



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="77172.61"/>	<input type="text" value="77172.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46575.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25598.00"/>	<input type="text" value="320462.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="72173.35"/>	<input type="text" value="397635.11"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="327961.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69673.35"/>	<input type="text" value="69673.35"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Report Covering the Period: From:  /  /  To:  /  /

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).....	22771.00	210262.00
(ii) Unitemized .....	2827.00	110200.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25598.00	320462.50
(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) .....	25598.00	320462.50
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 Transfers (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))..... ▶	25598.00	320462.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25598.00	320462.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	4.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	4.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	327846.86
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	110.00
(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	110.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	2500.00	327961.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	327961.76

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	25598.00	320462.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	110.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25598.00	320352.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	4.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	4.90

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

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

FOR LINE NUMBER: PAGE 6 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Kathleen E. Aikens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1265.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-4-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Kathleen E. Aikens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1265.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-4-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Andrew R. Ajello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Vice President - Diabetes Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-5-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Andrew R. Ajello**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Vice President - Diabetes Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-5-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Gary D. Alling**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-8-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**c. Gary D. Alling**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-8-14-43**

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 9 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Robert K. Anderson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-11-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Strategic Account Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Rebecca A. Antonacci</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-13-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Diabetes Educator II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Rebecca A. Antonacci</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-13-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Diabetes Educator II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

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

FOR LINE NUMBER: PAGE 10 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Frank Armenante**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-16-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Frank Armenante**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-16-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Gabrielle S. Aroshas**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Institutional Diabetes Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-17-12-45**

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 11 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Gabrielle S. Aroshas**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Institutional Diabetes Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-17-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Nader G. Atway**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-19-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**c. Nader G. Atway**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-19-14-43**

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 12 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Gary L. Ault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Targeting & Align  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-20-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Gary L. Ault**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Targeting & Align  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-20-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. James M. Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-21-12-45**  
 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 14 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Debra A. Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-24-12-45**

Amount of Each Receipt this Period: **20.00**

**B. Debra A. Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-24-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Julie A. Baker**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Medical Liaison II - Institutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-26-12-45**

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 15 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Julie A. Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Medical Liaison II - Institutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-26-14-43**  
 Amount of Each Receipt this Period: **20.00**

**B. Kaysen Bala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison II - Managed Ma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-28-12-45**  
 Amount of Each Receipt this Period: **10.00**

**C. Kaysen Bala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison II - Managed Ma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-28-14-43**  
 Amount of Each Receipt this Period: **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **40.00**  
**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 16 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Christina J. Bannerman**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Field Sales Train

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-30-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Christina J. Bannerman**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Field Sales Train

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-30-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Gregory R. Barbero**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-31-12-45**

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 18 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Paul R. Barney**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Trade Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-34-12-45**

Amount of Each Receipt this Period: **200.00**

**B. Paul R. Barney**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Trade Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-34-14-43**

Amount of Each Receipt this Period: **200.00**

**C. Karolynn K. Barnhill**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Diabetes Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-35-12-45**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 19 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Karolynn K. Barnhill**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-35-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Chester M. Barszcz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Key Account Manager - Non-Feder

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-37-12-45**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Chester M. Barszcz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Key Account Manager - Non-Feder

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-37-14-43**

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 20 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Laurie A. Baumgart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-40-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Laurie A. Baumgart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-39-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Kristen C. Beck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Lead Clinical Research Associate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-44-12-45**  
 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 21 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Kristen C. Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Lead Clinical Research Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-43-14-43**

Amount of Each Receipt this Period: **20.00**

**B. Daniel J. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-46-12-45**

Amount of Each Receipt this Period: **10.00**

**C. Daniel J. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-45-14-43**

Amount of Each Receipt this Period: **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **40.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Marisa R. Benavides**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Educator II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-48-12-45**  
 Amount of Each Receipt this Period: 30.00

**B. Marisa R. Benavides**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Educator II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-47-14-43**  
 Amount of Each Receipt this Period: 30.00

**C. Jennifer L. Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Talent Acquisition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-50-12-45**  
 Amount of Each Receipt this Period: 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jennifer L. Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Talent Acquisition  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-49-14-43**  
 Amount of Each Receipt this Period: 100.00  
 Aggregate Year-to-Date: 260.00

**B. Chad W. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-53-12-45**  
 Amount of Each Receipt this Period: 55.00  
 Aggregate Year-to-Date: 1430.00

**C. Chad W. Benson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-52-14-43**  
 Amount of Each Receipt this Period: 55.00  
 Aggregate Year-to-Date: 1430.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Mirella A. Berger</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-55-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 60.00
City Plainsboro	State NJ	Zip Code 08536-1606
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 ▼ 1560.00	

Full Name (Last, First, Middle Initial) <b>B. Mirella A. Berger</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-54-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 60.00
City Plainsboro	State NJ	Zip Code 08536-1606
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 ▼ 1560.00	

Full Name (Last, First, Middle Initial) <b>c. Mary P. Bergeron</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-56-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation VA/Teaching Institutional Diabetes Car	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 25 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mary P. Bergeron**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk VA/Teaching Institutional Diabetes Car

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-55-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Sonia I. Berrio**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Endonicrology Diabetes Care Spe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-57-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Sonia I. Berrio**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Endonicrology Diabetes Care Spe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-56-14-43**

Amount of Each Receipt this Period  
 20.00

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

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



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

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

FOR LINE NUMBER: PAGE 27 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Pauline R. Bevans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-59-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Daye M. Bexley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Strategic Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-61-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Daye M. Bexley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Strategic Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-60-14-43**  
 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 28 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Francis P. Bigley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Chief Compliance Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-63-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Francis P. Bigley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Chief Compliance Offi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-62-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Dawn M. Bina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive I - Regional - Bioph  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-64-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Dawn M. Bina**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Account Executive I - Regional - Bioph

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141223-63-14-43**

Amount of Each Receipt this Period  
**20.00**

**B. Joseph C. Blatz**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : 20141204-67-12-45**

Amount of Each Receipt this Period  
**10.00**

**c. Joseph C. Blatz**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : 20141223-66-14-43**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 30 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Terry P. Bloecher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive I - Regional - Bioph  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-68-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Terry P. Bloecher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive I - Regional - Bioph  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-67-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Paul D. Bonham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive II - Regional - Biop  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-73-12-45**  
 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 31 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Paul D. Bonham**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Account Executive II - Regional - Biop

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-72-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Rod Boone**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Education Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-74-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Rod Boone**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Education Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-73-14-43**

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 32 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Neal E. Bosche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-76-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Neal E. Bosche**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-75-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Kerri A. Botsonis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-77-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Kerri A. Botsonis</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141223-76-14-43</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Senior Institutional Diabetes Care Spe		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Jonathan R. Bouchard</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141204-78-12-45</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Senior Director - HEOR		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Jonathan R. Bouchard</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141223-77-14-43</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Senior Director - HEOR		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="260.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Thomas W. Bouchie**

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-79-12-45**

Amount of Each Receipt this Period: **30.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas W. Bouchie**

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-78-14-43**

Amount of Each Receipt this Period: **30.00**

Full Name (Last, First, Middle Initial)  
**C. Lori A. Boyd**

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **605.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-81-12-45**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 36 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Diane C. Boynton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Account Executive - Retail Acco  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-83-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Diane C. Boynton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Account Executive - Retail Acco  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-82-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Patricia A. Bradley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Diabetes Education Pr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-85-12-45**  
 Amount of Each Receipt this Period: 10.00

**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 38 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Stacey L. Brenna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Brand Director - Marketing S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-90-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Stacey L. Brenna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Brand Director - Marketing S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-89-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Raymond G. Brewer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Key Account Manager II - Non-Federal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-91-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Raymond G. Brewer</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-90-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Key Account Manager II - Non-Federal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. M. T. Brooks</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-94-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Sr Dir - Public Affairs Strategy and P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

Full Name (Last, First, Middle Initial) <b>C. M. T. Brooks</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-93-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Sr Dir - Public Affairs Strategy and P	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

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

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

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

FOR LINE NUMBER: PAGE 40 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Dana L. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-97-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Dana L. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-96-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Francis X. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Procurement Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-98-12-45**  
 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 41 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Procurement Operations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-97-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Michael H. Brown**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-99-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Michael H. Brown**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-98-14-43**

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 43 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Sue T. Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Key Account Manager II - Non-Federal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-100-14-43**

Amount of Each Receipt this Period: 55.00

**B. Tony J. Bryant**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional District Bus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-103-12-45**

Amount of Each Receipt this Period: 20.00

**C. Tony J. Bryant**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional District Bus

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-102-14-43**

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 44 OF 294
<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Brenton J. Burke</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-105-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Manager - Human Resources
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Brenton J. Burke</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-104-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Manager - Human Resources
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey L. Burt</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-107-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Director - Managed Markets
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey L. Burt</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-106-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Director - Managed Markets	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Pam Butler</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-108-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 10.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Diabetes Educator II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Pam Butler</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-107-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 10.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Diabetes Educator II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Erin L. Byrne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Manager - Public Affairs Strate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-109-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Erin L. Byrne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Manager - Public Affairs Strate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-108-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Anne P. Cannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-113-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Anne P. Cannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison I  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-112-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Nicholas Canzano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-114-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Nicholas Canzano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-113-14-43**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Herbert E. Capron**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional Diabetes Car

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-115-12-45**

Amount of Each Receipt this Period: **10.00**

**B. Herbert E. Capron**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional Diabetes Car

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-114-14-43**

Amount of Each Receipt this Period: **10.00**

**C. Edward R. Cardoza**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Account Executive - Retail Acco

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-116-12-45**

Amount of Each Receipt this Period: **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Edward R. Cardoza**

Mailing Address 800 Scudders Mill Rd

City Plainsboro	State NJ	Zip Code 08536-1606
--------------------	-------------	------------------------

