ID: 20101006-5-9-31   |
| Name of Employer<br>Novo Nordisk  |   | Occupation<br>Senior Area Support Manager - Managed             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="400.00"/> | <input type="text" value="20.00"/>  |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>James M. Austin          |   | Date of Receipt   |
|   | Mailing Address 100 College Rd W                                    |   | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
|   | City  | State   | Zip Code  |
|   | Princeton   | NJ  | 08540-6658  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | Transaction ID: 20101006-6-9-31   |
| Name of Employer<br>Novo Nordisk  |   | Occupation<br>District Business Manager                         | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="400.00"/> | <input type="text" value="20.00"/>  |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Chester M. Barszcz       |   | Date of Receipt   |
|   | Mailing Address 100 College Rd W                                    |   | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
|   | City  | State   | Zip Code  |
|   | Princeton   | NJ  | 08540-6658  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | Transaction ID: 20101006-8-9-31   |
| Name of Employer<br>Novo Nordisk  |   | Occupation<br>Director - Customer Channel Marketing             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="600.00"/> | <input type="text" value="30.00"/>  |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="70.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Kristen C. Beck</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code<br/>Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Novo Nordisk Regional Clinical Trial Lead</p> <p>Receipt For: Aggregate Year-to-Date ▼<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 0 / 0 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 20101006-9-9-31</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">20.00</span></p> |
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|--|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Daye M. Bexley</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code<br/>Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Novo Nordisk Senior Strategic Account Executive</p> <p>Receipt For: Aggregate Year-to-Date ▼<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 0 / 0 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 20101006-12-9-31</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">20.00</span></p> |
|--|--|

|   |  |
|---|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Francis P. Bigley</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code<br/>Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation<br/>Novo Nordisk Chief Compliance Officer</p> <p>Receipt For: Aggregate Year-to-Date ▼<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 0 / 0 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> 20101006-13-9-31</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">30.00</span></p> |
|---|--|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">70.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>     |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Terry P. Bloecher

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Executive Growth Hormone Therapy Manag

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-15-9-31

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Government Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-17-9-31

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Account Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-18-9-31

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
William P. Breitenbach

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Vice President - Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

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

**Transaction ID:** 20101006-19-9-31

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Francis X. Brown

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Business Process Cha

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

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

**Transaction ID:** 20101006-20-9-31

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey L. Burt

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Director - Managed Markets / Health Ec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID:** 20101006-22-9-31

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Erin L. Byrne  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-23-9-31             |
| City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Manager - Changing Diabetes and Public |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                   |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Anne P. Cannon   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-24-9-31             |
| City<br>Princeton   | State<br>NJ                                     | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Senior Medical Liaison - Regional |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00              |   |

**C.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Scott P. Cassidy   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-26-9-31             |
| City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Manager - Information Technology Secur |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                   |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Strategic Account Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: 20101006-27-9-31

Amount of Each Receipt this Period

20.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Quality Assurance

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

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

Transaction ID: 20101006-28-9-31

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Conner

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Field Health Econo

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: 20101006-29-9-31

Amount of Each Receipt this Period

20.00

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

95.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 14 / 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Henry W. Cortina         | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                    | <b>Transaction ID:</b> 20101006-30-9-31             |
|   | City State Zip Code<br>Princeton NJ 08540-6658                      | Amount of Each Receipt this Period<br>55.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Associate Vice President - Information                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>625.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John E. Davis            | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                    | <b>Transaction ID:</b> 20101006-35-9-31             |
|   | City State Zip Code<br>Princeton NJ 08540-6658                      | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Novo Nordisk  | Occupation<br>District Business Manager                             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Basil Denno              | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                    | <b>Transaction ID:</b> 20101006-36-9-31             |
|   | City State Zip Code<br>Princeton NJ 08540-6658                      | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Associate Vice President - Diabetes Sa                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                  |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 95.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Mary M. Dugan  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-39-9-31             |
| City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Biopharmaceuticals Regional Director |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00                 |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Kim B. Elston  |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-40-9-31             |
| City<br>Princeton   | State<br>NJ                                     | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Senior Regional Account Executive |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00              |   |

