

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

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	29891.09									
(c) Total Receipts (from Line 19)	8870.00	52732.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38761.09	74365.21								
7. Total Disbursements (from Line 31)	16897.12	52501.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21863.97	21863.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

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)	7080.00	24025.00
(ii) Unitemized	1790.00	28707.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8870.00	52732.00
(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)	8870.00	52732.00
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))	8870.00	52732.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8870.00	52732.00

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.....	2.89	107.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2.89	107.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	16894.23	52394.23
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))..	16897.12	52501.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16897.12	52501.24

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)	8870.00	52732.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8870.00	52732.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2.89	107.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.89	107.01

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 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) 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 06 / 10 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-1-10-52
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 ▼ <input type="text"/> 260.00	<input type="text"/> 20.00

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 06 / 24 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-1-11-22
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 ▼ <input type="text"/> 260.00	<input type="text"/> 20.00

C.	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 06 / 10 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-2-10-52
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 ▼ <input type="text"/> 390.00	<input type="text"/> 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 85
	<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) Vincent L. Ambrosine	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-2-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Growth Hormone Therapy Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 390.00	

B.	Full Name (Last, First, Middle Initial) Edward D. Amrein	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-3-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Director - Pipeline Strategy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 260.00	

C.	Full Name (Last, First, Middle Initial) Edward D. Amrein	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-3-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Director - Pipeline Strategy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 260.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 85
	<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) Robert K. Anderson	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-4-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Strategic Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Robert K. Anderson	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-4-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Strategic Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Frank Armenante	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-5-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Area Support Manager - Managed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

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 9 / 85
	<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) 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 06 / 24 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-5-11-22
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 ▼ 260.00	<input type="text"/> 20.00

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 06 / 10 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-6-10-52
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 ▼ 260.00	<input type="text"/> 20.00

C.	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 06 / 24 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-6-11-22
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 ▼ 260.00	<input type="text"/> 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 85						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt MM / DD / YYYY 06 / 10 / 2011		
	Mailing Address 100 College Rd W		Transaction ID: 20110614-9-10-52		
	City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Senior Account Executive - Institution			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

B.	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt MM / DD / YYYY 06 / 24 / 2011		
	Mailing Address 100 College Rd W		Transaction ID: 20110623-10-11-22		
	City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Senior Account Executive - Institution			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00			

C.	Full Name (Last, First, Middle Initial) Kristen C. Beck		Date of Receipt MM / DD / YYYY 06 / 10 / 2011		
	Mailing Address 100 College Rd W		Transaction ID: 20110614-10-10-52		
	City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Regional Clinical Trial Lead			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

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 / 85
(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)
Kristen C. Beck

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Regional Clinical Trial Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-11-11-22

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Jeremy R. Berger

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Litigation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-14-10-52

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Jeremy R. Berger

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Litigation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-15-11-22

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 85
	<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	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-15-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Strategic Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Daye M. Bexley	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-16-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Strategic Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Francis P. Bigley	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-16-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Chief Compliance Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Francis P. Bigley	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-17-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Chief Compliance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Terry P. Bloecher	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-18-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Executive Growth Hormone Therapy Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Terry P. Bloecher	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-19-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Executive Growth Hormone Therapy Manag	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 14 / 85
(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)
Thomas H. Boyer

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-20-10-52

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼
520.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2011

Transaction ID: 20110623-22-11-22

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Account Executive II - Institution Acc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-21-10-52

Amount of Each Receipt this Period
20.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 85
(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) Diane C. Boynton		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-23-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) William P. Breitenbach		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-22-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) William P. Breitenbach		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-24-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 85
	<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) M. T. Brooks		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-23-10-52
Name of Employer Novo Nordisk		Occupation Director - Changing Diabetes and Public Health	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="715.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) M. T. Brooks		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-26-11-22
Name of Employer Novo Nordisk		Occupation Director - Changing Diabetes and Public Health	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="715.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-24-10-52
Name of Employer Novo Nordisk		Occupation Senior Director - Business Process Change	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="715.00"/>	<input type="text" value="55.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Francis X. Brown		Date of Receipt	
	Mailing Address 100 College Rd W		M M / D D / Y Y Y Y Y 06 / 24 / 2011	
	City	State	Zip Code	Transaction ID: 20110623-27-11-22
	Princeton	NJ	08540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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 ▼ 715.00		