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

Name of Employer Novo Nordisk	Occupation Senior Account Executive - Retail Acco
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-115-14-43**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Adam H. Carson**

Mailing Address 800 Scudders Mill Rd

City Plainsboro	State NJ	Zip Code 08536-1606
--------------------	-------------	------------------------

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

Name of Employer Novo Nordisk	Occupation District Business Manager I
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-119-12-45**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Adam H. Carson**

Mailing Address 800 Scudders Mill Rd

City Plainsboro	State NJ	Zip Code 08536-1606
--------------------	-------------	------------------------

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

Name of Employer Novo Nordisk	Occupation District Business Manager I
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-118-14-43**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Rodolfo S. Casas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-121-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Endonicrology Diabetes Care Spe
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Rodolfo S. Casas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-120-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Endonicrology Diabetes Care Spe
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Scott P. Cassidy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-124-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 25.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Associate Director - IT Security
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	65.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Associate Director - IT Security

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-123-14-43**

Amount of Each Receipt this Period: **25.00**

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Director - Strategic Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-126-12-45**

Amount of Each Receipt this Period: **30.00**

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Director - Strategic Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-125-14-43**

Amount of Each Receipt this Period: **30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-133-12-45**

Amount of Each Receipt this Period: **20.00**

**B. Robert A. Cipolla**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-132-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Rosemary S. Cobb**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-136-12-45**

Amount of Each Receipt this Period: **10.00**

**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 54 OF 294  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. James F. Coffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional Diabetes Car  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-138-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. James F. Coffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional Diabetes Car  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-137-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Arthur C. Connell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-142-12-45**  
 Amount of Each Receipt this Period: 10.00

**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 55 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Arthur C. Connell**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Business Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-141-14-43**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Kristina A. Cooper**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Endocrinology District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-144-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Kristina A. Cooper**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Endocrinology District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-143-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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

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

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mary H. Cooper**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Account Executive II - Retail Accounts  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-145-12-45**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Mary H. Cooper**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Account Executive II - Retail Accounts  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-144-14-43**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**c. Chanda L. Copple**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Educator II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-146-12-45**  
 Amount of Each Receipt this Period  
 30.00

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

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

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

FOR LINE NUMBER: PAGE 57 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Chanda L. Copple**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-145-14-43**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Information Technolog

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-150-12-45**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Information Technolog

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-149-14-43**

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

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

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Hector V. Cruz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk District Business Manager I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-161-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Hector V. Cruz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk District Business Manager I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-160-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**c. Molly M. Curtis**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-163-12-45**

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 59 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Molly M. Curtis**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-162-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Coleen A. Czyzewski**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Account Executive II - Regional - Biop

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-165-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Coleen A. Czyzewski**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Account Executive II - Regional - Biop

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-164-14-43**

Amount of Each Receipt this Period  
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 60 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Shane E. Daniels**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-168-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Shane E. Daniels**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-167-14-43**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Kevin B. Danielson**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-169-12-45**

Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Kevin B. Danielson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 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 ▼  
 715.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-168-14-43**  
 Amount of Each Receipt this Period  
 55.00

**B. Todd J. Davey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Director - Managed Markets  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-170-12-45**  
 Amount of Each Receipt this Period  
 20.00

**C. Todd J. Davey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Director - Managed Markets  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-169-14-43**  
 Amount of Each Receipt this Period  
 20.00

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

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

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

FOR LINE NUMBER: PAGE 62 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jonathan T. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-171-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Jonathan T. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-171-14-43**  
 Amount of Each Receipt this Period: 20.00

**c. Chad D. Delpont**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-176-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 294  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Chad D. Delpont**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 20141223-176-14-43**

Amount of Each Receipt this Period  
 200.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Diabetes Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 20141204-178-12-45**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Diabetes Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 20141223-178-14-43**

Amount of Each Receipt this Period  
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 64 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Gloria K. DePietro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Clinical Research Associate - F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-180-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Gloria K. DePietro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Clinical Research Associate - F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-180-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Suzanne K. DeVito**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Growth Hormone Therapy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-182-12-45**  
 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 65 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Suzanne K. DeVito**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-182-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Lori A. Diez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-184-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Lori A. Diez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-184-14-43**

Amount of Each Receipt this Period  
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 66 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mallory A. Dowden**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Associate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-193-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Mallory A. Dowden**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Associate

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-193-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Bradley H. Drake**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-194-12-45**

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 67 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Bradley H. Drake**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-194-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Michael C. Drew**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Director - Compensation & HR Sy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-195-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Michael C. Drew**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Director - Compensation & HR Sy

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-195-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 68 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Alan W. Dunbar</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-200-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Alan W. Dunbar</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-200-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Gary W. Duvall</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-201-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
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 ▼ 690.00	

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

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

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

FOR LINE NUMBER: PAGE 69 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Gary W. Duvall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-201-14-43**  
 Amount of Each Receipt this Period: 30.00

**B. Kim B. Elston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Strategic Account Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-204-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Kim B. Elston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Strategic Account Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-204-14-43**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Maria S. Ely**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-205-12-45**

Amount of Each Receipt this Period: **30.00**

**B. Maria S. Ely**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-205-14-43**

Amount of Each Receipt this Period: **30.00**

**C. Mary M. Enea**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Strategic Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-206-12-45**

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 71 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mary M. Enea**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-206-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Melissa A. Entenmann**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-208-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Melissa A. Entenmann**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-208-14-43**

Amount of Each Receipt this Period  
 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 72 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Yvonne D. Ermis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-210-12-45**  
 Amount of Each Receipt this Period  
**30.00**

**B. Yvonne D. Ermis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-210-14-43**  
 Amount of Each Receipt this Period  
**30.00**

**C. Nathaniel L. Espinosa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-212-12-45**  
 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 73 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Nathaniel L. Espinosa**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-212-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Lee R. Espinoza**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-213-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Lee R. Espinoza**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-213-14-43**

Amount of Each Receipt this Period  
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-214-12-45**

Amount of Each Receipt this Period: 55.00

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-214-12-43**

Amount of Each Receipt this Period: 55.00

**C. Gregory P. Everett**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Associate Director - Marketing Trainin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-216-12-45**

Amount of Each Receipt this Period: 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 75 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Gregory P. Everett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Marketing Trainin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-216-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Wendy S. Fairchild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-217-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Wendy S. Fairchild**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-217-14-43**  
 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 76 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Robert D. Farina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Director - Market Shaping  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-218-12-45**  
 Amount of Each Receipt this Period  
 10.00

**B. Robert D. Farina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Director - Market Shaping  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-218-14-43**  
 Amount of Each Receipt this Period  
 10.00

**C. Patrick Farrimond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Manager - Senior Sales Management and  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-219-12-45**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 77 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Patrick Farrimond</b>			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>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : 20141223-219-14-43</b>			M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	9		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
1	2		1	9		2	0	1	4																
Mailing Address 800 Scudders Mill Rd			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>20.00</td> </tr> </table>			20.00																			
20.00																									
City Plainsboro	State NJ	Zip Code 08536-1606																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Novo Nordisk		Occupation Manager - Senior Sales Management and																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>460.00</td> </tr> </table>				460.00																			
460.00																									

Full Name (Last, First, Middle Initial) <b>B. Mara B. Feldman</b>			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>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : 20141204-220-12-45</b>			M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
1	2		0	5		2	0	1	4																
Mailing Address 800 Scudders Mill Rd			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>10.00</td> </tr> </table>			10.00																			
10.00																									
City Plainsboro	State NJ	Zip Code 08536-1606																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Novo Nordisk		Occupation Senior Diabetes Care Specialist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>260.00</td> </tr> </table>				260.00																			
260.00																									

Full Name (Last, First, Middle Initial) <b>C. Mara B. Feldman</b>			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>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>4</td> </tr> </table> <b>Transaction ID : 20141223-220-14-43</b>			M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	9		2	0	1	4
M	M	/	D	D	/	Y	Y	Y	Y																
1	2		1	9		2	0	1	4																
Mailing Address 800 Scudders Mill Rd			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>10.00</td> </tr> </table>			10.00																			
10.00																									
City Plainsboro	State NJ	Zip Code 08536-1606																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Novo Nordisk		Occupation Senior Diabetes Care Specialist																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>260.00</td> </tr> </table>				260.00																			
260.00																									

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td>40.00</td> </tr> </table>	40.00
40.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

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

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

FOR LINE NUMBER: PAGE 78 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Linda H. Felix**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-221-12-45**  
 Amount of Each Receipt this Period: 10.00

**B. Linda H. Felix**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-221-14-43**  
 Amount of Each Receipt this Period: 10.00

**C. John H. Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Institutional Diabetes Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-222-12-45**  
 Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 79 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. John H. Ferguson**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-222-14-43**

Amount of Each Receipt this Period: **20.00**

**B. Krista L. Ferrari**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: District Business Manager I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-224-12-45**

Amount of Each Receipt this Period: **20.00**

**C. Krista L. Ferrari**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: District Business Manager I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-224-14-43**

Amount of Each Receipt this Period: **20.00**

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

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

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

FOR LINE NUMBER: PAGE 80 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mark G. Ferraro**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-225-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Mark G. Ferraro**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-225-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**c. Christopher Ferullo**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Business Analyst

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-227-12-45**

Amount of Each Receipt this Period  
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 81 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Christopher Ferullo**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Business Analyst

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-227-14-43**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-228-12-45**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-228-14-43**

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 82 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Elizabeth A. Fierro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-230-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Elizabeth A. Fierro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-230-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Robert R. Fischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Regulatory Affairs - Therap  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-231-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

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

FOR LINE NUMBER: PAGE 83 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Robert R. Fischer**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Regulatory Affairs - Therap

