

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		12335.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	21922.93									
(c) Total Receipts (from Line 19)	6666.00	51455.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28588.93	63790.01								
7. Total Disbursements (from Line 31)	8400.24	43601.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20188.69	20188.69								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Novo Nordisk PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	5955.00	27295.00
(ii) Unitemized	711.00	24160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6666.00	51455.00
(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)	6666.00	51455.00
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))	6666.00	51455.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6666.00	51455.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	32.94	234.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	32.94	234.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8367.30	43367.30
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))..	8400.24	43601.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8400.24	43601.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	6666.00	51455.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6666.00	51455.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32.94	234.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32.94	234.02

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 74
(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) Andrew R. Ajello</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Vice President - Diabetes Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2010</p> <p>Transaction ID: 20100712-2-15-5</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Andrew R. Ajello</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Vice President - Diabetes Sales</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2010</p> <p>Transaction ID: 20100726-2-16-5</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Vincent L. Ambrosine</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Growth Hormone Therapy Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 07 / 09 / 2010</p> <p>Transaction ID: 20100712-3-15-5</p> <p>Amount of Each Receipt this Period 30.00</p>
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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 / 74
	<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
	Mailing Address 100 College Rd W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 23 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-3-16-5
Name of Employer Novo Nordisk		Occupation 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 ▼ 450.00	<input type="text"/> 30.00

B.	Full Name (Last, First, Middle Initial) Robert K. Anderson		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 07 / 09 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-4-15-5
Name of Employer Novo Nordisk		Occupation Senior Regional Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Robert K. Anderson		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 07 / 23 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-4-16-5
Name of Employer Novo Nordisk		Occupation Senior Regional Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 20.00

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 9 / 74
	<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) Frank Armenante		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-5-15-5
Name of Employer Novo Nordisk		Occupation Senior Manager - Incentive Compensation	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="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Frank Armenante		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-5-16-5
Name of Employer Novo Nordisk		Occupation Senior Manager - Incentive Compensation	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="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) James M. Austin		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-6-15-5
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 ▼ <input type="text" value="300.00"/>	<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: (check only one)	PAGE 10 / 74
	<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) James M. Austin		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-6-16-5
	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 ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-8-15-5
	Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>

C.	Full Name (Last, First, Middle Initial) Chester M. Barszcz		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-8-16-5
	Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.00"/>
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 11 / 74
(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		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-9-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Regional Clinical Trial Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Kristen C. Beck		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-9-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Regional Clinical Trial Lead	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Daye M. Bexley		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-12-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Strategic Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 12 / 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial)
Daye M. Bexley

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Strategic Account Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-12-16-5

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Chief Compliance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-14-15-5

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Chief Compliance Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-14-16-5

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 13 / 74
	<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) Terry P. Bloecher		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-15-15-5
Name of Employer Novo Nordisk		Occupation Executive Growth Hormone Therapy Manag	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="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Terry P. Bloecher		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-15-16-5
Name of Employer Novo Nordisk		Occupation Executive Growth Hormone Therapy Manag	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="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Thomas H. Boyer		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-17-15-5
Name of Employer Novo Nordisk		Occupation Associate Director - Government Affair	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	<input type="text" value="40.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.00"/>
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 14 / 74
	<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) Thomas H. Boyer		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-17-16-5
Name of Employer Novo Nordisk		Occupation Associate Director - Government Affairs	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="600.00"/>	<input type="text" value="40.00"/>

B.	Full Name (Last, First, Middle Initial) Diane C. Boynton		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-18-15-5
Name of Employer Novo Nordisk		Occupation Account Executive I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Diane C. Boynton		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-18-16-5
Name of Employer Novo Nordisk		Occupation Account Executive I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="80.00"/>
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 15 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) William P. Breitenbach	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-19-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Associate Vice President - Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) William P. Breitenbach	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-19-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Associate Vice President - Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Francis X. Brown	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-20-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Novo Nordisk	Occupation Senior Director - Business Process Cha	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

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 16 / 74
	<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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-20-16-5

Amount of Each Receipt this Period
55.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-22-15-5

Amount of Each Receipt this Period
30.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-22-16-5

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 74
	<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 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-23-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Manager - Changing Diabetes and Public Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

B.	Full Name (Last, First, Middle Initial) Erin L. Byrne	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-23-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Manager - Changing Diabetes and Public Health Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

