



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

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		21633.21
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	31419.28									
(c) Total Receipts (from Line 19) .....	8005.00	43862.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	39424.28	65495.21								
7. Total Disbursements (from Line 31) .....	9533.19	35604.12								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29891.09	29891.09								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Novo Nordisk PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	5700.00	16945.00
(ii) Unitemized .....	2305.00	26917.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8005.00	43862.00
(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) .....	8005.00	43862.00
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)) .....	8005.00	43862.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8005.00	43862.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	33.19	104.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	33.19	104.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9500.00	35500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9533.19	35604.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9533.19	35604.12

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	8005.00	43862.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8005.00	43862.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33.19	104.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33.19	104.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew R. Ajello		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2011
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-1-9-37
Name of Employer Novo Nordisk		Occupation Corporate Vice President - Diabetes Sa	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Vincent L. Ambrosine		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110511-2-16-37
Name of Employer Novo Nordisk		Occupation Senior Growth Hormone Therapy Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	<input type="text"/> 30.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincent L. Ambrosine		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2011
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-2-9-37
Name of Employer Novo Nordisk		Occupation Senior Growth Hormone Therapy Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	<input type="text"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 63
	<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) Edward D. Amrein	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-3-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Director - Pipeline Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert K. Anderson	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-4-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Strategic Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert K. Anderson	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-4-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Strategic Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 63
	<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) Frank Armenante		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2011
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-5-9-37
Name of Employer Novo Nordisk		Occupation Senior Area Support Manager - Managed	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

<b>B.</b>	Full Name (Last, First, Middle Initial) James M. Austin		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 27 / 2011
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-6-9-37
Name of Employer Novo Nordisk		Occupation District Business Manager I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 20.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2011
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110511-9-16-37
Name of Employer Novo Nordisk		Occupation Senior Account Executive - Institution	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	<input type="text"/> 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 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 / 63  
(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) Chester M. Barszcz</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Account Executive - Institution</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 7 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110526-9-9-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Kristen C. Beck</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Regional Clinical Trial Lead</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 7 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110526-10-9-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeremy R. Berger</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Litigation Attorney</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 7 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110526-14-9-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">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 / 63  
(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)  
Daye M. Bexley

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-15-9-37

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Francis P. Bigley

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Chief Compliance Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-16-16-37

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Francis P. Bigley

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Chief Compliance Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-16-9-37

Amount of Each Receipt this Period  
30.00

**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 / 63  
(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		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-18-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Executive Growth Hormone Therapy Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas H. Boyer		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-21-16-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas H. Boyer		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-20-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<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 12 / 63
	<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) Diane C. Boynton	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-21-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Account Executive II - Institution Acc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William P. Breitenbach	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-22-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Vice President - Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) M. T. Brooks	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-24-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Director - Changing Diabetes and Public Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 605.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	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 13 / 63  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial) M. T. Brooks		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-23-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Director - Changing Diabetes and Publi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**B.**

Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-25-16-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Director - Business Process Cha	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**C.**

Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-24-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Director - Business Process Cha	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

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

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

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

FOR LINE NUMBER: PAGE 14 / 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
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 - Area Managed Markets Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt: 05 / 13 / 2011  
Transaction ID: 20110511-27-16-37  
Amount of Each Receipt this Period 30.00

**B.** 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 - Area Managed Markets Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt: 05 / 27 / 2011  
Transaction ID: 20110526-26-9-37  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Erin L. Byrne  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Manager - Changing Diabetes and Public  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt: 05 / 27 / 2011  
Transaction ID: 20110526-27-9-37  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 80.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne P. Cannon		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-28-9-37
Name of Employer Novo Nordisk		Occupation Senior Medical Liaison I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Scott P. Cassidy		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-30-9-37
Name of Employer Novo Nordisk		Occupation Manager - Information Technology Secur	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth P. Chambless		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-31-9-37
Name of Employer Novo Nordisk		Occupation Senior Strategic Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 63  
(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)  
Mary H. Cooper

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Account Executive II - Retail Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-36-9-37

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Henry W. Cortina

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 - Information Technolog

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-38-16-37

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Henry W. Cortina

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 - Information Technolog

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-37-9-37

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 63  
(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) Traci R. Cravaack		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-39-16-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**B.**