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-231-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Julie D. Fisher**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-233-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Julie D. Fisher**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-233-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 84 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Director - Field Medical Aff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-235-12-45**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Director - Field Medical Aff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-235-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Shane M. Flaherty**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Business Support

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-238-12-45**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Shane M. Flaherty**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Associate Director - Business Support

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 19 / 2014**  
Transaction ID : **20141223-238-14-43**

Amount of Each Receipt this Period: **20.00**

**B. David K. Flood**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Associate Director-Customer Master Dat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 05 / 2014**  
Transaction ID : **20141204-239-12-45**

Amount of Each Receipt this Period: **10.00**

**C. David K. Flood**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Associate Director-Customer Master Dat

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 19 / 2014**  
Transaction ID : **20141223-239-14-43**

Amount of Each Receipt this Period: **10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Thomas J. Flynn**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-241-12-45**

Amount of Each Receipt this Period: **20.00**

**B. Thomas J. Flynn**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-241-14-43**

Amount of Each Receipt this Period: **20.00**

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-242-12-45**

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 87 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Philip F. Fornecker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Corporate Vice President - Strategic B  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-242-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Brooklynne N. Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-243-12-45**  
 Amount of Each Receipt this Period: 10.00

**C. Brooklynne N. Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-243-14-43**  
 Amount of Each Receipt this Period: 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Nicholas C. Frager**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Endocrinology Regional Business Direct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-246-12-45**

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

**B. Nicholas C. Frager**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Endocrinology Regional Business Direct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-246-14-43**

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

**C. Rodd A. Franke**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-247-12-45**

Amount of Each Receipt this Period: **30.00**

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

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

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

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

FOR LINE NUMBER: PAGE 89 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Rodd A. Franke**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-247-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Anne M. Fraser**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-248-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Anne M. Fraser**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-248-14-43**

Amount of Each Receipt this Period  
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Lynn M. Freeman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd

City Plainsboro	State NJ	Zip Code 08536-1606
--------------------	-------------	------------------------

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

Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : 20141204-250-12-45**

Amount of Each Receipt this Period  

20.00
-------

**B. Lynn M. Freeman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd

City Plainsboro	State NJ	Zip Code 08536-1606
--------------------	-------------	------------------------

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

Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : 20141223-250-14-43**

Amount of Each Receipt this Period  

20.00
-------

**C. Seth C. Freund**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd

City Plainsboro	State NJ	Zip Code 08536-1606
--------------------	-------------	------------------------

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

Name of Employer Novo Nordisk	Occupation Senior Director - Business Application
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : 20141204-251-12-45**

Amount of Each Receipt this Period  

55.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Seth C. Freund</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-251-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Director - Business Application	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

Full Name (Last, First, Middle Initial) <b>B. Michael D. Frey</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-252-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Account Executive II - Retail Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Michael D. Frey</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-252-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Account Executive II - Retail Accounts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 92 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. James H. Gaither**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-256-12-45**  
 Amount of Each Receipt this Period: 10.00

**B. James H. Gaither**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-256-14-43**  
 Amount of Each Receipt this Period: 10.00

**C. Jordan J. Gamelin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-258-12-45**  
 Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 93 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jordan J. Gamelin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-258-14-43**  
 Amount of Each Receipt this Period: **20.00**

**B. Ana L. Gandy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Specialist - Talent Acquisition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-259-12-45**  
 Amount of Each Receipt this Period: **10.00**

**C. Ana L. Gandy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Specialist - Talent Acquisition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-259-14-43**  
 Amount of Each Receipt this Period: **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **40.00**  
**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 94 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Kimberly S. Gang**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Associate Director - Site Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-260-12-45**

Amount of Each Receipt this Period: **30.00**

**B. Kimberly S. Gang**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Associate Director - Site Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-260-14-43**

Amount of Each Receipt this Period: **30.00**

**C. Lisa C. Garneau**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Diabetes Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-261-12-45**

Amount of Each Receipt this Period: **20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Lisa C. Garneau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Educator II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-261-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Kyle M. Garrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Field Trainer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-262-12-45**  
 Amount of Each Receipt this Period: 10.00

**c. Kyle M. Garrison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Field Trainer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-262-14-43**  
 Amount of Each Receipt this Period: 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 96 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Robert D. Gawlikowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-263-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Robert D. Gawlikowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-263-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Mary L. Gawronski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Support Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-264-12-45**  
 Amount of Each Receipt this Period: 55.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Mary L. Gawronski**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Regional Support Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-264-14-43**

Amount of Each Receipt this Period: 55.00

**B. Paulette Geene**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Director - Field Force Effectiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-265-12-45**

Amount of Each Receipt this Period: 20.00

**C. Paulette Geene**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Director - Field Force Effectiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-265-14-43**

Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

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

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

FOR LINE NUMBER: PAGE 98 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Karin B. Gillespie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Changing Diabetes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-271-12-45**  
 Amount of Each Receipt this Period: **30.00**

**B. Karin B. Gillespie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Changing Diabetes  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-271-14-43**  
 Amount of Each Receipt this Period: **30.00**

**C. Danielle M. Gilliam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-272-12-45**  
 Amount of Each Receipt this Period: **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Danielle M. Gilliam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Medical Liaison II  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-272-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Stephen W. Gilligan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Endocrinology District Business Manage  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-273-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Stephen W. Gilligan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Endocrinology District Business Manage  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-273-14-43**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Lori A. Gillihan</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-274-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 220.00	
Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Walter E. Ginter</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-276-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 10.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00	
Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C. Walter E. Ginter</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-276-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 10.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 260.00	
Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Peter Giombetti**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-277-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Peter Giombetti**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-277-14-43**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk VP - Commercial Effectiveness

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-280-12-45**

Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 102 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Joanne M. Golankiewicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: VP - Commercial Effectiveness  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1430.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-280-14-43**  
 Amount of Each Receipt this Period: **55.00**

**B. Michael G. Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior District Business Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-281-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. Michael G. Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior District Business Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-281-14-43**  
 Amount of Each Receipt this Period: **20.00**

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

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

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

FOR LINE NUMBER: PAGE 103 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Maria M. Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Endocrinology Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-282-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Maria M. Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Endocrinology Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-282-12-43**  
 Amount of Each Receipt this Period: 20.00

**C. Traci R. Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Strategic Account Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-284-12-45**  
 Amount of Each Receipt this Period: 30.00

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

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

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

FOR LINE NUMBER: PAGE 104 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Traci R. Gordon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Strategic Account Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-284-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. John D. Graves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-285-12-45**  
 Amount of Each Receipt this Period: **30.00**

**C. John D. Graves**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-285-14-43**  
 Amount of Each Receipt this Period: **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Reza Green**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Vice-President of Intellectual Propert  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-286-12-45**  
Amount of Each Receipt this Period: 20.00

**B. Reza Green**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Vice-President of Intellectual Propert  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-286-14-43**  
Amount of Each Receipt this Period: 20.00

**C. Carrie A. Greer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Associate Director - Field Sales Train  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-288-12-45**  
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 106 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Carrie A. Greer**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Field Sales Train

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-288-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Leah M. Gregg**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Director - Area Accounts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-289-12-45**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**c. Leah M. Gregg**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Director - Area Accounts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-289-14-43**

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 107 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Timothy R. Griffiths**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Endocrinology Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-291-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Timothy R. Griffiths**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Endocrinology Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-291-14-43**  
 Amount of Each Receipt this Period: 55.00

**c. Julie D. Grogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive Senior - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-292-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

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

FOR LINE NUMBER: PAGE 108 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Julie D. Grogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive Senior - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-292-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Gary W. Grote**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Market Access Biophar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-293-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Gary W. Grote**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Market Access Biophar  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-293-14-43**  
 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 109 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Michelle L. Guisinger**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 20141204-294-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Michelle L. Guisinger**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 20141223-294-14-43**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Strategic Accounts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 20141204-298-12-45**

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 110 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Strategic Accounts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-298-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Richard D. Halpern**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Brand Director - Market Acce

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-302-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Richard D. Halpern**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Brand Director - Market Acce

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-302-14-43**

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 111 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. William R. Hancock**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Account Executive III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-304-12-45**

Amount of Each Receipt this Period: **20.00**

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Account Executive III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-304-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Shari W. Hardy**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: District Business Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1430.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-307-12-45**

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 112 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Shari W. Hardy**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 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 ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-307-14-43**  
 Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Stephanie S. Harkins**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Executive Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-308-12-45**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Stephanie S. Harkins**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Executive Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-308-14-43**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 113 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Karen T. Harris**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-310-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Karen T. Harris**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-310-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. John W. Hart**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior District Business Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-311-12-45**

Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. John W. Hart**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior District Business Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-311-14-43**

Amount of Each Receipt this Period: 55.00

**B. Karen M. Hauda**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Director - Regulatory Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-314-12-45**

Amount of Each Receipt this Period: 55.00

**C. Karen M. Hauda**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Director - Regulatory Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-314-14-43**

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 115 OF 294
<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Robert W. Hauser</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-315-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Account Executive I - Retail Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Hauser</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-315-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Account Executive I - Retail Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Scott Heckel</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-319-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
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 ▼ 360.00	

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

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

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

FOR LINE NUMBER: PAGE 116 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Scott Heckel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-319-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Carrie N. Hendrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive I - Retail Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-320-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Carrie N. Hendrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Account Executive I - Retail Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-320-14-43**  
 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 117 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Michael A. Hennigan**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Medical Liaison III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-321-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Michael A. Hennigan**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Medical Liaison III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-321-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Wesly H. Heuvel**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Brand Director Managed Marke

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-323-12-45**

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 118 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Wesley H. Heuvel</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 20141223-323-14-43</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Associate Brand Director Managed Marke		1300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		500.00

Full Name (Last, First, Middle Initial) <b>B. Tanya L. Hill</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 20141204-325-12-45</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Vice President - Hemophilia Marketing		55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		1430.00