**C.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Joann A. Fawaz   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-41-9-31             |
| City<br>Princeton   | State<br>NJ                                  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Growth Hormone Therapy Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00           |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 45.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 16 / 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Philip F. Fornecker  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|           | Mailing Address 100 College Rd W  | <b>Transaction ID:</b> 20101006-44-9-31             |
|           | City State Zip Code<br>Princeton NJ 08540-6658  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Occupation<br>Novo Nordisk Vice President - Strategic Business Op<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Jeffrey A. Frazier  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|           | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-48-9-31             |
|           | City State Zip Code<br>Princeton NJ 08540-6658   | Amount of Each Receipt this Period<br>55.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Occupation<br>Novo Nordisk Vice President - Human Resources<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1100.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Seth C. Freund   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|           | Mailing Address 100 College Rd W  | <b>Transaction ID:</b> 20101006-49-9-31             |
|           | City State Zip Code<br>Princeton NJ 08540-6658  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Occupation<br>Novo Nordisk Director - Business Relationship<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 95.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Bryan J. Gallagher   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-51-9-31             |
| City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Medical Science Director - Endocrinolo |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                   |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Robert D. Gawlikowski  |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-52-9-31             |
| City<br>Princeton   | State<br>NJ                             | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>District Business Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00      |   |

**C.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Karin B. Gillespie   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-54-9-31             |
| City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Senior Manager - National Changing Dia |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 40                 |
|   | <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)<br>Stephen W. Gilligan  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|           | Mailing Address 100 College Rd W  | <b>Transaction ID:</b> 20101006-55-9-31             |
|           | City State Zip Code<br>Princeton NJ 08540-6658  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Novo Nordisk<br>Occupation: Endocrinology District Business Manage<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Joanne M. Golankiewicz  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|           | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-57-9-31             |
|           | City State Zip Code<br>Princeton NJ 08540-6658   | Amount of Each Receipt this Period<br>55.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer: Novo Nordisk<br>Occupation: Senior Director - Marketing Effectiven<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1100.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Reza Green   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|           | Mailing Address 100 College Rd W  | <b>Transaction ID:</b> 20101006-58-9-31             |
|           | City State Zip Code<br>Princeton NJ 08540-6658  | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Novo Nordisk<br>Occupation: Chief Intellectual Property/ Patent Co<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 95.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 19 / 40                 |
|   | <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)<br>Gary W. Grote                            | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W  | <b>Transaction ID:</b> 20101006-60-9-31             |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                      | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee.<br>C                     |   |
|   | Name of Employer Occupation<br>Novo Nordisk Senior Director - Managed Care & Govern |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Sharon J. Haggerty                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-61-9-31             |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                     | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee.<br>C                    |   |
|   | Name of Employer Occupation<br>Novo Nordisk Senior Director - Customer Channel Mar |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Samantha D. Hall           | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                      | <b>Transaction ID:</b> 20101006-62-9-31             |
|   | City State Zip Code<br>Princeton NJ 08540-6658                        | Amount of Each Receipt this Period<br>15.00         |
|   | FEC ID number of contributing federal political committee.<br>C       |   |
|   | Name of Employer Occupation<br>Novo Nordisk District Business Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                    |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 55.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Edward F. Hanover  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-63-9-31             |
| City<br>Princeton   | State<br>NJ                            | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>55.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Senior Corporate Counsel |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1100.00    |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>John W. Hart   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-64-9-31             |
| City<br>Princeton   | State<br>NJ                             | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>District Business Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00      |   |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Miguel A. Hechavarria  |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-65-9-31             |
| City<br>Princeton   | State<br>NJ                             | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>District Business Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00      |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 105.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

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

FOR LINE NUMBER: PAGE 21 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Matthew J. Hill

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101006-66-9-31

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Tanya L. Hill

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Biopharaceutical Mar

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

**Transaction ID:** 20101006-67-9-31

Amount of Each Receipt this Period  
55.00

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Government Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** 20101006-70-9-31

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 22 / 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

|   |   |  |   |
|---|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Walter J. Hunter     |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                |  | <b>Transaction ID:</b> 20101006-72-9-31             |
|   | City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
|   | FEC ID number of contributing federal political committee.<br>C |  | Amount of Each Receipt this Period<br>30.00         |
|   | Name of Employer<br>Novo Nordisk                                | Occupation<br>Executive Director - Medical Scientifi |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>600.00                   |   |

|   |   |  |   |
|---|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Elizabeth G. Ingram  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                |  | <b>Transaction ID:</b> 20101006-74-9-31             |
|   | City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
|   | FEC ID number of contributing federal political committee.<br>C |  | Amount of Each Receipt this Period<br>30.00         |
|   | Name of Employer<br>Novo Nordisk                                | Occupation<br>Associate Vice President - Managed Mar |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>600.00                   |   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Frank J. Jacobs      |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                |  | <b>Transaction ID:</b> 20101006-75-9-31             |
|   | City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
|   | FEC ID number of contributing federal political committee.<br>C |  | Amount of Each Receipt this Period<br>55.00         |
|   | Name of Employer<br>Novo Nordisk                                | Occupation<br>Associate Vice President - Diabetes Sa |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>880.00                   |   |

|  |   |        |
|--|---|--------|
| <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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Director - Sales Force Liraglutide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** 20101006-77-9-31