Full Name (Last, First, Middle Initial) Traci R. Cravaack		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-38-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**C.**

Full Name (Last, First, Middle Initial) Stephanie L. Davis		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-43-16-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Health Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<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 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Stephanie L. Davis

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 ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-42-9-37

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Basil Denno

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 Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-44-16-37

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Basil Denno

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 Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-43-9-37

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 63  
(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) Kim B. Elston		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-47-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Bradley R. Etheridge		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-49-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Associate Director - Diabetes Educatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**C.**

Full Name (Last, First, Middle Initial) Joann A. Fawaz		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-50-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Growth Hormone Therapy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>60.00</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 20 / 63

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Frances Q. Feng

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 Liaison III

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

Date of Receipt

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

Transaction ID: 20110526-51-9-37

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
Travis S. Fisher

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 - Medical Strategy

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: 20110511-53-16-37

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)  
Travis S. Fisher

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 - Medical Strategy

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

Date of Receipt

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

Transaction ID: 20110526-52-9-37

Amount of Each Receipt this Period

55.00

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

130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Philip F. Fornecker

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Vice President - Strategic B

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-54-9-37

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey A. Frazier

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Vice President - Human Resou

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-59-16-37

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey A. Frazier

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Vice President - Human Resou

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-58-9-37

Amount of Each Receipt this Period  
55.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 63
	<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) Seth C. Freund		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-59-9-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Director - Business Relationship			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Bryan J. Gallagher		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-61-9-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Senior Medical Liaison III - Endocrino			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert D. Gawlikowski		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-62-9-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation District Business Manager II			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00
---	------------------------------------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Paulette Geene		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-63-9-37
Name of Employer Novo Nordisk		Occupation Associate Director - Field Resource An	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Karin B. Gillespie		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-64-9-37
Name of Employer Novo Nordisk		Occupation Senior Manager - National Changing Da	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen W. Gilligan		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-65-9-37
Name of Employer Novo Nordisk		Occupation Endocrinology District Business Manage	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** Full Name (Last, First, Middle Initial)  
Joanne M. Golankiewicz

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: Novo Nordisk  
Occupation: Executive Director - Marketing Effecti

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt: 05 / 13 / 2011  
**Transaction ID:** 20110511-68-16-37  
Amount of Each Receipt this Period: 55.00

**B.** Full Name (Last, First, Middle Initial)  
Joanne M. Golankiewicz

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: Novo Nordisk  
Occupation: Executive Director - Marketing Effecti

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt: 05 / 27 / 2011  
**Transaction ID:** 20110526-67-9-37  
Amount of Each Receipt this Period: 55.00

**C.** Full Name (Last, First, Middle Initial)  
Reza Green

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer: Novo Nordisk  
Occupation: Chief Intellectual Property/ Patent Co

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 27 / 2011  
**Transaction ID:** 20110526-68-9-37  
Amount of Each Receipt this Period: 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 25 / 63

(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)  
Gary W. Grote

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Market Access - Biop

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

Date of Receipt

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

Transaction ID: 20110526-70-9-37

Amount of Each Receipt this Period

20.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Managed Markets

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

Date of Receipt

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

Transaction ID: 20110526-71-9-37

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
Sandra L. Hall

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 - Brand/Marketing

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

Date of Receipt

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

Transaction ID: 20110526-73-9-37

Amount of Each Receipt this Period

20.00

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

60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 63  
(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) Edward F. Hanover</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Corporate Counsel</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">605.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 1 3 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110511-75-16-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">55.00</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Edward F. Hanover</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Corporate Counsel</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">605.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 7 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110526-74-9-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">55.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) John W. Hart</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Institutional District Business Manage</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 1 3 / 2 0 1 1</span></p> <p><b>Transaction ID:</b> 20110511-76-16-37</p> <p>Amount of Each Receipt this Period  <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;">140.00</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 27 / 63

(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)  
John W. Hart

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Institutional District Business Manage

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

Date of Receipt

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

Transaction ID: 20110526-75-9-37

Amount of Each Receipt this Period

30.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk District Business Manager II