Full Name (Last, First, Middle Initial) <b>C. Tanya L. Hill</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 20141223-325-14-43</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Vice President - Hemophilia Marketing		55.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		1430.00

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

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

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

FOR LINE NUMBER: PAGE 119 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Rebecca A. Hischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior District Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-326-12-45**  
 Amount of Each Receipt this Period  
 20.00

**B. Rebecca A. Hischer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior District Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-326-14-43**  
 Amount of Each Receipt this Period  
 20.00

**C. Christopher P. Hixson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-327-12-45**  
 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 120 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Christopher P. Hixson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-327-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Todd M. Hobbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: North America Chief Medical officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-329-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Todd M. Hobbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: North America Chief Medical officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-329-14-43**  
 Amount of Each Receipt this Period: 20.00

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

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

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

FOR LINE NUMBER: PAGE 121 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Scott W. Hocking**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Health Systems Regional Business Direc

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-330-12-45**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Scott W. Hocking**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Health Systems Regional Business Direc

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-330-14-43**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Government Account Executive II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-332-12-45**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 145.00

**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 122 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Julia L. Hoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novo Nordisk Occupation Government Account Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-332-14-43**  
 Amount of Each Receipt this Period  
 35.00

**B. Matthew D. Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novo Nordisk Occupation Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-333-12-45**  
 Amount of Each Receipt this Period  
 20.00

**C. Matthew D. Hoffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novo Nordisk Occupation Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-333-14-43**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 123 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Kevin J. Hopkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health Systems District Business Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-336-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Kevin J. Hopkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health Systems District Business Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-336-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Joanna C. Huang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Manager - Health Economics & Ou  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-342-12-45**  
 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 124 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Joanna C. Huang**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Manager - Health Economics & Ou

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-342-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Todd D. Hughes**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Government Account Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-343-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Todd D. Hughes**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Government Account Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-343-14-43**

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 125 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Steven L. Hunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-347-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Steven L. Hunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-347-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Melissa K. Hurtt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-348-12-45**  
 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 126 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Melissa K. Hurtt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1325.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-348-14-43**  
 Amount of Each Receipt this Period: 55.00

**B. Kenneth M. Inchausti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Corporate Branding & Reputa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-351-12-45**  
 Amount of Each Receipt this Period: 55.00

**C. Kenneth M. Inchausti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Corporate Branding & Reputa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-351-14-43**  
 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 127 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Krista J. Jackson</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20141204-354-12-45</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Account Executive II - Retail Accounts		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Krista J. Jackson</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20141223-354-14-43</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Account Executive II - Retail Accounts		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Farruq Z. Jafery</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20141204-355-12-45</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Vice President - PCOR		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1950.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 128 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - PCOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-355-14-43**

Amount of Each Receipt this Period  
 75.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Victoza

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-356-12-45**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Victoza

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-356-14-43**

Amount of Each Receipt this Period  
 20.00

**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 129 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Isaac L. Jordan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-362-12-45**  
 Amount of Each Receipt this Period  
 55.00

**B. Isaac L. Jordan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-362-14-43**  
 Amount of Each Receipt this Period  
 55.00

**C. Jeffrey R. Joslin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Key Account Manager - Non-Feder  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-363-12-45**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 130 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jeffrey R. Joslin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Key Account Manager - Non-Feder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-363-14-43**  
 Amount of Each Receipt this Period: 10.00

**B. Raymond J. Kall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Government Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-365-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Raymond J. Kall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Government Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-365-14-43**  
 Amount of Each Receipt this Period: 20.00

**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 131 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. James A. Kalmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Driector - Area Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-366-12-45**  
 Amount of Each Receipt this Period: 25.00

**B. James A. Kalmes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Driector - Area Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-366-12-43**  
 Amount of Each Receipt this Period: 25.00

**C. Stephanie A. Kanef**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-368-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 132 OF 294
	(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"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
Novo Nordisk Diabetes Care Specialist II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 20141223-368-14-43**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey M. Kawalek**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
Novo Nordisk Director - Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014  
**Transaction ID : 20141204-370-12-45**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey M. Kawalek**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
Novo Nordisk Director - Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : 20141223-370-14-43**

Amount of Each Receipt this Period  
20.00

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

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

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

FOR LINE NUMBER: PAGE 133 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Kimberly A. Keibelbeck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Education Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-371-12-45**  
 Amount of Each Receipt this Period: **30.00**

**B. Kimberly A. Keibelbeck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Education Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-371-14-43**  
 Amount of Each Receipt this Period: **30.00**

**C. Stephanie L. Keithly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Strategic Account Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-372-12-45**  
 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 134 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Strategic Account Executive II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-372-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey T. Keitz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Account Executive III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-373-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey T. Keitz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Account Executive III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-373-14-43**

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 135 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Brian J. Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-374-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Brian J. Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - State Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-374-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Joseph F. Kelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Diabetes Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-375-12-45**  
 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 136 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Joseph F. Kelly</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-375-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 750.00
City Plainsboro	State NJ	Zip Code 08536-1606
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 - Diabetes Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

Full Name (Last, First, Middle Initial) <b>B. Chi C. Kemp</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-376-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>c. Chi C. Kemp</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-376-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 137 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Donald A. Kempin**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-377-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Donald A. Kempin**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-377-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Wendy S. Keppy**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-380-12-45**

Amount of Each Receipt this Period  
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Wendy S. Keppy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-380-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. Michelle L. Kerr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-381-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. Michelle L. Kerr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-381-14-43**  
 Amount of Each Receipt this Period: **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Josh C. Khachadourian</b>		Date of Receipt MM / DD / YYYY 12 / 05 / 2014 <b>Transaction ID : 20141204-382-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Associate Director - Field Sales Train
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Josh C. Khachadourian</b>		Date of Receipt MM / DD / YYYY 12 / 19 / 2014 <b>Transaction ID : 20141223-382-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Associate Director - Field Sales Train
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Naum Khutoryansky</b>		Date of Receipt MM / DD / YYYY 12 / 05 / 2014 <b>Transaction ID : 20141204-383-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Statistician Fellow
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Naum Khutoryansky**

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Statistician Fellow

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-383-14-43**

Amount of Each Receipt this Period: **20.00**

Full Name (Last, First, Middle Initial)  
**B. Michael W. King**

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Manager - Corporate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-387-12-45**

Amount of Each Receipt this Period: **20.00**

Full Name (Last, First, Middle Initial)  
**C. Michael W. King**

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Manager - Corporate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-387-14-43**

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 142 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Corey A. Knopp**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-392-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. William T. Knott**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-393-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. William T. Knott**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Corporate Counsel

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-393-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 143 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Lori D. Koehn**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Health System Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-395-12-45**

Amount of Each Receipt this Period: **20.00**

**B. Lori D. Koehn**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Health System Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-395-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Troy T. Kramer**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-397-12-45**

Amount of Each Receipt this Period: **20.00**

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

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

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

FOR LINE NUMBER: PAGE 144 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Troy T. Kramer**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-397-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Carol L. Krause**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Medical Liaison I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-398-12-45**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Carol L. Krause**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Medical Liaison I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 910.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-398-14-43**

Amount of Each Receipt this Period  
 35.00

**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 145 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Brian L. Krebs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Endocrinology Regional Business Direct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-401-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Brian L. Krebs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Endocrinology Regional Business Direct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-401-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. John A. Kronk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 751.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-403-12-45**  
 Amount of Each Receipt this Period: 30.00

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



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

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

FOR LINE NUMBER: PAGE 147 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Judith A. Krupa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Education Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-405-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Judith A. Krupa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Education Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-405-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Jay C. Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Data and Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-409-12-45**  
 Amount of Each Receipt this Period: 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jay C. Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Data and Systems  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-409-14-43**  
 Amount of Each Receipt this Period: 200.00  
 Aggregate Year-to-Date: 500.00

**B. Warren J. Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-410-12-45**  
 Amount of Each Receipt this Period: 30.00  
 Aggregate Year-to-Date: 780.00

**C. Warren J. Lambert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-410-14-43**  
 Amount of Each Receipt this Period: 30.00  
 Aggregate Year-to-Date: 780.00

**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 149 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Douglas J. Langa**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Market Access - Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-412-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Douglas J. Langa**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Market Access - Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-412-14-43**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Gretchen R. Langan**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Diabetes Sales Op

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-413-12-45**

Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 150 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Gretchen R. Langan**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Diabetes Sales Op

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-413-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Michael E. Laskowski**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-416-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Michael E. Laskowski**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-416-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 151 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Mona L. Latta</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-417-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 1.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>B. Mona L. Latta</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-417-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 1.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00	

Full Name (Last, First, Middle Initial) <b>C. David A. Layne</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-419-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist III
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 152 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. David A. Layne**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-419-14-43**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Vice President - Diabetes & Obe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-421-12-45**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Vice President - Diabetes & Obe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-421-14-43**

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 153 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Jill H. Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-423-12-45**

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

**B. Jill H. Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-423-14-43**

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

**C. Joshua M. Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Diabetes Care Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-424-12-45**

Amount of Each Receipt this Period: **20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Joshua M. Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Diabetes Care Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-424-14-43**

Amount of Each Receipt this Period: **20.00**

**B. Jeffrey P. Letourneau**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Endocrinology District Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-425-12-45**

Amount of Each Receipt this Period: **20.00**

**C. Jeffrey P. Letourneau**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Endocrinology District Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-425-14-43**

Amount of Each Receipt this Period: **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Radel O. Liban**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Health System Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-430-12-45**

Amount of Each Receipt this Period: **20.00**

**B. Radel O. Liban**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Health System Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-430-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Robbi C. Liddell**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-432-12-45**

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 156 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Robbi C. Liddell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-432-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Charis M. Linfante**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-435-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Charis M. Linfante**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-435-14-43**  
 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 157 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Donald W. Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1230.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-436-12-45**  
 Amount of Each Receipt this Period: **5.00**

**B. Donald W. Little**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1230.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-436-14-43**  
 Amount of Each Receipt this Period: **5.00**

