

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 384

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Berrio, Sonia, I, ,

Mailing Address 800 Scudders Mill Rd

City
PlainsboroState
NJZip Code
08536-1606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Senior Health System Diabetes Care Sp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2019

Transaction ID : 2019120515457-55

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Berry, Anne, W, ,

Mailing Address 800 Scudders Mill Rd

City
PlainsboroState
NJZip Code
08536-1606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2019

Transaction ID : 2019110511215-57

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Berry, Anne, W, ,

Mailing Address 800 Scudders Mill Rd

City
PlainsboroState
NJZip Code
08536-1606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 15 / 2019

Transaction ID : 2019111317336-56

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

130.00

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