B.	Full Name (Last, First, Middle Initial) Jeffrey L. Burt		Date of Receipt	
	Mailing Address 100 College Rd W		M M / D D / Y Y Y Y Y 06 / 10 / 2011	
	City	State	Zip Code	Transaction ID: 20110614-26-10-52
	Princeton	NJ	08540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		30.00	
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 ▼ 390.00		

C.	Full Name (Last, First, Middle Initial) Jeffrey L. Burt		Date of Receipt	
	Mailing Address 100 College Rd W		M M / D D / Y Y Y Y Y 06 / 24 / 2011	
	City	State	Zip Code	Transaction ID: 20110623-29-11-22
	Princeton	NJ	08540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		30.00	
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 ▼ 390.00		

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 18 / 85
	<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 L. Byrne	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-27-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Manager - Changing Diabetes and Public	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Erin L. Byrne	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-30-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Manager - Changing Diabetes and Public	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Anne P. Cannon	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-28-10-52
	City State Zip Code Princeton NJ 08540	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 I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 19 / 85
	(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)
Anne P. Cannon

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 20110623-31-11-22

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Scott P. Cassidy

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Manager - Information Technology Secur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 20110614-30-10-52

Amount of Each Receipt this Period
20.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Manager - Information Technology Secur

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 20110623-33-11-22

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 20 / 85
	(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"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Kenneth P. Chambless	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-31-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Strategic Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Kenneth P. Chambless	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-34-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Strategic Account Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Mary H. Cooper	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-36-10-52
	City State Zip Code Princeton NJ 08540	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 ▼ 260.00	

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 21 / 85
(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		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-40-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Henry W. Cortina		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-37-10-52
City Princeton	State NJ	Zip Code 08540
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 - Information Technolog	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

C.

Full Name (Last, First, Middle Initial) Henry W. Cortina		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-41-11-22
City Princeton	State NJ	Zip Code 08540
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 - Information Technolog	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

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 22 / 85
(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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Regional Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-38-10-52

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Traci R. Cravaack

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Regional Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-42-11-22

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-42-10-52

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 23 / 85

(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)
Stephanie L. Davis

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 20110623-46-11-22

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

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 ▼ 715.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 20110614-43-10-52

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

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 ▼ 715.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 20110623-47-11-22

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: (check only one)	PAGE 24 / 85
	<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 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-47-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Kim B. Elston	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-51-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
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 ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Bradley R. Etheridge	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-49-10-52
	City State Zip Code Princeton NJ 08540	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 - Diabetes Educatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 25 / 85
(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)
Bradley R. Etheridge
 Mailing Address 100 College Rd W
 City State Zip Code
Princeton NJ 08540
 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 ▼ 260.00
 Date of Receipt
MM / DD / YYYY
06 / 24 / 2011
Transaction ID: 20110623-53-11-22
 Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Joann A. Fawaz
 Mailing Address 100 College Rd W
 City State Zip Code
Princeton NJ 08540
 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 ▼ 260.00
 Date of Receipt
MM / DD / YYYY
06 / 10 / 2011
Transaction ID: 20110614-50-10-52
 Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Joann A. Fawaz
 Mailing Address 100 College Rd W
 City State Zip Code
Princeton NJ 08540
 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 ▼ 260.00
 Date of Receipt
MM / DD / YYYY
06 / 24 / 2011
Transaction ID: 20110623-54-11-22
 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 / 85
(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)
Frances Q. Feng

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-51-10-52

Amount of Each Receipt this Period
20.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2011

Transaction ID: 20110623-55-11-22

Amount of Each Receipt this Period
20.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 715.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-52-10-52

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► 95.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 85
(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) Travis S. Fisher		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-56-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Director - Medical Strategy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

B.