C.	Full Name (Last, First, Middle Initial) Anne P. Cannon	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-24-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison - Regional Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

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 18 / 74
	<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) Anne P. Cannon		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 20100726-24-16-5
	Name of Employer Novo Nordisk		Occupation Senior Medical Liaison - Regional
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Scott P. Cassidy		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 20100712-26-15-5
	Name of Employer Novo Nordisk		Occupation Manager - Information Technology Secur
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Scott P. Cassidy		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 20100726-26-16-5
	Name of Employer Novo Nordisk		Occupation Manager - Information Technology Secur
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <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 19 / 74
(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Strategic Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-27-15-5

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Strategic Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-27-16-5

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Sean P. Clements

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 - Media Relations &

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-28-15-5

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 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

<p>A. Full Name (Last, First, Middle Initial) Sean P. Clements</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Associate Director - Media Relations &</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: 20100726-28-16-5</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>20.00</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	3	/	2	0	1	0	20.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	3	/	2	0	1	0													
20.00																						

<p>B. Full Name (Last, First, Middle Initial) Jane R. Conlon-Werner</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Director - Quality Assurance</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 825.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td>/</td><td>0</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: 20100712-29-15-5</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>55.00</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	0	9	/	2	0	1	0	55.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	0	9	/	2	0	1	0													
55.00																						

<p>C. Full Name (Last, First, Middle Initial) Jane R. Conlon-Werner</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Director - Quality Assurance</p> <p>Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 825.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>7</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p>Transaction ID: 20100726-29-16-5</p> <p>Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>55.00</td></tr> </table></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	3	/	2	0	1	0	55.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	7	/	2	3	/	2	0	1	0													
55.00																						

SUBTOTAL of Receipts This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 74
	<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 Conner		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W		Transaction ID: 20100712-30-15-5
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Novo Nordisk	Occupation Associate Director - Field Heath Econo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Christopher Conner		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W		Transaction ID: 20100726-30-16-5
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
	Name of Employer Novo Nordisk	Occupation Associate Director - Field Heath Econo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Henry W. Cortina		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W		Transaction ID: 20100712-31-15-5
	City Princeton	State NJ	Zip Code 08540-6658
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
	Name of Employer Novo Nordisk	Occupation Associate Vice President - Information	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

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 22 / 74
	(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) Henry W. Cortina		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	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 Associate Vice President - Information	Transaction ID: 20100726-31-16-5
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="450.00"/>	<input type="text" value="30.00"/>

B.	Full Name (Last, First, Middle Initial) John E. Davis		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	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 District Business Manager I	Transaction ID: 20100712-35-15-5
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="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) John E. Davis		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	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 District Business Manager I	Transaction ID: 20100726-35-16-5
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="300.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 23 / 74
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

<p>A. Full Name (Last, First, Middle Initial) Basil Denno</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Associate Vice President - Diabetes Sa</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 09 / 2010</p> <p>Transaction ID: 20100712-36-15-5</p> <p>Amount of Each Receipt this Period 20.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Basil Denno</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Associate Vice President - Diabetes Sa</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 23 / 2010</p> <p>Transaction ID: 20100726-36-16-5</p> <p>Amount of Each Receipt this Period 20.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Kim B. Elston</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Regional Account Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 09 / 2010</p> <p>Transaction ID: 20100712-40-15-5</p> <p>Amount of Each Receipt this Period 20.00</p>
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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 24 / 74
	(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) Kim B. Elston		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-40-16-5
Name of Employer Novo Nordisk		Occupation Senior Regional Account Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Joann A. Fawaz		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-41-15-5
Name of Employer Novo Nordisk		Occupation 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" value="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Joann A. Fawaz		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-41-16-5
Name of Employer Novo Nordisk		Occupation 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" value="300.00"/>	<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: (check only one)	PAGE 25 / 74
	<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) Philip F. Fornecker		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100712-43-15-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Vice President - Strategic Business Op			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Philip F. Fornecker		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100726-43-16-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Vice President - Strategic Business Op			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Jeffrey A. Frazier		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100712-47-15-5		
	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 Vice President - Human Resources			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00			

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 26 / 74
	<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) Jeffrey A. Frazier		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 07 / 23 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-47-16-5
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 ▼ 825.00	<input type="text"/> 55.00