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

Date of Receipt

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

Transaction ID: 20110526-76-9-37

Amount of Each Receipt this Period

20.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Attorney

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

Date of Receipt

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

Transaction ID: 20110526-77-9-37

Amount of Each Receipt this Period

20.00

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

70.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial) Tanya L. Hill		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-79-16-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Vice President - Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**B.**

Full Name (Last, First, Middle Initial) Tanya L. Hill		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-78-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Vice President - Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**C.**

Full Name (Last, First, Middle Initial) Todd M. Hobbs		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-79-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Director - Medical Affairs - Di	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 63
	<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) Julia L. Hoff	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-82-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Julia L. Hoff	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-81-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin J. Hopkins	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-83-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Health Systems District Business Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

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

FOR LINE NUMBER: PAGE 30 / 63  
(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)  
Walter J. Hunter  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Executive Director - Field Medical Aff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011  
Transaction ID: 20110511-85-16-37  
Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Walter J. Hunter  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Executive Director - Field Medical Aff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011  
Transaction ID: 20110526-84-9-37  
Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth G. Ingram  
Mailing Address 100 College Rd W  
City State Zip Code  
Princeton NJ 08540-6658  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Novo Nordisk Executive Director - Health Economic O  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011  
Transaction ID: 20110511-87-16-37  
Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 90.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 63  
(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)  
Elizabeth G. Ingram

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Executive Director - Health Economic O

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-86-9-37

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Farruq Z. Jafery

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 - Pricing/Contract Ope

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-88-16-37

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Farruq Z. Jafery

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 - Pricing/Contract Ope

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-87-9-37

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 63  
(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 Senior Director - Diabetes Field Marke

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-90-16-37

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Diabetes Field Marke

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-89-9-37

Amount of Each Receipt this Period  
50.00

**C.**

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 Vice President - Diabetes Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-90-9-37

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 63  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial) Ray J Kall		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-91-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation DIR - DIABETES SALES FORCE EXPANSION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) James A. Kalmes		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-93-16-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Novo Nordisk	Occupation Director - Area Managed Markets Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**C.**

Full Name (Last, First, Middle Initial) James A. Kalmes		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-92-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Novo Nordisk	Occupation Director - Area Managed Markets Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey M. Kawalek	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-93-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Associate Director - Compliance/ Quali Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stephanie L. Keithly	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-94-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Account Executive II - Retail Accounts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph F. Kelly	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-96-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Institutional Regional Business Direct Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 605.00	

<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 35 / 63

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Institutional Regional Business Direct

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

Date of Receipt

M M / D D / Y Y Y Y  
05 / 27 / 2011

Transaction ID: 20110526-95-9-37

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 Account Executive II - Retail Accounts

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

Date of Receipt

M M / D D / Y Y Y Y  
05 / 27 / 2011

Transaction ID: 20110526-96-9-37

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 I

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

Date of Receipt

M M / D D / Y Y Y Y  
05 / 13 / 2011

Transaction ID: 20110511-99-16-37

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 36 / 63  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
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 I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-98-9-37

Amount of Each Receipt this Period  
30.00

**B.**

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 Corporate Vice President - Diabetes Br

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-100-16-37

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Vice President - Diabetes Br

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-99-9-37

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 63  
(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)  
Erin R. Mandato

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Manager - Compliance Audits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-103-9-37

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Vice President - Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-106-16-37

Amount of Each Receipt this Period  
55.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Vice President - Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-106-9-37

Amount of Each Receipt this Period  
55.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeff S. Maxwell		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110511-107-16-37
Name of Employer Novo Nordisk		Occupation Institutional Regional Business Direct	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="55.00"/>
		<input type="text" value="605.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeff S. Maxwell		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-107-9-37
Name of Employer Novo Nordisk		Occupation Institutional Regional Business Direct	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="55.00"/>
		<input type="text" value="605.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen B. McGill		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110511-111-16-37
Name of Employer Novo Nordisk		Occupation Associate Director - Government Affair	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="55.00"/>
		<input type="text" value="605.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 39 / 63  
(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)  
Stephen B. McGill

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Government Affair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-110-9-37

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher N. McGowen

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Government Affair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-113-16-37

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher N. McGowen

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Government Affair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-112-9-37