Full Name (Last, First, Middle Initial) Philip F. Fornecker		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-54-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Corporate Vice President - Strategic B	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Philip F. Fornecker		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-58-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Corporate Vice President - Strategic B	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-58-10-52
	City State Zip Code Princeton NJ 08540	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 - Human Resou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-62-11-22
	City State Zip Code Princeton NJ 08540	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 - Human Resou	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

C.	Full Name (Last, First, Middle Initial) Seth C. Freund	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-59-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Director - Business Relationship	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 29 / 85
(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)
Seth C. Freund

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Director - Business Relationship

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-63-11-22

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Medical Liaison III - Endocrino

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-61-10-52

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Medical Liaison III - Endocrino

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-65-11-22

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 30 / 85

(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 D. Gawlikowski

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 20110614-62-10-52

Amount of Each Receipt this Period

20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 20110623-66-11-22

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Paulette Geene

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Associate Director - Field Resource An

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 20110614-63-10-52

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 85
	<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) Paulette Geene	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-67-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Director - Field Resource An	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Karin B. Gillespie	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-64-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - National Changing Da	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Karin B. Gillespie	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-68-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - National Changing Da	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 32 / 85
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
Stephen W. Gilligan

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Endocrinology District Business Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-65-10-52

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Stephen W. Gilligan

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Endocrinology District Business Manage

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-69-11-22

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Executive Director - Marketing Effecti

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-67-10-52

Amount of Each Receipt this Period
55.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 85
	<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) Joanne M. Golankiewicz	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-71-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Executive Director - Marketing Effecti	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

B.	Full Name (Last, First, Middle Initial) Reza Green	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-68-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Chief Intellectual Property/ Patent Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Reza Green	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-72-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Chief Intellectual Property/ Patent Co	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 34 / 85
(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) Gary W. Grote		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-70-10-52
City Princeton	State NJ	
Zip Code 08540		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Director - Market Access - Biop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Gary W. Grote		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-74-11-22
City Princeton	State NJ	
Zip Code 08540		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Director - Market Access - Biop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Sharon J. Haggerty		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-71-10-52
City Princeton	State NJ	
Zip Code 08540		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Director - Managed Markets	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 35 / 85
(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

<p>A. Full Name (Last, First, Middle Initial) Sharon J. Haggerty</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Director - Managed Markets</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 6 / 2 4 / 2 0 1 1</td> </tr> </table> </p> <p>Transaction ID: 20110623-75-11-22</p> <p>Amount of Each Receipt this Period 20.00</p>	M M / D D / Y Y Y Y	0 6 / 2 4 / 2 0 1 1
M M / D D / Y Y Y Y			
0 6 / 2 4 / 2 0 1 1			

<p>B. Full Name (Last, First, Middle Initial) Sandra L. Hall</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Associate Director - Brand/Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 6 / 1 0 / 2 0 1 1</td> </tr> </table> </p> <p>Transaction ID: 20110614-73-10-52</p> <p>Amount of Each Receipt this Period 20.00</p>	M M / D D / Y Y Y Y	0 6 / 1 0 / 2 0 1 1
M M / D D / Y Y Y Y			
0 6 / 1 0 / 2 0 1 1			

<p>C. Full Name (Last, First, Middle Initial) Sandra L. Hall</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Associate Director - Brand/Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 6 / 2 4 / 2 0 1 1</td> </tr> </table> </p> <p>Transaction ID: 20110623-77-11-22</p> <p>Amount of Each Receipt this Period 20.00</p>	M M / D D / Y Y Y Y	0 6 / 2 4 / 2 0 1 1
M M / D D / Y Y Y Y			
0 6 / 2 4 / 2 0 1 1			

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 36 / 85
(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) Edward F. Hanover		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-74-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Corporate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

B.

Full Name (Last, First, Middle Initial) John W. Hart		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-75-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Institutional District Business Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

C.