B.	Full Name (Last, First, Middle Initial) Seth C. Freund		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 07 / 09 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-48-15-5
Name of Employer Novo Nordisk		Occupation Director - Business Relationship	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 ▼ 300.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Seth C. Freund		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 07 / 23 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-48-16-5
Name of Employer Novo Nordisk		Occupation Director - Business Relationship	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 ▼ 300.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 95.00
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 27 / 74
(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) Bryan J. Gallagher	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-50-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Medical Science Director - Endocrinolo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Bryan J. Gallagher	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-50-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Medical Science Director - Endocrinolo	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Robert D. Gawlikowski	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-51-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk District Business Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 28 / 74
(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) Robert D. Gawlikowski</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. 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 ▼ 300.00</p>	<p>Date of Receipt 07 / 23 / 2010</p> <p>Transaction ID: 20100726-51-16-5</p> <p>Amount of Each Receipt this Period 20.00</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Karin B. Gillespie</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Manager - National Changing Dia</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 09 / 2010</p> <p>Transaction ID: 20100712-52-15-5</p> <p>Amount of Each Receipt this Period 20.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Karin B. Gillespie</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Novo Nordisk Senior Manager - National Changing Dia</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 23 / 2010</p> <p>Transaction ID: 20100726-52-16-5</p> <p>Amount of Each Receipt this Period 20.00</p>
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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 29 / 74
	<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		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-53-15-5
Name of Employer Novo Nordisk		Occupation Endocrinology District Business Manage	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Stephen W. Gilligan		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-53-16-5
Name of Employer Novo Nordisk		Occupation Endocrinology District Business Manage	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Joanne M. Golankiewicz		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-55-15-5
Name of Employer Novo Nordisk		Occupation Senior Director - Marketing Effectiven	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="825.00"/>	<input type="text" value="55.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="95.00"/>
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 30 / 74

(check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Director - Marketing Effectiven

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-55-16-5

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)
Reza Green

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-56-15-5

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Reza Green

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-56-16-5

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 31 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Gary W. Grote		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-58-15-5
Name of Employer Novo Nordisk		Occupation Senior Director - Managed Care & Govern	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="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Gary W. Grote		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-58-16-5
Name of Employer Novo Nordisk		Occupation Senior Director - Managed Care & Govern	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="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Sharon J. Haggerty		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-59-15-5
Name of Employer Novo Nordisk		Occupation Senior Director - Customer Channel Mar	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="300.00"/>	<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 32 / 74
(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)
Sharon J. Haggerty

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Director - Customer Channel Mar

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-59-16-5

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Samantha D. Hall

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-60-15-5

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Samantha D. Hall

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-60-16-5

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 74
(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)
Edward F. Hanover
Mailing Address 100 College Rd W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Corporate Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00
Date of Receipt 07 / 09 / 2010
Transaction ID: 20100712-61-15-5
Amount of Each Receipt this Period 55.00

B. Full Name (Last, First, Middle Initial)
Edward F. Hanover
Mailing Address 100 College Rd W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Corporate Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00
Date of Receipt 07 / 23 / 2010
Transaction ID: 20100726-61-16-5
Amount of Each Receipt this Period 55.00

C. Full Name (Last, First, Middle Initial)
Kristin L. Hanson
Mailing Address 100 College Rd W
City Princeton State NJ Zip Code 08540-6658
FEC ID number of contributing federal political committee. **C**
Name of Employer Novo Nordisk Occupation Senior Medical Scientific Director - M
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00
Date of Receipt 07 / 09 / 2010
Transaction ID: 20100712-62-15-5
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 34 / 74
	<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) Kristin L. Hanson	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-62-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Medical Scientific Director - M	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

B.	Full Name (Last, First, Middle Initial) John W. Hart	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-63-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk District Business Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) John W. Hart	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-63-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk District Business Manager II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

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 35 / 74
(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)
William R. Healey

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 - Grants & Philanthropy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-64-15-5

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
William R. Healey

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 - Grants & Philanthropy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-64-16-5

Amount of Each Receipt this Period
20.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-65-15-5