**C. James M. Longo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-438-12-45**  
 Amount of Each Receipt this Period: **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**  
**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 158 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. James M. Longo**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-438-14-43**

Amount of Each Receipt this Period: **20.00**

**B. Mark C. Losh**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-440-12-45**

Amount of Each Receipt this Period: **20.00**

**c. Mark C. Losh**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-440-14-43**

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 159 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Wendy A. Luck**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Regional Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-441-12-45**

Amount of Each Receipt this Period: **20.00**

**B. Wendy A. Luck**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Regional Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-441-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Marni D. Lun**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Director - Professional Association Re

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-442-12-45**

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 160 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Marni D. Lun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Director - Professional Association Re  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-442-14-43**  
 Amount of Each Receipt this Period  
 20.00

**B. Teresa D. Lusignan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Educator I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-443-12-45**  
 Amount of Each Receipt this Period  
 10.00

**C. Teresa D. Lusignan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Educator I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-443-14-43**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 161 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Christine C. Maas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-445-12-45**  
 Amount of Each Receipt this Period  
 20.00

**B. Christine C. Maas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-445-14-43**  
 Amount of Each Receipt this Period  
 20.00

**C. A. C. Macie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Director - Field Medical Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-446-12-45**  
 Amount of Each Receipt this Period  
 30.00

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

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

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

FOR LINE NUMBER: PAGE 162 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Director - Field Medical Aff

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-446-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Allison H. Mackey**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-447-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Allison H. Mackey**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-447-14-43**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Jonathan J. Malatesta</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-448-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1045.00	

Full Name (Last, First, Middle Initial) <b>B. Jonathan J. Malatesta</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-448-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1045.00	

Full Name (Last, First, Middle Initial) <b>C. Tahlee S. Mambia</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-450-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

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

FOR LINE NUMBER: PAGE 164 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Tahlee S. Mambia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist II  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-450-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Styves Manigat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-452-12-45**  
 Amount of Each Receipt this Period: 20.00

**c. Styves Manigat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-452-14-43**  
 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 166 OF 294  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Joy B. Marshall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1430.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-460-14-43**  
Amount of Each Receipt this Period: **55.00**

**B. Anthony J. Martelli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Executive Endonicrology Diabetes Care  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-461-12-45**  
Amount of Each Receipt this Period: **10.00**

**C. Anthony J. Martelli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Executive Endonicrology Diabetes Care  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-461-14-43**  
Amount of Each Receipt this Period: **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**  
**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 167 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jeffrey S. Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional District Bus  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-462-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Jeffrey S. Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: VA/Teaching Institutional District Bus  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-462-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Ryan J. Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-463-12-45**  
 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 168 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Ryan J. Martin**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-463-14-43**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Susan E. Martin**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Medical Liaison II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-464-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Susan E. Martin**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Medical Liaison II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-464-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 169 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Laura K. Martinez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Account Executive II - Regional - Biop

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-467-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Laura K. Martinez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Account Executive II - Regional - Biop

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-467-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Raymond M. Massengill**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Medical Liaison II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-469-12-45**

Amount of Each Receipt this Period  
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 170 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Raymond M. Massengill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Medical Liaison II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-469-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. Steven A. Mastro Simone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-471-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. Steven A. Mastro Simone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-471-14-43**  
 Amount of Each Receipt this Period: **20.00**

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



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

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

FOR LINE NUMBER: PAGE 172 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Debra L. Matter**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Health System Diabetes Care Spe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-473-14-43**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Jeff S. Maxwell**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional Regional Business Direct

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-474-12-45**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Jeff S. Maxwell**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional Regional Business Direct

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-474-14-43**

Amount of Each Receipt this Period  
 55.00

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

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

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

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

FOR LINE NUMBER: PAGE 173 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Margaret M. Mazzeo</b>			Date of Receipt <table border="1"> <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>12</td><td></td><td></td> <td>05</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : 20141204-476-12-45</b>			M	M	/	D	D	/	Y	Y	Y	Y	12			05			2014			
M	M	/	D	D	/	Y	Y	Y	Y																
12			05			2014																			
Mailing Address 800 Scudders Mill Rd			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">20.00</td> </tr> </table>			20.00																			
20.00																									
City Plainsboro	State NJ	Zip Code 08536-1606																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Novo Nordisk		Occupation Project Manager - Project Management																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">520.00</td> </tr> </table>				520.00																			
520.00																									

Full Name (Last, First, Middle Initial) <b>B. Margaret M. Mazzeo</b>			Date of Receipt <table border="1"> <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>12</td><td></td><td></td> <td>19</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : 20141223-476-14-43</b>			M	M	/	D	D	/	Y	Y	Y	Y	12			19			2014			
M	M	/	D	D	/	Y	Y	Y	Y																
12			19			2014																			
Mailing Address 800 Scudders Mill Rd			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">20.00</td> </tr> </table>			20.00																			
20.00																									
City Plainsboro	State NJ	Zip Code 08536-1606																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Novo Nordisk		Occupation Project Manager - Project Management																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">520.00</td> </tr> </table>				520.00																			
520.00																									

Full Name (Last, First, Middle Initial) <b>C. James A. McAdams</b>			Date of Receipt <table border="1"> <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>12</td><td></td><td></td> <td>05</td><td></td><td></td> <td>2014</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : 20141204-477-12-45</b>			M	M	/	D	D	/	Y	Y	Y	Y	12			05			2014			
M	M	/	D	D	/	Y	Y	Y	Y																
12			05			2014																			
Mailing Address 800 Scudders Mill Rd			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">30.00</td> </tr> </table>			30.00																			
30.00																									
City Plainsboro	State NJ	Zip Code 08536-1606																							
FEC ID number of contributing federal political committee. C																									
Name of Employer Novo Nordisk		Occupation Associate Director - Information Techn																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">780.00</td> </tr> </table>				780.00																			
780.00																									

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td colspan="10" style="text-align: right;">70.00</td> </tr> </table>	70.00									
70.00											
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td colspan="10" style="text-align: right;"> </td> </tr> </table>										

**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 174 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. James A. McAdams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Information Techn  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-477-14-43**  
 Amount of Each Receipt this Period: 300.00  
 Aggregate Year-to-Date: 780.00

**B. George C. McAvoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Marketing  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-478-12-45**  
 Amount of Each Receipt this Period: 55.00  
 Aggregate Year-to-Date: 1430.00

**C. George C. McAvoy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Marketing  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-478-14-43**  
 Amount of Each Receipt this Period: 55.00  
 Aggregate Year-to-Date: 1430.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 175 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Cheryl P. McCauley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Field Director - Managed Markets, IHS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-482-12-45**  
 Amount of Each Receipt this Period  
 20.00

**B. Cheryl P. McCauley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Field Director - Managed Markets, IHS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-482-14-43**  
 Amount of Each Receipt this Period  
 20.00

**C. Ryan J. McClain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-483-12-45**  
 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 176 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Ryan J. McClain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-483-14-43**  
 Amount of Each Receipt this Period: **20.00**

**B. Timothy A. McCullough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-486-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. Timothy A. McCullough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-486-14-43**  
 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 177 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Brian D. McDonald</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-487-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	
Zip Code 08536-1606		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Executive Diabetes Care Specialist	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Brian D. McDonald</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-487-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	
Zip Code 08536-1606		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Executive Diabetes Care Specialist	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Neil M. McFadden</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-489-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	
Zip Code 08536-1606		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Senior National Account Manager - Fede	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

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

FOR LINE NUMBER: PAGE 178 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Neil M. McFadden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior National Account Manager - Fede  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-489-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Dean B. McKissick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-492-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Dean B. McKissick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-492-14-43**  
 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 179 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Timothy E. McKissick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-493-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Timothy E. McKissick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-493-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Krystal L. McLearn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Support Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-494-12-45**  
 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 180 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Krystal L. McLearn**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Support Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-494-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Dana S. McMahon**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Assistant General Counsel - Diabetes F

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-497-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Dana S. McMahon**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Assistant General Counsel - Diabetes F

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-497-14-43**

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 181 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jamie W. McNamara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health System Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-499-12-45**  
 Amount of Each Receipt this Period: **20.00**

**B. Jamie W. McNamara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health System Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-499-14-43**  
 Amount of Each Receipt this Period: **20.00**

**C. John P. Medina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Endonicrology Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-500-12-45**  
 Amount of Each Receipt this Period: **10.00**

**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 182 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. John P. Medina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Endocrinology Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-500-14-43**  
 Amount of Each Receipt this Period: 10.00

**B. Maria Merlino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Growth Hormone Therapy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-501-12-45**  
 Amount of Each Receipt this Period: 30.00

**C. Maria Merlino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Growth Hormone Therapy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-501-14-43**  
 Amount of Each Receipt this Period: 30.00

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

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

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

FOR LINE NUMBER: PAGE 183 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Gregory J. Michaelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-504-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Gregory J. Michaelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional District Business Manage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-504-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Joseph Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: SENIOR HEALTH SYSTEMS ACCOUNT MAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-506-12-45**  
 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 185 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Ben C. Mohler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-510-12-45**  
 Amount of Each Receipt this Period  
 10.00

**B. Ben C. Mohler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-510-14-43**  
 Amount of Each Receipt this Period  
 10.00

**C. Audrey M. Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-512-12-45**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 186 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Audrey M. Moore**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-512-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Charles D. Moore**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Endocrinology District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-513-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**c. Charles D. Moore**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Endocrinology District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-513-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 187 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jose E. Morales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-514-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Jose E. Morales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-514-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Ambre B. Morley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Product Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-517-12-45**  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 188 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Ambre B. Morley**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Product Communications

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-517-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Michael H. Morse**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior District Business Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-518-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Michael H. Morse**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior District Business Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-518-14-43**