Full Name (Last, First, Middle Initial) John W. Hart		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-79-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Institutional District Business Manage	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00	

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 37 / 85
(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>A. Full Name (Last, First, Middle Initial) Miguel A. Hechavarria</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk District Business Manager II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt 06 / 10 / 2011</p> <p>Transaction ID: 20110614-76-10-52</p> <p>Amount of Each Receipt this Period 20.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Miguel A. Hechavarria</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk District Business Manager II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt 06 / 24 / 2011</p> <p>Transaction ID: 20110623-80-11-22</p> <p>Amount of Each Receipt this Period 20.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Matthew J. Hill</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt 06 / 10 / 2011</p> <p>Transaction ID: 20110614-77-10-52</p> <p>Amount of Each Receipt this Period 20.00</p>
--	---

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 38 / 85
(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) Matthew J. Hill		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-81-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		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 ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Tanya L. Hill		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-78-10-52
City Princeton	State NJ	Zip Code 08540
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 ▼ 715.00	

C.

Full Name (Last, First, Middle Initial) Tanya L. Hill		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-82-11-22
City Princeton	State NJ	Zip Code 08540
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 ▼ 715.00	

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 39 / 85
(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)
Todd M. Hobbs

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Director - Medical Affairs - Di

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-79-10-52

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Todd M. Hobbs

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Director - Medical Affairs - Di

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-83-11-22

Amount of Each Receipt this Period
20.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-81-10-52

Amount of Each Receipt this Period
30.00

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 40 / 85
(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)
Julia L. Hoff

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-85-11-22

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Kevin J. Hopkins

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Health Systems District Business Manag

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-83-10-52

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Kevin J. Hopkins

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Health Systems District Business Manag

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-87-11-22

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ **70.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 85
	<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) Walter J. Hunter		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-84-10-52
Name of Employer Novo Nordisk		Occupation Executive Director - Field Medical Aff	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"/> 30.00
		<input type="text"/> 390.00	

B.	Full Name (Last, First, Middle Initial) Walter J. Hunter		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-89-11-22
Name of Employer Novo Nordisk		Occupation Executive Director - Field Medical Aff	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"/> 30.00
		<input type="text"/> 390.00	

C.	Full Name (Last, First, Middle Initial) Elizabeth G. Ingram		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-86-10-52
Name of Employer Novo Nordisk		Occupation Executive Director - Health Economic O	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"/> 30.00
		<input type="text"/> 390.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 85
	(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) Elizabeth G. Ingram		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-91-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Executive Director - Health Economic O	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.

Full Name (Last, First, Middle Initial) Farruq Z. Jafery		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-87-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Director - Pricing/Contract Ope	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

C.

Full Name (Last, First, Middle Initial) Farruq Z. Jafery		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-92-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Director - Pricing/Contract Ope	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

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: (check only one)	PAGE 43 / 85
	<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		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-89-10-52
Name of Employer Novo Nordisk		Occupation Senior Director - Diabetes Field Marke	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="650.00"/>	<input type="text" value="50.00"/>

B.	Full Name (Last, First, Middle Initial) J. P. Jones		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-94-11-22
Name of Employer Novo Nordisk		Occupation Senior Director - Diabetes Field Marke	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="650.00"/>	<input type="text" value="50.00"/>

C.	Full Name (Last, First, Middle Initial) Doxie A. Jordan		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-90-10-52
Name of Employer Novo Nordisk		Occupation Vice President - Diabetes Sales	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="260.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 85
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial) Doxie A. Jordan		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-95-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Vice President - Diabetes Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Ray J Kall		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-91-10-52
City Princeton	State NJ	Zip Code 08540
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 ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Ray J Kall		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-96-11-22
City Princeton	State NJ	Zip Code 08540
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 ▼ 260.00	

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 45 / 85
(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) James A. Kalmes		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-92-10-52
City Princeton	State NJ	Zip Code 08540
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 ▼ 325.00	

B.

