

# **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 182

(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. Ault, Gary, L, ,**

Mailing Address 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)

Director - Analytics Governance and Ca

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : 201905291595-27

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Bachner, Michael, J, ,**

Mailing Address 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)

Director - Commercial Business Unit Pc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 31 / 2019

Transaction ID : 201905291595-29

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Baker, Julie, A, ,**

Mailing Address 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)

Senior Medical Liaison - Regional

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 03 / 2019

Transaction ID : 2019050710524-33

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

95.00

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