Amount of Each Receipt this Period  
 10.00

**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 189 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Christi J. Moseley**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-519-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Christi J. Moseley**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-519-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Elizabeth A. Moses**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Instructional Des

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-520-12-45**

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 190 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Elizabeth A. Moses**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novo Nordisk Occupation Associate Director - Instructional Des  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-520-14-43**  
 Amount of Each Receipt this Period  
 20.00

**B. Catherine A. Mullooly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novo Nordisk Occupation Senior Medical Liaison I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-523-12-45**  
 Amount of Each Receipt this Period  
 20.00

**C. Catherine A. Mullooly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Novo Nordisk Occupation Senior Medical Liaison I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-523-14-43**  
 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 191 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Kathleen L. Mulroney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Business Application  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-524-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Kathleen L. Mulroney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Business Application  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-524-12-43**  
 Amount of Each Receipt this Period: 20.00

**C. Mark A. Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-525-12-45**  
 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 192 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mark A. Murphy**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Institutional Diabetes Care Spe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-525-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Pamela A. Murray**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-526-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Pamela A. Murray**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-526-14-43**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**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 193 OF 294
<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Tracey C. Myers</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-530-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Tracey C. Myers</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-530-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>C. Tabitha B. Nance</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-532-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
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 ▼ 1430.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 194 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Tabitha B. Nance**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-532-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Angela V. Neikov**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Support Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-534-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Angela V. Neikov**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Support Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-534-14-43**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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



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

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

FOR LINE NUMBER: PAGE 196 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Evan S. Newman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-539-14-43**  
 Amount of Each Receipt this Period: 10.00

**B. Kimberley R. Newport**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Growth Hormone Therapy Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-541-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Kimberley R. Newport**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Growth Hormone Therapy Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-541-14-43**  
 Amount of Each Receipt this Period: 20.00

**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: (check only one)	PAGE 197 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Tri Q. Nguyen**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **541.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-544-12-45**

Amount of Each Receipt this Period: **30.00**

**B. Tri Q. Nguyen**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **541.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-544-14-43**

Amount of Each Receipt this Period: **1.00**

**C. David T. Nichols**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Key Account Manager III - Long-Term Ca

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-545-12-45**

Amount of Each Receipt this Period: **20.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **51.00**

**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 198 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. David T. Nichols**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Key Account Manager III - Long-Term Ca  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-545-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Wesley A. Nicolas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Intellectual Property Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-546-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Wesley A. Nicolas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Intellectual Property Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-546-14-43**  
 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 199 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Sarah E. Nordstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Manager - Government Affairs Op  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 930.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-549-12-45**  
 Amount of Each Receipt this Period  
 30.00

**B. Sarah E. Nordstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Manager - Government Affairs Op  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 930.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-549-14-43**  
 Amount of Each Receipt this Period  
 30.00

**C. Michael P. Norton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Director - Strategic Accounts  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-550-12-45**  
 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 200 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Michael P. Norton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Strategic Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-550-14-43**  
 Amount of Each Receipt this Period: 30.00

**B. Edward A. Noschese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-552-12-45**  
 Amount of Each Receipt this Period: 30.00

**C. Edward A. Noschese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-552-14-43**  
 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 201 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Public Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-554-12-45**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Public Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-554-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Joanne M. Nugent**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-555-12-45**

Amount of Each Receipt this Period  
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Joanne M. Nugent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Educator II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-555-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. Shaylah E. Nunn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Manager - Government Affairs -  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-556-12-45**  
 Amount of Each Receipt this Period: **25.00**

**C. Shaylah E. Nunn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Manager - Government Affairs -  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **650.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-556-14-43**  
 Amount of Each Receipt this Period: **25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Brian J. O'Mahony</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-559-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	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 ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B. Brian J. O'Mahony</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-559-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	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 ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Hubert J. Oates</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-560-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 30.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Senior Endonicrology Diabetes Care Spe
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

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

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

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

FOR LINE NUMBER: PAGE 204 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Hubert J. Oates**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Endocrinology Diabetes Care Spe  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-560-14-43**  
 Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Adriano Offreda**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-562-12-45**  
 Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Adriano Offreda**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-562-14-43**  
 Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Susan P. Olson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-566-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Health System Diabetes Care Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Susan P. Olson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-566-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Health System Diabetes Care Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. Curtis G. Oltmans</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-567-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C		
Name of Employer Novo Nordisk	Occupation Corporate Vice President - Legal and Q	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Curtis G. Oltmans**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Corporate Vice President - Legal and Q  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1430.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-567-14-43**  
 Amount of Each Receipt this Period: **55.00**

**B. Jane Oshinsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1395.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-568-12-45**  
 Amount of Each Receipt this Period: **55.00**

**C. Jane Oshinsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1395.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-568-14-43**  
 Amount of Each Receipt this Period: **55.00**

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

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

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

FOR LINE NUMBER: PAGE 207 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Robert J. Palermo**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Business Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 20141204-574-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Robert J. Palermo**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Business Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : 20141223-574-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Pravin Parekh**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Institutional Diabetes Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : 20141204-577-12-45**

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 208 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Pravin Parekh**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Institutional Diabetes Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-577-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Brian Pastorini**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-578-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Brian Pastorini**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-578-14-43**

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 210 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Frederick C. Peck</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-580-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	
Occupation Senior Endonicrology Diabetes Care Spe		Aggregate Year-to-Date ▼ 520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Theresa E. Peer</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : 20141204-581-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	
Occupation Senior Endonicrology Diabetes Care Spe		Aggregate Year-to-Date ▼ 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Theresa E. Peer</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : 20141223-581-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	
Occupation Senior Endonicrology Diabetes Care Spe		Aggregate Year-to-Date ▼ 360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 211 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-584-12-45**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-584-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Drew A. Pensyl**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Portfolio Strategy &

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-585-12-45**

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 212 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Drew A. Pensyl**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Portfolio Strategy &

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-585-14-43**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Anne Phillips**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Vice President - Clinical/ Medi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-592-12-45**

Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. Anne Phillips**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Vice President - Clinical/ Medi

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-592-14-43**

Amount of Each Receipt this Period  
 60.00

**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 213 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Matthew G. Phillips**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Institutional Diabetes Care Spe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-593-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Matthew G. Phillips**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Institutional Diabetes Care Spe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-593-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Sean P. Phillips**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Vice President - Managed Markets

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-594-12-45**

Amount of Each Receipt this Period  
 10.00

**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 214 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Sean P. Phillips**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Vice President - Managed Markets  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-594-14-43**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Levert W. Pickens**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-596-12-45**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Levert W. Pickens**  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-596-14-43**  
 Amount of Each Receipt this Period  
 20.00

**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 216 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Hemophilia Therapy Sales Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-605-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Jennifer L. Proudfit**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Health Systems Account Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-606-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Jennifer L. Proudfit**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Health Systems Account Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-606-14-43**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

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

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

FOR LINE NUMBER: PAGE 217 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Stephanie L. Pugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Account Executive - Retail Acco  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-609-12-45**  
 Amount of Each Receipt this Period  
 55.00

**B. Stephanie L. Pugh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Account Executive - Retail Acco  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-609-14-43**  
 Amount of Each Receipt this Period  
 55.00

**C. Dana J. Puljan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Medical Liaison II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-610-12-45**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 218 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Dana J. Puljan**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Medical Liaison II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-610-14-43**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Director - Trade

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-616-12-45**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Director - Trade

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-616-14-43**

Amount of Each Receipt this Period  
 55.00

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

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

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

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

FOR LINE NUMBER: PAGE 219 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Sharon K. Ray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-622-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Sharon K. Ray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Institutional Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-622-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Alexis M. Raynak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-623-12-45**  
 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 220 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Alexis M. Raynak**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: District Business Manager I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-623-14-43**

Amount of Each Receipt this Period: **20.00**

**B. Rachel L. Reavely**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-624-12-45**

Amount of Each Receipt this Period: **10.00**

**C. Rachel L. Reavely**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-624-14-43**

Amount of Each Receipt this Period: **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**

**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 221 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Diana L. Reed**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Government Affair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-625-12-45**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Diana L. Reed**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Government Affair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-625-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Scott A. Reese**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-627-12-45**

Amount of Each Receipt this Period  
 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 222 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Scott A. Reese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-627-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Rasa I. Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-629-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Rasa I. Regan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-629-14-43**  
 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 223 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Robert M. Reifschneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-630-12-45**  
 Amount of Each Receipt this Period  
 20.00

**B. Robert M. Reifschneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-630-14-43**  
 Amount of Each Receipt this Period  
 20.00

**C. Erin J. Reily**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Director - BioPharm Commercial Operati  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-631-12-45**  
 Amount of Each Receipt this Period  
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Erin J. Reily</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-631-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 780.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Director - BioPharm Commercial Operati
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Hope M. Reiter</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-632-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 520.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Health System Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C. Hope M. Reiter</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-632-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 70.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Health System Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 70.00	

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

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

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

FOR LINE NUMBER: PAGE 225 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Joseph V. Renda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Commercial Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-633-12-45**  
 Amount of Each Receipt this Period: 10.00

**B. Joseph V. Renda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Commercial Operation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-633-14-43**  
 Amount of Each Receipt this Period: 10.00

**C. Stacey H. Revels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-638-12-45**  
 Amount of Each Receipt this Period: 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**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 226 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Stacey H. Revels</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20141223-638-14-43</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk District Business Manager I		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Linda S. Reyle</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20141204-639-12-45</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Director - Diabetes Education Program		<input type="text" value="55.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1430.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Linda S. Reyle</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20141223-639-14-43</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Director - Diabetes Education Program		<input type="text" value="55.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1430.00"/>	

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

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

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

FOR LINE NUMBER: PAGE 227 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Michelle J. Rheinbolt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-640-12-45**  
 Amount of Each Receipt this Period  
 15.00

**B. Michelle J. Rheinbolt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-640-14-43**  
 Amount of Each Receipt this Period  
 15.00