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 36 / 74
	<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) Miguel A. Hechavarria		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	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 District Business Manager II	Transaction ID: 20100726-65-16-5
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="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Matthew J. Hill		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	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 Senior Attorney	Transaction ID: 20100712-66-15-5
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="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Matthew J. Hill		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	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 Senior Attorney	Transaction ID: 20100726-66-16-5
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="300.00"/>	<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 37 / 74
(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)
Tanya L. Hill
 Mailing Address 100 College Rd W
 City State Zip Code
 Princeton NJ 08540-6658
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2010
Transaction ID: 20100712-67-15-5
 Amount of Each Receipt this Period
 55.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Novo Nordisk Brand Director - NovoSeven
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00

B. Full Name (Last, First, Middle Initial)
Tanya L. Hill
 Mailing Address 100 College Rd W
 City State Zip Code
 Princeton NJ 08540-6658
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 23 / 2010
Transaction ID: 20100726-67-16-5
 Amount of Each Receipt this Period
 55.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Novo Nordisk Brand Director - NovoSeven
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 825.00

C. Full Name (Last, First, Middle Initial)
Julia L. Hoff
 Mailing Address 100 College Rd W
 City State Zip Code
 Princeton NJ 08540-6658
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 09 / 2010
Transaction ID: 20100712-69-15-5
 Amount of Each Receipt this Period
 30.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Novo Nordisk Government Account Executive II
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

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 38 / 74
	<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) Julia L. Hoff		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100726-69-16-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Government Account Executive II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

B.	Full Name (Last, First, Middle Initial) Walter J. Hunter		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100712-71-15-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Executive Director - Medical Scientifi			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

C.	Full Name (Last, First, Middle Initial) Walter J. Hunter		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100726-71-16-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Executive Director - Medical Scientifi			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

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 39 / 74
(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)
Elizabeth G. Ingram

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Vice President - Managed Mar

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-73-15-5

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Elizabeth G. Ingram

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Vice President - Managed Mar

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-73-16-5

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Frank J. Jacobs

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-74-15-5

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: (check only one)	PAGE 40 / 74
	<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 J. Jacobs	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-74-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Vice President - Diabetes Sa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

B.	Full Name (Last, First, Middle Initial) J. P. Jones	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-76-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Director - Sales Force Liraglutide	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) J. P. Jones	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-76-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Director - Sales Force Liraglutide	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	155.00
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 / 74
	<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) Doxie A. Jordan	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-77-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Associate Vice President - Diabetes Sa Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Doxie A. Jordan	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-77-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Associate Vice President - Diabetes Sa Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) James A. Kalmes	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-78-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Novo Nordisk Occupation: Director - Customer Channel Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

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 42 / 74
	<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
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-78-16-5
Name of Employer Novo Nordisk		Occupation Director - Customer Channel Marketing	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="375.00"/>	<input type="text" value="25.00"/>

B.	Full Name (Last, First, Middle Initial) Joseph F. Kelly		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-79-15-5
Name of Employer Novo Nordisk		Occupation Regional Business Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="825.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Joseph F. Kelly		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-79-16-5
Name of Employer Novo Nordisk		Occupation Regional Business Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="825.00"/>	<input type="text" value="55.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="135.00"/>
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 43 / 74
	<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) Donald A. Kempin		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100712-80-15-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation District Business Manager II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Donald A. Kempin		Date of Receipt MM / DD / YYYY 07 / 23 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100726-80-16-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation District Business Manager II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Carol L. Krause		Date of Receipt MM / DD / YYYY 07 / 09 / 2010		
	Mailing Address 100 College Rd W		Transaction ID: 20100712-82-15-5		
	City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Novo Nordisk	Occupation Senior Medical Liaison - Regional			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

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 44 / 74
(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)
Carol L. Krause

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Medical Liaison - Regional

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-82-16-5

Amount of Each Receipt this Period

30.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-83-15-5

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-83-16-5

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 45 / 74
(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) Charles J. Maerzke		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-86-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Account Executive - Kaiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Charles J. Maerzke		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-86-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Account Executive - Kaiser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Michael L. Mawby		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-88-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Vice President - Government	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

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 46 / 74
(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) Michael L. Mawby		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-88-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Associate Vice President - Government	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

B.

Full Name (Last, First, Middle Initial) Jeff S. Maxwell		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-89-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Regional Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

C.