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 63  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Miller</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Manager - Health Systems</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">220.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p><b>Transaction ID:</b> 20110526-114-9-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">20.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	1	1												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Bridget M. Molloy</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Regional Account Executive</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">605.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p><b>Transaction ID:</b> 20110511-117-16-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">55.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	3		2	0	1	1												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Bridget M. Molloy</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Novo Nordisk Senior Regional Account Executive</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">605.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table> </p> <p><b>Transaction ID:</b> 20110526-116-9-37</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">55.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	1	1												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">130.00</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 41 / 63  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Shaun R. Morris

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk District Business Manager I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-118-9-37

Amount of Each Receipt this Period  
20.00

**B.**

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 Corporate Vice President - Global Chief

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-121-16-37

Amount of Each Receipt this Period  
55.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-120-9-37

Amount of Each Receipt this Period  
55.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 42 / 63
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.** 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 ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-121-9-37

Amount of Each Receipt this Period  
20.00

**B.** 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 Liaison I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-122-9-37

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen L. Mulroneoy

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 - Applications Develop

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-123-9-37

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 43 / 63</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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) Wesley A. Nicolas	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-124-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Intellectual Property Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward A. Noschese	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-126-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk District Business Manager I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shaylah E. Nunn	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-129-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Manager - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	65.00
<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 44 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Shaylah E. Nunn	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-128-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Manager - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Curtis G. Oltmans	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-130-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Corporate Vice President - Deputy Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Curtis G. Oltmans	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-129-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Corporate Vice President - Deputy Gene	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	85.00
<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 45 / 63

(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dylan M. Pensabene

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk District Business Manager I

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

Date of Receipt

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

Transaction ID: 20110526-131-9-37

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Account Executive II

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

Date of Receipt

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

Transaction ID: 20110526-132-9-37

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Biopharmaceuticals Regional Director

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

Date of Receipt

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

Transaction ID: 20110526-135-9-37

Amount of Each Receipt this Period  
20.00

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

60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 63  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

Full Name (Last, First, Middle Initial)  
Christopher 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 Senior Director - Government Affairs -

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-137-16-37

Amount of Each Receipt this Period  
55.00

**B.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Government Affairs -

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-136-9-37

Amount of Each Receipt this Period  
55.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Growth Hormone Therapy Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-139-16-37

Amount of Each Receipt this Period  
55.00

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 63

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Growth Hormone Therapy Manager

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

Date of Receipt

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

Transaction ID: 20110526-138-9-37

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: 20110511-141-16-37

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Director - Trade

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

Date of Receipt

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

Transaction ID: 20110526-140-9-37

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 48 / 63
	<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) Erin J. Reily		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-142-16-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Associate Brand Director - Norditropin			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Erin J. Reily		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-141-9-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Associate Brand Director - Norditropin			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda S. Reyle		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-144-16-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Associate Director - Diabetes Educatio			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	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 49 / 63  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Associate Director - Diabetes Educatio

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-143-9-37

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
Laura L. Riedy

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 District Business Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-144-9-37

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Madeleine L. Rodgers

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 Liaison I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-145-9-37

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 50 / 63  
(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) Kevin Ryan		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-146-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) Joanne L. Sadowsky		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-148-16-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Director - Contract Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

**C.**

Full Name (Last, First, Middle Initial) Joanne L. Sadowsky		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-147-9-37
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Director - Contract Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 63
	<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) Mandy J. Schnelten		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-149-16-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation District Business Manager II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Mandy J. Schnelten		Date of Receipt MM / DD / YYYY 05 / 27 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110526-148-9-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation District Business Manager II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) C. Reed Scott		Date of Receipt MM / DD / YYYY 05 / 13 / 2011		
	Mailing Address 100 College Rd W		<b>Transaction ID:</b> 20110511-150-16-37		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 55.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Government Account Executive II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 605.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	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: <span style="float: right;">PAGE 52 / 63</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) C. Reed Scott	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-149-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Government Account Executive II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rodney L. Scott	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-150-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Account Executive II - Managed Care/L	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lauren E. Semeniuk	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-152-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.00</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 53 / 63  
(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)  
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 ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-151-9-37

Amount of Each Receipt this Period  
55.00

**B.** Full Name (Last, First, Middle Initial)  
James Shehan

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Vice President - Legal/Paten

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-153-16-37

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
James Shehan

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Vice President - Legal/Paten