**C. Laura L. Riedy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior District Business Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-641-12-45**  
 Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 228 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior District Business Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-641-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Matthew P. Righter**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-642-12-45**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**c. Matthew P. Righter**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-642-14-43**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Mary E. Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Strategic Meetings & Events  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-645-12-45**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 520.00

**B. Mary E. Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Strategic Meetings & Events  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-645-14-43**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 520.00

**C. John C. Robertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Area Accounts  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-646-12-45**  
 Amount of Each Receipt this Period: 10.00  
 Aggregate Year-to-Date: 260.00

**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 230 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. John C. Robertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Director - Area Accounts  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-646-14-43**  
 Amount of Each Receipt this Period  
 10.00

**B. Jim T. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Endonicrology Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-647-12-45**  
 Amount of Each Receipt this Period  
 30.00

**C. Jim T. Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Endonicrology Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-647-14-43**  
 Amount of Each Receipt this Period  
 30.00

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



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

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

FOR LINE NUMBER: PAGE 232 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Adrian R. Rodriguez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-649-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Meredith R. Rodriguez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-650-12-45**

Amount of Each Receipt this Period  
 15.00

Full Name (Last, First, Middle Initial)  
**C. Meredith R. Rodriguez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-650-14-43**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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

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

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

FOR LINE NUMBER: PAGE 233 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Terri E. Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **770.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-651-12-45**  
 Amount of Each Receipt this Period: **55.00**

**B. Terri E. Rogers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **770.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-651-14-43**  
 Amount of Each Receipt this Period: **55.00**

**C. Edward T. Roliczek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Field Trainer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **340.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-652-12-45**  
 Amount of Each Receipt this Period: **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Edward T. Roliczek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Field Trainer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **340.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-652-14-43**  
 Amount of Each Receipt this Period: 200.00

**B. Joshua J. Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **570.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-655-12-45**  
 Amount of Each Receipt this Period: 30.00

**C. Joshua J. Ross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **570.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-655-14-43**  
 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 235 OF 294
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Scott E. Ross</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141204-656-12-45</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Senior Attorney		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Scott E. Ross</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141223-656-14-43</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Senior Attorney		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="520.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Terrie L. Ruff</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20141204-657-12-45</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation District Business Manager II		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="520.00"/>		

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

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

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

FOR LINE NUMBER: PAGE 236 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Terrie L. Ruff**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-657-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Robert D. Russell**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-658-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Robert D. Russell**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-658-14-43**

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 237 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Kevin Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Manager - Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-660-12-45**  
 Amount of Each Receipt this Period  
 65.00

**B. Kevin Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Manager - Corporate Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-660-14-43**  
 Amount of Each Receipt this Period  
 65.00

**C. Joanne L. Sadowsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 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 ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-662-12-45**  
 Amount of Each Receipt this Period  
 55.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 238 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-662-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Iris Sanchez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Education Manager II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-665-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Iris Sanchez**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Education Manager II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-665-14-43**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

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

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

FOR LINE NUMBER: PAGE 239 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Cheryl A. Satterfield**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-666-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Cheryl A. Satterfield**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-666-12-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Kerry A. Scala**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-667-12-45**

Amount of Each Receipt this Period  
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 240 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Kerry A. Scala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Growth Hormone Therapy Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-667-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. James D. Schiemann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **460.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-668-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. James D. Schiemann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **460.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-668-14-43**  
 Amount of Each Receipt this Period: **20.00**

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

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

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

FOR LINE NUMBER: PAGE 241 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Cathleen E. Schneeberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Field Sales Train  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-672-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Cathleen E. Schneeberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Field Sales Train  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-673-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Mandy J. Schnelten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Account Executive - Retail Acco  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-673-12-45**  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

FOR LINE NUMBER: PAGE 243 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. C. Reed Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Key Account Manager - Non-Feder  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-677-12-45**  
 Amount of Each Receipt this Period  
 55.00

**B. C. Reed Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Key Account Manager - Non-Feder  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-678-14-43**  
 Amount of Each Receipt this Period  
 55.00

**C. Rodney L. Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Key Account Manager II - Long Term Car  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-679-12-45**  
 Amount of Each Receipt this Period  
 20.00

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

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

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

FOR LINE NUMBER: PAGE 244 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Rodney L. Scott**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Key Account Manager II - Long Term Car

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-680-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Ronald M. Sells**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-681-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Ronald M. Sells**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Institutional District Business Manage

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-682-14-43**

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 245 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Government Affair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-682-12-45**

Amount of Each Receipt this Period  
 65.00

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

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Associate Director - Government Affair

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-683-14-43**

Amount of Each Receipt this Period  
 65.00

Full Name (Last, First, Middle Initial)  
**C. John A. Senter**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-684-12-45**

Amount of Each Receipt this Period  
 10.00

**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 246 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. John A. Senter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-685-14-43**  
 Amount of Each Receipt this Period  
 10.00

**B. Brian M. Shank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Associate Director - Government Affair  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-686-12-45**  
 Amount of Each Receipt this Period  
 10.00

**C. Brian M. Shank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Associate Director - Government Affair  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-687-14-43**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**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 247 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Cedric L. Shannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-687-12-45**  
 Amount of Each Receipt this Period  
 20.00

**B. Cedric L. Shannon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-688-14-43**  
 Amount of Each Receipt this Period  
 20.00

**C. Christopher W. Sharp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-689-12-45**  
 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 248 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Christopher W. Sharp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-690-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Kelly C. Shea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Operations Instit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-690-12-45**  
 Amount of Each Receipt this Period: 30.00

**C. Kelly C. Shea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Operations Instit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-691-14-43**  
 Amount of Each Receipt this Period: 30.00

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



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

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

FOR LINE NUMBER: PAGE 250 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Jeremy T. Shepler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Director - Patient Centric Mark  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-695-14-43**  
 Amount of Each Receipt this Period  
 20.00

**B. Richard J. Sheridan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-695-12-45**  
 Amount of Each Receipt this Period  
 30.00

**C. Richard J. Sheridan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-696-14-43**  
 Amount of Each Receipt this Period  
 30.00

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

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

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

FOR LINE NUMBER: PAGE 251 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. James P. Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-696-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. James P. Sherman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-697-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Christina M. Sherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-697-12-45**  
 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

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(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Christina M. Sherry**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-698-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Shawn S. Simon**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Area Accounts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-700-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Shawn S. Simon**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Area Accounts

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-701-14-43**

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 253 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial) <b>A. Kim A. Sinclair</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-701-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Diabetes Educator II
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B. Kim A. Sinclair</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : 20141223-702-14-43</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 20.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Diabetes Educator II
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>C. Deborah L. Skelton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 20141204-703-12-45</b>
Mailing Address 800 Scudders Mill Rd		Amount of Each Receipt this Period 55.00
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. C	Name of Employer Novo Nordisk	Occupation Regional Field Trainer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 254 OF 294  
(check only one)  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Deborah L. Skelton**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Field Trainer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-704-14-43**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Fannie E. Smith**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Medical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-707-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Fannie E. Smith**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Medical Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-708-14-43**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

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

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

FOR LINE NUMBER: PAGE 255 OF 294  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Jeffery R. Smith**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-708-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Jeffery R. Smith**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-709-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**c. Montgomery C. Smith**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Biopharmaceuticals Regional Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-709-12-45**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

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

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

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

FOR LINE NUMBER: PAGE 256 OF 294  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Montgomery C. Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Biopharmaceuticals Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-710-14-43**  
 Amount of Each Receipt this Period  
**25.00**

**B. Jonathan W. Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Regional Business Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-712-12-45**  
 Amount of Each Receipt this Period  
**20.00**

**C. Jonathan W. Snow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Regional Business Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-713-14-43**  
 Amount of Each Receipt this Period  
**20.00**

**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: PAGE 257 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Adrienne A. Solari**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Clinical Research Associate - F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-714-12-45**  
 Amount of Each Receipt this Period  
 30.00

**B. Adrienne A. Solari**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Clinical Research Associate - F  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-715-14-43**  
 Amount of Each Receipt this Period  
 30.00

**C. Harry E. South**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-716-12-45**  
 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 259 OF 294  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. John Spera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Brand Director - Norditropin an  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-718-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. John Spera**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Brand Director - Norditropin an  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-719-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Richard L. Sperry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Strategic Execution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-719-12-45**  
 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 260 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Richard L. Sperry**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Director - Strategic Execution

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 580.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-720-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Lisa Stantz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-721-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Lisa Stantz**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-722-14-43**

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 261 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Kelly L. Stonestreet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior District Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-726-12-45**  
 Amount of Each Receipt this Period  
 30.00

**B. Kelly L. Stonestreet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior District Business Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-727-14-43**  
 Amount of Each Receipt this Period  
 30.00

**C. David M. Strand**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Field Sales Train  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-727-12-45**  
 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

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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. David M. Strand**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Associate Director - Field Sales Train  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-728-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. Michel R. Strong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health Systems Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-728-12-45**  
 Amount of Each Receipt this Period: **10.00**

**c. Michel R. Strong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health Systems Account Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-729-14-43**  
 Amount of Each Receipt this Period: **10.00**

**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 263 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Joann C. Sufalko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Field Force Effectiveness S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-730-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Joann C. Sufalko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Field Force Effectiveness S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-731-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Donna L. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Manager - Specialty Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-731-12-45**  
 Amount of Each Receipt this Period: 10.00

**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 264 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Donna L. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Manager - Specialty Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-732-14-43**  
 Amount of Each Receipt this Period: 10.00

**B. Lynn M. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Diabetes Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-732-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Lynn M. Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Vice President - Diabetes Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-733-14-43**  
 Amount of Each Receipt this Period: 20.00

**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: (check only one)	PAGE 265 OF 294
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Lisa L. Swanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Health System Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-733-12-45**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 520.00

**B. Lisa L. Swanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Health System Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-734-14-43**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 520.00

**C. Elizabeth B. Tawil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Hemophilia Therapy Sales Manage  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-736-12-45**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 520.00

**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 266 OF 294  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Elizabeth B. Tawil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Hemophilia Therapy Sales Manage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-737-14-43**  
 Amount of Each Receipt this Period  
 200.00

**B. Brian J. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Field Force Executio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-737-12-45**  
 Amount of Each Receipt this Period  
 55.00

**C. Brian J. Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Director - Field Force Executio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-738-14-43**  
 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

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 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Caroline B. Ten Eyck**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-741-14-43**

Amount of Each Receipt this Period  
 8.00

Full Name (Last, First, Middle Initial)  
**B. Amy C. Thienel**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Associate - Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-742-12-45**

Amount of Each Receipt this Period  
 1.00

Full Name (Last, First, Middle Initial)  
**c. Amy C. Thienel**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Associate - Government Affairs

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-743-14-43**

Amount of Each Receipt this Period  
 1.00

**SUBTOTAL** of Receipts This Page (optional)..... ► 10.00

**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 268 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Daniel D. Thorsness**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-744-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Daniel D. Thorsness**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-745-14-43**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Anton L. Titus**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Hemophilia Therapy Sales Man

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-746-12-45**

Amount of Each Receipt this Period  
 10.00

**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 269 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Anton L. Titus**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Hemophilia Therapy Sales Man

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-747-14-43**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Lynn M. Tommelleo**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Market Access - Biopharm

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-747-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Lynn M. Tommelleo**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Market Access - Biopharm

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-748-14-43**

Amount of Each Receipt this Period  
 20.00

**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 270 OF 294  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Michael C. Toth**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Endocrinology Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-749-12-45**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Michael C. Toth**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Endocrinology Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-750-14-43**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Teion S. Turner**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Key Account Manager - Non-Fe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-751-12-45**

Amount of Each Receipt this Period  
 30.00

**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 271 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Teion S. Turner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Key Account Manager - Non-Fe  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-752-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. Timothy C. Vannaman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-754-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. Timothy C. Vannaman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Business Director  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-755-14-43**  
 Amount of Each Receipt this Period: **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 294
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Camilla J. Vanzant**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-753-12-45**

Amount of Each Receipt this Period: **20.00**

**B. Camilla J. Vanzant**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-754-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Michael Vargas**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Director - Business Applications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-755-12-45**

Amount of Each Receipt this Period: **30.00**

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

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

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

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

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

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Michael Vargas**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Director - Business Applications

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 20141223-756-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. George C. Vatore**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : 20141204-756-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. George C. Vatore**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : 20141223-757-14-43**

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

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

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Dana G. Vaughns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Endocrinology District Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-758-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Dana G. Vaughns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Endocrinology District Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-759-14-43**  
 Amount of Each Receipt this Period: 20.00

**C. Kristine L. Voight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Educator II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-760-12-45**  
 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 276 OF 294  
(check only one)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Amy K. Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-767-12-45**  
 Amount of Each Receipt this Period: **30.00**

**B. Amy K. Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-768-14-43**  
 Amount of Each Receipt this Period: **30.00**

**C. Deena M. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health Systems Regional Business Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-768-12-45**  
 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

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(check only one)  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Deena M. Ward**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Health Systems Regional Business Direc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-769-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. Kim D. Watson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-771-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. Kim D. Watson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-772-14-43**  
 Amount of Each Receipt this Period: **20.00**

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

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

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

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Kurt M. Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-772-12-45**  
 Amount of Each Receipt this Period: 20.00

**B. Kurt M. Weaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-773-12-43**  
 Amount of Each Receipt this Period: 20.00

**C. Laura A. Wedemeyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-773-12-45**  
 Amount of Each Receipt this Period: 10.00

**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

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Laura A. Wedemeyer**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-774-14-43**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Pamela E. Wells**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Specialist - Field Force Traine

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-778-12-45**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Pamela E. Wells**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Senior Specialist - Field Force Traine

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-779-14-43**

Amount of Each Receipt this Period  
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 280 OF 294  
(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Chung-Sing W. Weng**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Medical Data Analytics-Heal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-779-12-45**  
 Amount of Each Receipt this Period: 60.00

**B. Chung-Sing W. Weng**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Director - Medical Data Analytics-Heal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1560.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-780-14-43**  
 Amount of Each Receipt this Period: 60.00

**C. Martha M. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Educator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-784-12-45**  
 Amount of Each Receipt this Period: 30.00

**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 281 OF 294  
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 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Martha M. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Diabetes Educator  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-785-14-43**  
 Amount of Each Receipt this Period: **30.00**

**B. Karen L. Wicker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Institutional Diabetes Care  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-785-12-45**  
 Amount of Each Receipt this Period: **20.00**

**C. Karen L. Wicker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Institutional Diabetes Care  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **520.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-786-14-43**  
 Amount of Each Receipt this Period: **20.00**

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

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

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

FOR LINE NUMBER: PAGE 282 OF 294  
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Allison M. Wilburn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-786-12-45**  
 Amount of Each Receipt this Period: **30.00**

**B. Allison M. Wilburn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-787-14-43**  
 Amount of Each Receipt this Period: **30.00**

**C. Lauren E. Wilkie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-787-12-45**  
 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 283 OF 294  
(check only one)  
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 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Lauren E. Wilkie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **520.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-788-14-43**  
 Amount of Each Receipt this Period: **200.00**

**B. Rhonda P. Willerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Field Trainer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 05 / 2014**  
**Transaction ID : 20141204-788-12-45**  
 Amount of Each Receipt this Period: **30.00**

**C. Rhonda P. Willerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Regional Field Trainer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **780.00**

Date of Receipt: **12 / 19 / 2014**  
**Transaction ID : 20141223-789-14-43**  
 Amount of Each Receipt this Period: **30.00**

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

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

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

FOR LINE NUMBER: PAGE 284 OF 294  
(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 Inc. PAC (Novo Nordisk PAC)**

**A. Edward L. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Vice President - BioPharmaceuti  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-789-12-45**  
 Amount of Each Receipt this Period: 55.00

**B. Edward L. Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Senior Vice President - BioPharmaceuti  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-790-14-43**  
 Amount of Each Receipt this Period: 55.00

**C. Anna L. Windle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Executive Director - Medical Affairs S  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-792-12-45**  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 285 OF 294  
(check only one)  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Anna L. Windle**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Executive Director - Medical Affairs S

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-793-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Andrea L. Windsheimer**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Medical Liaison II - Managed Markets

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-793-12-45**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Andrea L. Windsheimer**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Medical Liaison II - Managed Markets

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-794-14-43**

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 286 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Danesa A. Wojtowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Institutional Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-795-12-45**  
 Amount of Each Receipt this Period  
 10.00

**B. Danesa A. Wojtowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Institutional Diabetes Care Specialist  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-796-14-43**  
 Amount of Each Receipt this Period  
 10.00

**C. Jeannette M. Wood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City State Zip Code  
 Plainsboro NJ 08536-1606  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-796-12-45**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**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 287 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Jeannette M. Wood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: District Business Manager I  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-797-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. Stelliann Wood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **460.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-797-12-45**  
 Amount of Each Receipt this Period: 20.00

**C. Stelliann Wood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **460.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-798-14-43**  
 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 288 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Brett G. Wormley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-798-12-45**  
 Amount of Each Receipt this Period  
 20.00

**B. Brett G. Wormley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-799-14-43**  
 Amount of Each Receipt this Period  
 20.00

**C. Melissa T. Yeso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Diabetes Care Specialist III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-804-12-45**  
 Amount of Each Receipt this Period  
 30.00

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

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

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

FOR LINE NUMBER: PAGE 289 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)  
**A. Melissa T. Yeso**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Diabetes Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-805-14-43**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Benjamin M. Young**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Business Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 20141204-805-12-45**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Benjamin M. Young**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Regional Business Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-806-14-43**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. Chinetha L. Youngblood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: District Business Manager II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-807-12-45**  
Amount of Each Receipt this Period: 10.00

**B. Chinetha L. Youngblood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: District Business Manager II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **260.00**

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-808-14-43**  
Amount of Each Receipt this Period: 10.00

**C. Afsaneh M. Zabihi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Institutional Diabetes Care Specialist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-808-12-45**  
Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**  
**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 291 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. Afsaneh M. Zabihi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Institutional Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-809-14-43**  
 Amount of Each Receipt this Period: 20.00

**B. David T. Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Manager - Field Force Incentives  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 05 / 2014  
**Transaction ID : 20141204-810-12-45**  
 Amount of Each Receipt this Period: 15.00

**C. David T. Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Manager - Field Force Incentives  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 19 / 2014  
**Transaction ID : 20141223-811-14-43**  
 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: (check only one)	PAGE 292 OF 294
	<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 Inc. PAC (Novo Nordisk PAC)**

**A. David M. Zivanovic**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-811-12-45**

Amount of Each Receipt this Period: **200.00**

**B. David M. Zivanovic**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **12 / 19 / 2014**

**Transaction ID : 20141223-812-14-43**

Amount of Each Receipt this Period: **20.00**

**C. Tracy M. Zvenyach**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Manager - Reimbursement & Public Polic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: **12 / 05 / 2014**

**Transaction ID : 20141204-813-12-45**

Amount of Each Receipt this Period: **12.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **52.50**

**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 293 OF 294  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Tracy M. Zvenyach**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Manager - Reimbursement & Public Polic

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 20141223-814-14-43**

Amount of Each Receipt this Period  
 12.50

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12.50
<b>TOTAL</b> This Period (last page this line number only).....▶	22771.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

Full Name (Last, First, Middle Initial)

### A. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement  
2014 General Debt Retirement

011

Candidate Name

**William Cassidy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

Transaction ID : 28386414D802942DA5D

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

2500.00
---------

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

2500.00
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