Full Name (Last, First, Middle Initial) Jeff S. Maxwell		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-89-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Regional Business Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

SUBTOTAL of Receipts This Page (optional)	▶	165.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 74

(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

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) ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-92-15-5

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) ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-92-16-5

Amount of Each Receipt this Period

55.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Director - Government Affair

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-93-15-5

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 48 / 74

(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 N. McGowen

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Associate Director - Government Affairs

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-93-16-5

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)
Heather L. Millage

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Brand Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-94-15-5

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Heather L. Millage

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Brand Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-94-16-5

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 74
(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 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-95-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Health Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Joseph Miller		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-95-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Health Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Bridget M. Molloy		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-97-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Senior Regional Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

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 50 / 74
	<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) Bridget M. Molloy		Date of Receipt		
	Mailing Address 100 College Rd W		M M / D D / Y Y Y Y 07 / 23 / 2010		
	City Princeton	State NJ	Zip Code 08540-6658	Transaction ID: 20100726-97-16-5	
	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 ▼ 825.00			

B.	Full Name (Last, First, Middle Initial) Alan C. Moses		Date of Receipt		
	Mailing Address 100 College Rd W		M M / D D / Y Y Y Y 07 / 09 / 2010		
	City Princeton	State NJ	Zip Code 08540-6658	Transaction ID: 20100712-100-15-5	
	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 - Global Chief Medical			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00			

C.	Full Name (Last, First, Middle Initial) Alan C. Moses		Date of Receipt		
	Mailing Address 100 College Rd W		M M / D D / Y Y Y Y 07 / 23 / 2010		
	City Princeton	State NJ	Zip Code 08540-6658	Transaction ID: 20100726-100-16-5	
	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 - Global Chief Medical			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00			

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 51 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.	Full Name (Last, First, Middle Initial) Elizabeth A. Moses		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		Transaction ID: 20100712-99-15-5
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="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Elizabeth A. Moses		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		Transaction ID: 20100726-99-16-5
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="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Catherine A. Mullooly		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee.		Transaction ID: 20100712-101-15-5
Name of Employer Novo Nordisk		Occupation Medical Science Liaison Regional	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="300.00"/>	<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 52 / 74
(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)
Catherine A. Mullooly

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Medical Science Liaison Regional

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-101-16-5

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Stephen D. Noyes

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 - Managed Car

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-103-15-5

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Stephen D. Noyes

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 - Managed Car

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-103-16-5

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 53 / 74
(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)
Curtis G. Oltmans

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 - Deputy Gene

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-104-15-5

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Curtis G. Oltmans

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 - Deputy Gene

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-104-16-5

Amount of Each Receipt this Period
30.00

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk District Business Manager I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-107-15-5

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 74
(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)
Dylan M. Pensabene
 Mailing Address 100 College Rd W
 City State Zip Code
 Princeton NJ 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Novo Nordisk District Business Manager I
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2010
Transaction ID: 20100726-107-16-5
 Amount of Each Receipt this Period
 20.00

B. Full Name (Last, First, Middle Initial)
Gretchen S. Peters
 Mailing Address 100 College Rd W
 City State Zip Code
 Princeton NJ 08540-6658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Novo Nordisk Account Executive II
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 09 / 2010
Transaction ID: 20100712-108-15-5
 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 08540-6658
 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) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 23 / 2010
Transaction ID: 20100726-108-16-5
 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 55 / 74

(check only one)

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

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

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Biopharmaceuticals Regional Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-109-15-5

Amount of Each Receipt this Period

20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Biopharmaceuticals Regional Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-109-16-5

Amount of Each Receipt this Period

20.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Government Affairs

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 825.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-110-15-5

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 56 / 74
(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)
Christopher M. Porter

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-110-16-5

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-112-15-5

Amount of Each Receipt this Period
55.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Growth Hormone Therapy Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-112-16-5

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 57 / 74
(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) Patrick M. Quinn		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-113-15-5
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Senior Director - Trade	Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Patrick M. Quinn		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-113-16-5
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Senior Director - Trade	Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Erin J. Reily		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-114-15-5
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Novo Nordisk	Occupation Associate Brand Director - Norditropin	Aggregate Year-to-Date ▼ 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 74
	<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) Erin J. Reily	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-114-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Associate Brand Director - Norditropin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Linda S. Reyle	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-116-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - Customer Channel Mark	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

C.	Full Name (Last, First, Middle Initial) Linda S. Reyle	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-116-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - Customer Channel Mark	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 825.00	