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-152-9-37

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 205.00

**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 54 / 63
	<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) Jeremy T. Shepler		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-153-9-37
Name of Employer Novo Nordisk		Occupation Associate Brand Director - Prandin Val	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Montgomery C. Smith		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-154-9-37
Name of Employer Novo Nordisk		Occupation Brand Director - Norditropin	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan W. Snow		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20110526-155-9-37
Name of Employer Novo Nordisk		Occupation Regional Business Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="20.00"/>

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 63  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

**A.**

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

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Senior Growth Hormone Therapy Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** 20110526-160-9-37

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Vargas

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 - Application Devel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

**Transaction ID:** 20110511-162-16-37

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Vargas

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 - Application Devel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

**Transaction ID:** 20110526-161-9-37

Amount of Each Receipt this Period  
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 63
	<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) Dana G. Vaughns	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-162-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Endocrinology District Business Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Deena M. Ward	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-165-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Regional Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deena M. Ward	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-164-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Regional Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 63
	<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) Chung-Sing W. Weng	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-166-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Director - Biostatistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Chung-Sing W. Weng	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-165-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Director - Biostatistics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ellene S. Whitmore	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-167-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Executive Biopharmaceutical Sales Mana	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	140.00
<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 58 / 63  
(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)  
Ellene S. Whitmore

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 Biopharmaceutical Sales Mana

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-166-9-37

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Counsel Intellectual Propert

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** 20110511-168-16-37

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd W

City State Zip Code  
Princeton NJ 08540-6658

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

Name of Employer Occupation  
Novo Nordisk Corporate Counsel Intellectual Propert

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** 20110526-167-9-37

Amount of Each Receipt this Period  
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 63
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward L. Williams	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110511-169-16-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Corporate Vice President - Biopharmaceuti	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward L. Williams	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-168-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Corporate Vice President - Biopharmaceuti	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 605.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincent A. Xanthos	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 100 College Rd W	<b>Transaction ID:</b> 20110526-169-9-37
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk District Business Manager I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 63
	(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) Bill S. Young		Date of Receipt
Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 3 / 2 0 1 1
City	State	Zip Code
Princeton	NJ	08540-6658
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 20110511-171-16-37
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 30.00
Name of Employer Novo Nordisk	Occupation Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 330.00	

**B.**

Full Name (Last, First, Middle Initial) Bill S. Young		Date of Receipt
Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 7 / 2 0 1 1
City	State	Zip Code
Princeton	NJ	08540-6658
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> 20110526-170-9-37
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 30.00
Name of Employer Novo Nordisk	Occupation Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 60.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 5700.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Ben Cardin for Senate <hr/> Mailing Address PO Box 21093 <hr/> City Catonsville State MD Zip Code 21228 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Benjamin L. Cardin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0C15C3C5FC9D943E4D8 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Prosperity in America Today Pac <hr/> Mailing Address 228 S Washington St Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Citizens for Prosperity in America Today Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: C62070C203FAB02E460 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Dirigo Pac <hr/> Mailing Address PO Box 1355 <hr/> City Alexandria State VA Zip Code 22313 <hr/> Purpose of Disbursement 2011 Contribution Candidate Name Dirigo Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: A4418811078AC682ECC Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

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

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lee Terry for Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 48D7BA808C7DADEA887</p> <p>Date of Disbursement 05 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Montanans for Rehberg</p> <p>Mailing Address PO Box 1597</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Dennis Rehberg</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> C1C3D241FA1CB5FEB72</p> <p>Date of Disbursement 05 / 16 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Renee Ellmers for Congress Committee</p> <p>Mailing Address PO Box 904</p> <p>City Dunn State NC Zip Code 28335</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Renee Jacisin Ellmers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31AB6133A55BEF98AB3</p> <p>Date of Disbursement 05 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) The Eye of the Tiger Political Action Committee		Transaction ID: BA42C71158E23EDB56A	
	Mailing Address PO Box 2485		Date of Disbursement MM / DD / YYYY 05 / 16 / 2011	
City Springfield		State VA	Zip Code 22152	
Purpose of Disbursement 2011 Contribution		Amount of Each Disbursement this Period 500.00		
Candidate Name The Eye of the Tiger Political Action Committee		011 Category/ Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:		Contribution		

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

500.00

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

9500.00