Full Name (Last, First, Middle Initial) James A. Kalmes		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-97-11-22
City Princeton	State NJ	Zip Code 08540
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 ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey M. Kawalek		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-93-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Jeffrey M. Kawalek	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-98-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Director - Compliance/ Quali	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Stephanie L. Keithly	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-94-10-52
	City State Zip Code Princeton NJ 08540	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 - Retail Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Stephanie L. Keithly	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-99-11-22
	City State Zip Code Princeton NJ 08540	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 - Retail Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Joseph F. Kelly	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-95-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Institutional Regional Business Direct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

B.	Full Name (Last, First, Middle Initial) Joseph F. Kelly	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-100-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Institutional Regional Business Direct	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

C.	Full Name (Last, First, Middle Initial) Donald A. Kempin	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-96-10-52
	City State Zip Code Princeton NJ 08540	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 - Retail Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 48 / 85
	<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) Donald A. Kempin	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-101-11-22
	City State Zip Code Princeton NJ 08540	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 ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Carol L. Krause	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-98-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Carol L. Krause	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-103-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	

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 49 / 85
	<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) Camille C. Lee		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W		Transaction ID: 20110614-99-10-52
	City Princeton	State NJ	Zip Code 08540
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Novo Nordisk	Occupation Corporate Vice President - Diabetes Br	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Camille C. Lee		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W		Transaction ID: 20110623-104-11-22
	City Princeton	State NJ	Zip Code 08540
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Novo Nordisk	Occupation Corporate Vice President - Diabetes Br	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Erin R. Mandato		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W		Transaction ID: 20110614-103-10-52
	City Princeton	State NJ	Zip Code 08540
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Novo Nordisk	Occupation Manager - Compliance Audits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00	

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 50 / 85
	<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) Erin R. Mandato	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-109-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Manager - Compliance Audits	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Michael L. Mawby	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-106-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

C.	Full Name (Last, First, Middle Initial) Michael L. Mawby	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-112-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

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 51 / 85
	<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) Jeff S. Maxwell	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-107-10-52
	City State Zip Code Princeton NJ 08540	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 ▼ 715.00	

B.	Full Name (Last, First, Middle Initial) Jeff S. Maxwell	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-113-11-22
	City State Zip Code Princeton NJ 08540	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 ▼ 715.00	

C.	Full Name (Last, First, Middle Initial) Stephen B. McGill	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-110-10-52
	City State Zip Code Princeton NJ 08540	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 - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

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 52 / 85
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial) Stephen B. McGill		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-116-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

B.

Full Name (Last, First, Middle Initial) Christopher N. McGowen		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-112-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

C.

Full Name (Last, First, Middle Initial) Christopher N. McGowen		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-118-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Director - Government Affair	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

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 53 / 85
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-114-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-120-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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 ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Bridget M. Molloy		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-116-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
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 ▼ 715.00	

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 54 / 85
(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)
Bridget M. Molloy

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Regional Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
715.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-122-11-22

Amount of Each Receipt this Period
55.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-118-10-52

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼
260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-125-11-22

Amount of Each Receipt this Period
20.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Alan C. Moses		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-120-10-52
Name of Employer Novo Nordisk		Occupation Corporate Vice President - Global Chief	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="715.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Alan C. Moses		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-127-11-22
Name of Employer Novo Nordisk		Occupation Corporate Vice President - Global Chief	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="715.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Elizabeth A. Moses		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-121-10-52
Name of Employer Novo Nordisk		Occupation Senior Manager - Clinical Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 85
(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) Elizabeth A. Moses		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-128-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Clinical Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Catherine A. Mullooly		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-122-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Medical Liaison I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Catherine A. Mullooly		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-129-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Medical Liaison I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	60.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 85
	<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) Kathleen L. Mulroney		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-123-10-52
Name of Employer Novo Nordisk		Occupation Senior Director - Applications Develop	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="260.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Kathleen L. Mulroney		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-130-11-22
Name of Employer Novo Nordisk		Occupation Senior Director - Applications Develop	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="260.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Wesley A. Nicolas		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-124-10-52
Name of Employer Novo Nordisk		Occupation Intellectual Property Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	<input type="text" value="20.00"/>

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 85
(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)
Wesley A. Nicolas

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Intellectual Property Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-131-11-22

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Sarah E. Nordstrom

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Manager - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-125-10-52

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Sarah E. Nordstrom

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Manager - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-132-11-22

Amount of Each Receipt this Period
25.00

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 59 / 85
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
Edward A. Noschese

