

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		18604.37
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	25306.37									
(c) Total Receipts (from Line 19)	6442.00	13174.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31748.37	31778.37								
7. Total Disbursements (from Line 31)	30.00	60.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31718.37	31718.37								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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	1360.00	1610.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	5082.00	11564.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6442.00	13174.00
(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)	6442.00	13174.00
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))	6442.00	13174.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6442.00	13174.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	30.00	60.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	30.00	60.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30.00	60.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30.00	60.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	6442.00	13174.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6442.00	13174.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	30.00	60.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.00	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(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)
Lynn M. Baer

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Vice President - North America

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 20090302-3-10-2

Amount of Each Receipt this Period
55.00

B.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Sr Director - Business Process Changes

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 20090302-16-10-2

Amount of Each Receipt this Period
55.00

C.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Sr Director - Quality Assurance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 20090302-28-10-2

Amount of Each Receipt this Period
55.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 14
(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) Neal C. Fitzpatrick		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-40-10-2
Name of Employer Novo Nordisk		Occupation Associate Vice President - Biopharmaceutics	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-46-10-2
Name of Employer Novo Nordisk		Occupation Vice President - Human Resources	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Edward F. Hanover		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-57-10-2
Name of Employer Novo Nordisk		Occupation Corporate 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="220.00"/>	<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 8 / 14
	<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) Kristin L. Hanson		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 0 2 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-58-10-2
Name of Employer Novo Nordisk		Occupation Senior Medical Scientific Director - M	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 55.00

B.	Full Name (Last, First, Middle Initial) Tanya L. Hill		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 0 2 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-61-10-2
Name of Employer Novo Nordisk		Occupation Associate Brand 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 ▼ 220.00	<input type="text"/> 55.00

C.	Full Name (Last, First, Middle Initial) Frank J. Jacobs		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 0 2 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-68-10-2
Name of Employer Novo Nordisk		Occupation Associate Vice President - Diabetes Sa	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 55.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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: PAGE 9 / 14
(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) Jesper K. Jensen		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Novo Nordisk		Occupation Regional Business Director	Transaction ID: 20090302-69-10-2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Joseph F. Kelly		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Novo Nordisk		Occupation Regional Business Director	Transaction ID: 20090302-74-10-2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Michael L. Mawby		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Novo Nordisk		Occupation Executive Director - Government Affair	Transaction ID: 20090302-82-10-2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<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: PAGE 10 / 14
(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)
Jeff S. Maxwell

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Regional Business Director

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

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 20090302-83-10-2

Amount of Each Receipt this Period
55.00

B.

Full Name (Last, First, Middle Initial)
Stephen B. McGill

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Director - Government Affair

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

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 20090302-86-10-2

Amount of Each Receipt this Period
55.00

C.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

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

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

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Transaction ID: 20090302-91-10-2

Amount of Each Receipt this Period
55.00

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 14
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Government Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 20090302-98-10-2

Amount of Each Receipt this Period

55.00

B.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Growth Hormone Therapy Manager

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

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 20090302-99-10-2

Amount of Each Receipt this Period

55.00

C.

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

Mailing Address 100 College Rd. W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Account Executive II

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

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: 20090302-102-10-2

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 14
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	<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)
C. Reed Scott

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Mailing Address 100 College Rd. W

Transaction ID: 20090302-108-10-2

City Princeton State NJ Zip Code 08540-6658

Amount of Each Receipt this Period
55.00

FEC ID number of contributing federal political committee. C

Name of Employer: Novo Nordisk Occupation: Government Account Executive II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

B.

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2009

Mailing Address 100 College Rd. W

Transaction ID: 20090219-111-12-25

City Princeton State NJ Zip Code 08540-6658

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee. C

Name of Employer: Novo Nordisk Occupation: Vice President - Legal/Government & Qu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

C.

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

Date of Receipt
MM / DD / YYYY
02 / 20 / 2009

Mailing Address 100 College Rd. W

Transaction ID: 20090302-111-10-2

City Princeton State NJ Zip Code 08540-6658

Amount of Each Receipt this Period
75.00

FEC ID number of contributing federal political committee. C

Name of Employer: Novo Nordisk Occupation: Vice President - Legal/Government & Qu

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional) ► 205.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 14
	<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) Karen D. Smith		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-112-10-2
	Amount of Each Receipt this Period		<input type="text" value="55.00"/>
Name of Employer Novo Nordisk		Occupation Biopharmaceuticals Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

B.	Full Name (Last, First, Middle Initial) Bartholomew J. Tortella		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-123-10-2
	Amount of Each Receipt this Period		<input type="text" value="55.00"/>
Name of Employer Novo Nordisk		Occupation Sr Director - Clinical Research	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

C.	Full Name (Last, First, Middle Initial) Edward L. Williams		Date of Receipt
	Mailing Address 100 College Rd. W		<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090302-129-10-2
	Amount of Each Receipt this Period		<input type="text" value="55.00"/>
Name of Employer Novo Nordisk		Occupation Vice President - Biopharmaceuticals	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="165.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1360.00"/>

Image# 29991779713

Form/Schedule: **F3X**

Transaction ID:
