

**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 OF 57
	<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 Inc. PAC (Novo Nordisk PAC)

A. Bradley R. Etheridge
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Director - Diabetes Education Program

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **02 / 13 / 2015**
Transaction ID : 20150218-215-11-27

Amount of Each Receipt this Period: **55.00**

B. Bradley R. Etheridge
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Director - Diabetes Education Program

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : 20150302-215-11-23

Amount of Each Receipt this Period: **55.00**

C. Ty S. Field
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Institutional Diabetes Care Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt: **02 / 13 / 2015**
Transaction ID : 20150218-229-11-27

Amount of Each Receipt this Period: **55.00**

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

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