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-126-10-52

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Edward A. Noschese

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2011

Transaction ID: 20110623-133-11-22

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Shaylah E. Nunn

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Associate Manager - Government Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-128-10-52

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 65.00

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 60 / 85
	<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) Shaylah E. Nunn	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-135-11-22
	City State Zip Code Princeton NJ 08540	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 ▼ 325.00	

B.	Full Name (Last, First, Middle Initial) Curtis G. Oltmans	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-129-10-52
	City State Zip Code Princeton NJ 08540	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 ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Curtis G. Oltmans	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-136-11-22
	City State Zip Code Princeton NJ 08540	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 ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	85.00
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 61 / 85
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-131-10-52

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-138-11-22

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-132-10-52

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 62 / 85

(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 20110623-139-11-22

Amount of Each Receipt this Period

20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 1

Transaction ID: 20110614-135-10-52

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

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 ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: 20110623-142-11-22

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 63 / 85
(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)
Christopher M. Porter

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 735.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	1

Transaction ID: 20110614-136-10-52

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

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 735.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	1	1

Transaction ID: 20110623-143-11-22

Amount of Each Receipt this Period
75.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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) ▼ 715.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	1

Transaction ID: 20110614-138-10-52

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

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 64 / 85
(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

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 ▼ 715.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-145-11-22

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

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

Name of Employer Occupation
Novo Nordisk Senior Director - Trade

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-140-10-52

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

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

Name of Employer Occupation
Novo Nordisk Senior Director - Trade

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-147-11-22

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: (check only one)	PAGE 65 / 85
	<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 J. Reily	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-141-10-52
	City State Zip Code Princeton NJ 08540	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) <input type="checkbox"/> Aggregate Year-to-Date: 390.00	

B.	Full Name (Last, First, Middle Initial) Erin J. Reily	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-148-11-22
	City State Zip Code Princeton NJ 08540	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) <input type="checkbox"/> Aggregate Year-to-Date: 390.00	

C.	Full Name (Last, First, Middle Initial) Linda S. Reyle	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-143-10-52
	City State Zip Code Princeton NJ 08540	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) <input type="checkbox"/> Aggregate Year-to-Date: 715.00	

SUBTOTAL of Receipts This Page (optional)	115.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 85
(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) Linda S. Reyle		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-150-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
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 ▼ 715.00	

B.

Full Name (Last, First, Middle Initial) Laura L. Riedy		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-144-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior District Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.

Full Name (Last, First, Middle Initial) Laura L. Riedy		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-151-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior District Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 67 / 85
(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

<p>A. Full Name (Last, First, Middle Initial) Madeleine L. Rodgers</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Medical Liaison I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 6 / 1 0 / 2 0 1 1</td> </tr> </table> <p>Transaction ID: 20110614-145-10-52</p> <p>Amount of Each Receipt this Period 20.00</p> </p>	M M / D D / Y Y Y Y	0 6 / 1 0 / 2 0 1 1
M M / D D / Y Y Y Y			
0 6 / 1 0 / 2 0 1 1			

<p>B. Full Name (Last, First, Middle Initial) Madeleine L. Rodgers</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Medical Liaison I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 6 / 2 4 / 2 0 1 1</td> </tr> </table> <p>Transaction ID: 20110623-152-11-22</p> <p>Amount of Each Receipt this Period 20.00</p> </p>	M M / D D / Y Y Y Y	0 6 / 2 4 / 2 0 1 1
M M / D D / Y Y Y Y			
0 6 / 2 4 / 2 0 1 1			

<p>C. Full Name (Last, First, Middle Initial) Kevin Ryan</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 6 / 1 0 / 2 0 1 1</td> </tr> </table> <p>Transaction ID: 20110614-146-10-52</p> <p>Amount of Each Receipt this Period 20.00</p> </p>	M M / D D / Y Y Y Y	0 6 / 1 0 / 2 0 1 1
M M / D D / Y Y Y Y			
0 6 / 1 0 / 2 0 1 1			

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 68 / 85
(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 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-154-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		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 ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) Joanne L. Sadowsky		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-147-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		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 ▼ 715.00	

C.

