

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 88

(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. Bergeron, Mary, P, ,

Mailing Address 800 Scudders Mill Rd

City
Plainsboro

State
NJ

Zip Code
08536-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Institutional Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 201904191015-58

Amount of Each Receipt this Period

55.00

☐ 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
Plainsboro

State
NJ

Zip Code
08536-1606

FEC 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2019

Transaction ID : 2019040316255-60

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
Plainsboro

State
NJ

Zip Code
08536-1606

FEC 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 ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 19 / 2019

Transaction ID : 201904191015-60

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

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

165.00