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Doxie A. Jordan

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Vice President - Diabetes Sa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101006-78-9-31

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
James A. Kalmes

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Director - Area Managed Markets Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 20101006-79-9-31

Amount of Each Receipt this Period  
25.00

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Joseph F. Kelly  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Regional Business Director  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1100.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0  
Transaction ID: 20101006-80-9-31  
Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
Donald A. Kempin  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk District Business Manager  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0  
Transaction ID: 20101006-81-9-31  
Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Carol L. Krause  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Senior Medical Liaison - Regional  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 1 / 2 0 1 0  
Transaction ID: 20101006-83-9-31  
Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 25 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Vice President - Diabetes Brand Market

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-84-9-31

Amount of Each Receipt this Period  
30.00

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Account Executive - Kaiser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-87-9-31

Amount of Each Receipt this Period  
20.00

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Vice President - Government

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-89-9-31

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Jeff S. Maxwell  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-90-9-31             |
| City<br>Princeton   | State<br>NJ                              | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>55.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Regional Business Director |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1100.00      |   |

**B.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Stephen B. McGill  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-93-9-31             |
| City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>55.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Associate Director - Government Affair |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1100.00                  |   |

**C.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Christopher N. McGowen   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-94-9-31             |
| City<br>Princeton   | State<br>NJ  | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  | Amount of Each Receipt this Period<br>40.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Associate Director - Government Affair |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>800.00                   |   |

|  |   |        |
|--|---|--------|
| <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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Heather L. Millage  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Senior Brand Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 10 / 01 / 2010  
Transaction ID: 20101006-96-9-31  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Miller  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Senior Manager - Health Systems  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 10 / 01 / 2010  
Transaction ID: 20101006-97-9-31  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Bridget M. Molloy  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Senior Regional Account Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00  
Date of Receipt 10 / 01 / 2010  
Transaction ID: 20101006-99-9-31  
Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 28 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Vice President - Global Chief Medical

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

**Transaction ID:** 20101006-102-9-31

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth A. Moses

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Manager - Clinical Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101006-101-9-31

Amount of Each Receipt this Period  
20.00

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Medical Science Liaison Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101006-103-9-31

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Stephen D. Noyes   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-105-9-31            |
| City<br>Princeton   | State<br>NJ  |   |
| Zip Code<br>08540-6658  |  | Amount of Each Receipt this Period<br>20.00         |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  |   |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Associate Vice President - Managed Car |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                   |   |

**B.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Curtis G. Oltmans  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |  | <b>Transaction ID:</b> 20101006-106-9-31            |
| City<br>Princeton   | State<br>NJ  |   |
| Zip Code<br>08540-6658  |  | Amount of Each Receipt this Period<br>30.00         |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  |   |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Associate Vice President - Deputy Gene |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00                   |   |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Dylan M. Pensabene   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-109-9-31            |
| City<br>Princeton   | State<br>NJ                             |   |
| Zip Code<br>08540-6658  |   | Amount of Each Receipt this Period<br>20.00         |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |   |
| Name of Employer<br>Novo Nordisk  | Occupation<br>District Business Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00      |   |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>70.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Account Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 20101006-110-9-31

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Biopharmaceuticals Regional Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 20101006-111-9-31

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Director - Government Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: 20101006-112-9-31

Amount of Each Receipt this Period  
55.00

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

95.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert J. Powers

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Growth Hormone Therapy Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

**Transaction ID:** 20101006-114-9-31

Amount of Each Receipt this Period  
55.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Trade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** 20101006-115-9-31

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Brand Director - Norditropin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** 20101006-116-9-31

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 / 40                 |
|   | <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)<br>Linda S. Reyle                          | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-118-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                     | Amount of Each Receipt this Period<br>55.00         |
|   | FEC ID number of contributing federal political committee.<br>C                    |   |
|   | Name of Employer Occupation<br>Novo Nordisk Senior Manager - Customer Channel Mark |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1100.00  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Laura L. Riedy                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-119-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                               | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee.<br>C              |   |
|   | Name of Employer Occupation<br>Novo Nordisk Senior District Business Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Kevin Ryan           | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                | <b>Transaction ID:</b> 20101006-120-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                  | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Novo Nordisk Senior Attorney     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                              |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 95.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Director - Contract Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-121-9-31

Amount of Each Receipt this Period  
55.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Government Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-124-9-31

Amount of Each Receipt this Period  
55.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Manager - Government Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2010

**Transaction ID:** 20101006-125-9-31

Amount of Each Receipt this Period  
55.00

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

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

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 34 / 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>James Shehan                            | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-126-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                     | Amount of Each Receipt this Period<br>75.00         |
|   | FEC ID number of contributing federal political committee.<br>C                    |   |
|   | Name of Employer Occupation<br>Novo Nordisk Vice President - Legal/Patents/Governm |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Montgomery C. Smith  | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W                                | <b>Transaction ID:</b> 20101006-127-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                  | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Novo Nordisk Brand Director      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.00                              |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Jonathan W. Snow                       | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W  | <b>Transaction ID:</b> 20101006-128-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                    | Amount of Each Receipt this Period<br>20.00         |
|   | FEC ID number of contributing federal political committee.<br>C                   |   |
|   | Name of Employer Occupation<br>Novo Nordisk Director - Business Support - Managed |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00  |   |

|  |   |        |
|--|---|--------|
| <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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Lisa G. Suttner  |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-130-9-31            |
| City<br>Princeton   | State<br>NJ   | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Director - Regulatory Product Development |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                      |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Robert A. Toepfer  |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-133-9-31            |
| City<br>Princeton   | State<br>NJ   | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Senior Growth Hormone Therapy Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                  |   |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Michael Vargas   |   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
| Mailing Address 100 College Rd W  |   | <b>Transaction ID:</b> 20101006-134-9-31            |
| City<br>Princeton   | State<br>NJ                                     | Zip Code<br>08540-6658                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>Novo Nordisk  | Occupation<br>Manager - Application Development |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00              |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 40  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dana G. Vaughns

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Endocrinology District Business Manage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 20101006-135-9-31

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Deena M. Ward

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Business Support

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** 20101006-137-9-31

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Biostatistics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

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

**Transaction ID:** 20101006-138-9-31

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 / 40                 |
|   | <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)<br>Ellene S. Whitmore                      | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-139-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                     | Amount of Each Receipt this Period<br>30.00         |
|   | FEC ID number of contributing federal political committee.<br>C                    |   |
|   | Name of Employer Occupation<br>Novo Nordisk Executive Biopharmaceutical Sales Mana |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00   |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Rosemarie R. Wilk-Orescan             | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W   | <b>Transaction ID:</b> 20101006-140-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                   | Amount of Each Receipt this Period<br>30.00         |
|   | FEC ID number of contributing federal political committee.<br>C                  |   |
|   | Name of Employer Occupation<br>Novo Nordisk Senior Intellectual Property Counsel |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Edward L. Williams                   | Date of Receipt<br>MM / DD / YYYY<br>10 / 01 / 2010 |
|   | Mailing Address 100 College Rd W  | <b>Transaction ID:</b> 20101006-141-9-31            |
|   | City State Zip Code<br>Princeton NJ 08540-6658                                  | Amount of Each Receipt this Period<br>55.00         |
|   | FEC ID number of contributing federal political committee.<br>C                 |   |
|   | Name of Employer Occupation<br>Novo Nordisk Vice President - Biopharmaceuticals |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1100.00   |   |

|  |   |        |
|--|---|--------|
| <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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        |                              | PAGE 38 / 40                 |                             |
|   | (check only one)                        |                              |                              |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14             | <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17 |

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|   |
|---|
| NAME OF COMMITTEE (In Full)<br>Novo Nordisk PAC |
|---|

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bill S. Young  | Date of Receipt   |
|           | Mailing Address 100 College Rd W  | <input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
|           | City State Zip Code<br>Princeton NJ 08540-6658  | <b>Transaction ID:</b> 20101006-143-9-31  |
|           | FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    | Amount of Each Receipt this Period<br><input type="text" value="20.00"/>                              |
|           | Name of Employer Occupation<br>Novo Nordisk Account Executive   |   |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><input type="text" value="400.00"/>                                       |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="20.00"/>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="2930.00"/> |

**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)

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|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Wachovia<br><hr/> Mailing Address 444 N Capitol Street NW<br><hr/> City Washington State DC Zip Code 20001<br><hr/> Purpose of Disbursement<br>Bank Fee Sep 10<br>Candidate Name | Transaction ID: B26C515013EB0CE8DC2<br>Date of Disbursement<br>10 / 12 / 2010<br><hr/> Amount of Each Disbursement this Period<br>33.07 |
|  |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Wachovia<br><hr/> Mailing Address 444 N Capitol Street NW<br><hr/> City Washington State DC Zip Code 20001<br><hr/> Purpose of Disbursement<br>Bank Fee<br>Candidate Name        | Transaction ID: 593F693AB4F52E8F553<br>Date of Disbursement<br>10 / 13 / 2010<br><hr/> Amount of Each Disbursement this Period<br>35.00 |
|  |   |

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

68.07

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

68.07

**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 40 / 40

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)  
Becerra for Congress

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
2010 General

Candidate Name  
Xavier Becerra

Office Sought:  House  
 Senate  
 President

State: CA District: 31

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 3977AFD85F0753E5437

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00