Full Name (Last, First, Middle Initial) Joanne L. Sadowsky		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-155-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		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 ▼ 715.00	

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 69 / 85
(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)
Mandy J. Schnelten

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-148-10-52

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Mandy J. Schnelten

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-156-11-22

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-149-10-52

Amount of Each Receipt this Period
55.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 85
	(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"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) C. Reed Scott	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-157-11-22
	City State Zip Code Princeton NJ 08540	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 ▼ 715.00	

B.	Full Name (Last, First, Middle Initial) Rodney L. Scott	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-150-10-52
	City State Zip Code Princeton NJ 08540	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 ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Rodney L. Scott	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-158-11-22
	City State Zip Code Princeton NJ 08540	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 ▼ 260.00	

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 71 / 85
(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)
Lauren E. Semeniuk

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 715.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-151-10-52

Amount of Each Receipt this Period
55.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 715.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2011

Transaction ID: 20110623-160-11-22

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
James Shehan

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 1090.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2011

Transaction ID: 20110614-152-10-52

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **185.00**

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 72 / 85
	<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) James Shehan	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-161-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 190.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Corporate Vice President - Legal/Paten	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.00	

B.	Full Name (Last, First, Middle Initial) Jeremy T. Shepler	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-153-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Brand Director - Prandin Val	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Jeremy T. Shepler	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-162-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Brand Director - Prandin Val	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	▶	230.00
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 73 / 85
	<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) Montgomery C. Smith		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 06 / 10 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-154-10-52
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"/> 20.00
		<input type="text"/> 260.00	

B.	Full Name (Last, First, Middle Initial) Montgomery C. Smith		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 06 / 24 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110623-163-11-22
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"/> 20.00
		<input type="text"/> 260.00	

C.	Full Name (Last, First, Middle Initial) Jonathan W. Snow		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 06 / 10 / 2011
	City	State	Zip Code
	Princeton	NJ	08540
	FEC ID number of contributing federal political committee. C		Transaction ID: 20110614-155-10-52
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"/> 20.00
		<input type="text"/> 260.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 85
	<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) Jonathan W. Snow	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-164-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	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 ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Robert A. Toepfer	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-160-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Growth Hormone Therapy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) Robert A. Toepfer	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-169-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Growth Hormone Therapy Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Michael Vargas	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-161-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Director - Application Devel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

B.	Full Name (Last, First, Middle Initial) Michael Vargas	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-170-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Director - Application Devel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Dana G. Vaughns	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-162-10-52
	City State Zip Code Princeton NJ 08540	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 ▼ 260.00	

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 76 / 85
(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)
Dana G. Vaughns
 Mailing Address 100 College Rd W
 City State Zip Code
Princeton NJ 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Endocrinology District Business Manage
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 260.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 4 / 2 0 1 1
Transaction ID: 20110623-171-11-22
 Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
Deena M. Ward
 Mailing Address 100 College Rd W
 City State Zip Code
Princeton NJ 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Regional Business Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 0 / 2 0 1 1
Transaction ID: 20110614-164-10-52
 Amount of Each Receipt this Period
 30.00

C. Full Name (Last, First, Middle Initial)
Deena M. Ward
 Mailing Address 100 College Rd W
 City State Zip Code
Princeton NJ 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Novo Nordisk Regional Business Director
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 390.00
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 4 / 2 0 1 1
Transaction ID: 20110623-174-11-22
 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 77 / 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Director - Biostatistics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-165-10-52

Amount of Each Receipt this Period
55.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Novo Nordisk Senior Director - Biostatistics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-175-11-22

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Ellene S. Whitmore

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-166-10-52

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 78 / 85
	(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

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)
Ellene S. Whitmore

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540

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 ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-176-11-22

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

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 ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2011

Transaction ID: 20110614-167-10-52

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

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 ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2011

Transaction ID: 20110623-177-11-22

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 79 / 85
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial) Edward L. Williams		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-168-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Corporate Vice President - Biopharmaceuti	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

B.

Full Name (Last, First, Middle Initial) Edward L. Williams		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110623-178-11-22
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Corporate Vice President - Biopharmaceuti	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

C.

Full Name (Last, First, Middle Initial) Vincent A. Xanthos		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 100 College Rd W		Transaction ID: 20110614-169-10-52
City Princeton	State NJ	Zip Code 08540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation District Business Manager I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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 80 / 85
	<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) Vincent A. Xanthos	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-179-11-22
	City State Zip Code Princeton NJ 08540	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 ▼ 260.00	

B.	Full Name (Last, First, Middle Initial) Bill S. Young	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110614-170-10-52
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

C.	Full Name (Last, First, Middle Initial) Bill S. Young	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 100 College Rd W	Transaction ID: 20110623-181-11-22
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	7080.00

**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

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

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

<p>A. Full Name (Last, First, Middle Initial) Anna Eshoo for Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9600E08159E0D1FF37E</p> <p>Date of Disbursement 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Engel for Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 17</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 36A0793E175D9CB7F6F</p> <p>Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Barrasso</p> <p>Mailing Address PO Box 52008</p> <p>City Casper State WY Zip Code 82605</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name John Anthony Barrasso</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WY District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 64FFEAF704FF281346</p> <p>Date of Disbursement 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 82 / 85

<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) Guthrie for Congress <hr/> Mailing Address PO Box 9639 <hr/> City Bowling Green State KY Zip Code 42102 <hr/> Purpose of Disbursement 2012 Primary Candidate Name S. Brett Guthrie <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3E216F77E56048FE3F1 Date of Disbursement 06 / 22 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc <hr/> Mailing Address 175 South West Temple Suite 650 <hr/> City Salt Lake City State UT Zip Code 84101 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Orrin G. Hatch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AEB1BDF63F0980AD96E Date of Disbursement 06 / 29 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Lewis for Congress <hr/> Mailing Address PO Box 2323 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement 2012 Primary Candidate Name John R. Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FBF36614FC33F71152E Date of Disbursement 06 / 29 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	_____

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 85

<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) Lance for Congress <hr/> Mailing Address PO Box 225 <hr/> City Colonia State NJ Zip Code 07067 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Leonard Lance <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 722E6D9CF7A0E1FAC82 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Lucille Roybal-Allard for Congress <hr/> Mailing Address 6 E Street, SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Lucille Roybal-Allard <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 769BB97C3E20399E15B Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress, Inc. <hr/> Mailing Address PO Box 3750 <hr/> City Brentwood State TN Zip Code 37024 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Marsha Blackburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26D2242CE9C2EEEE162D Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

<p>A. Full Name (Last, First, Middle Initial) Novo Nordisk Inc</p> <p>Mailing Address 100 College Road West</p> <p>City Princeton State NJ Zip Code 08540</p> <p>Purpose of Disbursement Inkind employee time for campaign event</p> <p>Candidate Name Diana L. DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V7D9A4F2DE4322364930</p> <p>Date of Disbursement MM / DD / YYYY 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 394.23</p> <p>011 Category/ Type</p> <p>In-Kind</p>
<p>B. Full Name (Last, First, Middle Initial) Pascrell for Congress</p> <p>Mailing Address PO Box 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name William J. Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 64BB7A2B9450172B960</p> <p>Date of Disbursement MM / DD / YYYY 06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address PO Box 1986</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name David E. Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 564279CD53DB1B3AB38</p> <p>Date of Disbursement MM / DD / YYYY 06 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2394.23</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 85

<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) Ribble for Congress <hr/> Mailing Address PO Box 7200 <hr/> City Appleton State WI Zip Code 54912 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Reid Ribble <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7E0EDC212C98C8F7EDD Date of Disbursement 06 / 29 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Scalise for Congress <hr/> Mailing Address PO Box 23219 <hr/> City Jefferson State LA Zip Code 70183 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Stephen J. Scalise <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 54FC7FD033AF27FBE7B Date of Disbursement 06 / 29 / 2011
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Upton for All of Us <hr/> Mailing Address PO Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Fredrick Stephen Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 46C193764A40563D9B4 Date of Disbursement 06 / 29 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

16894.23