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 59 / 74
(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) Laura L. Riedy		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-117-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior District Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Laura L. Riedy		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-117-16-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior District Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Kevin Ryan		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-118-15-5
City Princeton	State NJ	Zip Code 08540-6658
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Novo Nordisk	Occupation Senior Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 60 / 74

(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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Attorney

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-118-16-5

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Contract Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 580.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-119-15-5

Amount of Each Receipt this Period
55.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Director - Contract Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 580.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-119-16-5

Amount of Each Receipt this Period
55.00

SUBTOTAL of Receipts This Page (optional) ▶

130.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 74
(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) C. Reed Scott		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-120-15-5
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Government Account Executive II	Aggregate Year-to-Date ▼ 825.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) C. Reed Scott		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100726-120-16-5
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation Government Account Executive II	Aggregate Year-to-Date ▼ 825.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Lauren E. Semeniuk		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 100 College Rd W		Transaction ID: 20100712-121-15-5
City Princeton	State Zip Code NJ 08540-6658	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Novo Nordisk	Occupation Senior Manager - Government Affairs	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	150.00
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 / 74
	(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) Lauren E. Semeniuk	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-121-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Senior Manager - Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) James Shehan	Date of Receipt MM / DD / YYYY 07 / 09 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100712-122-15-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Legal/Patents/Governm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

C.	Full Name (Last, First, Middle Initial) James Shehan	Date of Receipt MM / DD / YYYY 07 / 23 / 2010
	Mailing Address 100 College Rd W	Transaction ID: 20100726-122-16-5
	City State Zip Code Princeton NJ 08540-6658	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Novo Nordisk Vice President - Legal/Patents/Governm	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

SUBTOTAL of Receipts This Page (optional)	190.00
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 / 74
(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)
Jonathan W. Snow

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Manager - Liraglutide Launch &

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-124-15-5

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Jonathan W. Snow

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Manager - Liraglutide Launch &

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-124-16-5

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Lisa G. Suttner

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 - Regulatory Product Developm

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-126-15-5

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 64 / 74
	<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) Lisa G. Suttner		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-126-16-5
Name of Employer Novo Nordisk		Occupation Director - Regulatory Product 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="300.00"/>	<input type="text" value="20.00"/>

B.	Full Name (Last, First, Middle Initial) Robert A. Toepfer		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-129-15-5
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" value="300.00"/>	<input type="text" value="20.00"/>

C.	Full Name (Last, First, Middle Initial) Robert A. Toepfer		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-129-16-5
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" value="300.00"/>	<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: (check only one)	PAGE 65 / 74
	<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) Bartholomew J. Tortella		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-130-15-5
Name of Employer Novo Nordisk		Occupation Senior Director - Clinical Research	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="825.00"/>	<input type="text" value="55.00"/>

B.	Full Name (Last, First, Middle Initial) Bartholomew J. Tortella		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-130-16-5
Name of Employer Novo Nordisk		Occupation Senior Director - Clinical Research	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="825.00"/>	<input type="text" value="55.00"/>

C.	Full Name (Last, First, Middle Initial) Michael Vargas		Date of Receipt
	Mailing Address 100 College Rd W		<input type="text" value="07"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-131-15-5
Name of Employer Novo Nordisk		Occupation Manager - Application 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="300.00"/>	<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: (check only one)	PAGE 66 / 74
	<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) Michael Vargas		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 07 / 23 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-131-16-5
Name of Employer Novo Nordisk		Occupation Manager - Application 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 ▼ 300.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Dana G. Vaughns		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 07 / 09 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100712-132-15-5
Name of Employer Novo Nordisk		Occupation Endocrinology District Business Manage	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Dana G. Vaughns		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 07 / 23 / 2010
	City	State	Zip Code
	Princeton	NJ	08540-6658
	FEC ID number of contributing federal political committee. C		Transaction ID: 20100726-132-16-5
Name of Employer Novo Nordisk		Occupation Endocrinology District Business Manage	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<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 67 / 74
(check only one)

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

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

NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

<p>A. Full Name (Last, First, Middle Initial) Deena M. Ward</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Novo Nordisk Occupation: Associate Director - Business Support</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt 07 / 09 / 2010</p> <p>Transaction ID: 20100712-134-15-5</p> <p>Amount of Each Receipt this Period 30.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Deena M. Ward</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Novo Nordisk Occupation: Associate Director - Business Support</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt 07 / 23 / 2010</p> <p>Transaction ID: 20100726-134-16-5</p> <p>Amount of Each Receipt this Period 30.00</p>
--	---

<p>C. Full Name (Last, First, Middle Initial) Chung-Sing W. Weng</p> <p>Mailing Address 100 College Rd W</p> <p>City State Zip Code Princeton NJ 08540-6658</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Novo Nordisk Occupation: Senior Director - Biostatistics</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt 07 / 23 / 2010</p> <p>Transaction ID: 20100726-135-16-5</p> <p>Amount of Each Receipt this Period 55.00</p>
---	---

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 68 / 74
(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)
Ellene S. Whitmore

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Executive Biopharmaceutical Sales Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-136-15-5

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Executive Biopharmaceutical Sales Mana

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2010

Transaction ID: 20100726-136-16-5

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Intellectual Property Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2010

Transaction ID: 20100712-137-15-5

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 69 / 74
(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)
Rosemarie R. Wilk-Orescan

Mailing Address 100 College Rd W

City State Zip Code
Princeton NJ 08540-6658

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

Name of Employer Occupation
Novo Nordisk Senior Intellectual Property Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-137-16-5

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Edward L. Williams

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 - Biopharmaceuticals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 09 / 2010

Transaction ID: 20100712-138-15-5

Amount of Each Receipt this Period
55.00

C.

Full Name (Last, First, Middle Initial)
Edward L. Williams

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 - Biopharmaceuticals

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 23 / 2010

Transaction ID: 20100726-138-16-5

Amount of Each Receipt this Period
55.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 70 / 74	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

A.

Full Name (Last, First, Middle Initial) Bill S. Young		Date of Receipt MM / DD / YYYY 07 / 09 / 2010	
Mailing Address 100 College Rd W		Transaction ID: 20100712-139-15-5	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Novo Nordisk	Occupation Account Executive II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B.

Full Name (Last, First, Middle Initial) Bill S. Young		Date of Receipt MM / DD / YYYY 07 / 23 / 2010	
Mailing Address 100 College Rd W		Transaction ID: 20100726-139-16-5	
City Princeton	State NJ	Zip Code 08540-6658	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Novo Nordisk	Occupation Account Executive II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	5955.00

**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)

PAGE 71 / 74

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

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) Wachovia			Transaction ID: 46E477D6DEB1AAB3CA2		
	Mailing Address 444 N Capitol Street NW			Date of Disbursement 07 / 12 / 2010		
	City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 32.94		
	Purpose of Disbursement Bank Fee Jun 10		001			
	Candidate Name		Category/ Type			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
	State:	District:				

SUBTOTAL of Disbursements This Page (optional)

32.94

TOTAL This Period (last page this line number only)

32.94

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 72 / 74

<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) Castle Campaign Fund</p> <p>Mailing Address PO Box 133</p> <p>City Wilmington State DE Zip Code 19899</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael N. Castle</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8CAE611118062D961DE</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc</p> <p>Mailing Address PO Box 549 PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charlie Melancon</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0401CE8385548C02B2B</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Davis for Congress/Friends of Davis</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Danny K. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D15F5228F4200D5EF4F</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Novo Nordisk PAC

<p>A. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement 2012 Primary</p> <p>Candidate Name Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90D33DFB771B363DAC4</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C0A655EEB6EFD891BD5</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Leahy for U.S. Senator Committee</p> <p>Mailing Address PO Box 1042</p> <p>City Montpelier State VT Zip Code 05601</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Patrick Leahy</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9C286B73327FB6E09D0</p> <p>Date of Disbursement 07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 74 / 74

<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) Novo Nordisk Inc <hr/> Mailing Address 100 College Road West <hr/> City Princeton State NJ Zip Code 08540 <hr/> Purpose of Disbursement In-Kind Contribution Wyden G10 Candidate Name Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VE95522C01180B2A36A6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 367.30
	Category/ Type 011
	In-Kind
B. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee <hr/> Mailing Address PO Box 1007 <hr/> City Willows State CA Zip Code 95988 <hr/> Purpose of Disbursement 2010 General Candidate Name Walter Herger, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9DC6843CCEE69E4662F Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	In-Kind

SUBTOTAL of Disbursements This Page (optional) ►

1367.30

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

8367.30