

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
Novo Nordisk Inc. PAC (Novo Nordisk PAC)

ADDRESS (number and street) 920 Massachusetts Ave, NW  
Suite 500  
 Check if different than previously reported. (ACC) Washington DC 20001

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00424838 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

#### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)             | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)             | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steve Noyes

Signature of Treasurer Steve Noyes [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>	<input type="text" value="69673.35"/>	<input type="text" value="69673.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="161214.71"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25407.50"/>	<input type="text" value="255331.50"/>
(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="186622.21"/>	<input type="text" value="325004.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31745.69"/>	<input type="text" value="170128.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="154876.52"/>	<input type="text" value="154876.52"/>
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)

Page 3

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).....	22355.00	143522.00
(ii) Unitemized .....	3052.50	111809.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25407.50	255331.50
(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) .....	25407.50	255331.50
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))..... ▶	25407.50	255331.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25407.50	255331.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	245.69	245.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	245.69	245.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	169882.64
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	31745.69	170128.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31745.69	170128.33

**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) .....	25407.50	255331.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25407.50	255331.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	245.69	245.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	245.69	245.69

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Amended to correct the amount of the contribution made to Portman for Senate on 9/28/15

Form/Schedule:  
Transaction ID:

**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 7 OF 277
	<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. 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 **1065.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-4-12-10**  
 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 **1065.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-4-13-53**  
 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 & Obe  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-5-12-10**  
 Amount of Each Receipt this Period: **20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 8 OF 277  
(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 & Obe

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-5-13-53**

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 Cross-Functional District Business Man

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-9-12-10**

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 Cross-Functional District Business Man

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 410.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-9-13-53**

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 277
	<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. Shana M. Ander**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-10-12-10**

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

**B. Shana M. Ander**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**  
Transaction ID : **20150925-10-13-53**

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

**C. Robert K. Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-12-12-10**

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 11 OF 277
	<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	<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. Frank Armenante</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-17-13-53</b>
Name of Employer Novo Nordisk	Occupation District Business Manager I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="387.00"/>	<input type="text" value="1.00"/>

Full Name (Last, First, Middle Initial) <b>B. Gabrielle S. Aroshas</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-17-12-10</b>
Name of Employer Novo Nordisk	Occupation Executive Institutional Diabetes Care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) <b>C. Gabrielle S. Aroshas</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-18-13-53</b>
Name of Employer Novo Nordisk	Occupation Executive Institutional Diabetes Care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="41.00"/>
<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 12 OF 277
	<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. Nader G. Atway**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-19-12-10**

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

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

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-20-13-53**

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

**C. 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-20-12-10**

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 13 OF 277  
(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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-21-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. 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: Cross-Functional District Business Man  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-21-12-10**  
 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: Cross-Functional District Business Man  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-22-13-53**  
 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 277
	<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. Elizabeth M. Ayers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Educator II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-22-12-10**  
 Amount of Each Receipt this Period: **30.00**

**B. Elizabeth M. Ayers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Educator II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-23-13-53**  
 Amount of Each Receipt this Period: **30.00**

**C. 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 **435.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-24-12-10**  
 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 15 OF 277
	<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. 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 **435.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-25-13-53**  
 Amount of Each Receipt this Period: **200.00**

**B. 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: Senior Medical Liaison - Regional  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **820.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-26-12-10**  
 Amount of Each Receipt this Period: **55.00**

**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: Senior Medical Liaison - Regional  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **820.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-27-13-53**  
 Amount of Each Receipt this Period: **55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 16 OF 277
	<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. 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 Medical Liaison - Manag
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : 20150910-28-12-10**

Amount of Each Receipt this Period  

10.00
-------

**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 Medical Liaison - Manag
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : 20150925-29-13-53**

Amount of Each Receipt this Period  

10.00
-------

**C. Dean R. Ballard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 - Biopharmaceuticals Sales Tra
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : 20150910-30-12-10**

Amount of Each Receipt this Period  

20.00
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<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 17 OF 277
	<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	<input type="checkbox"/> 17

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

**A. Dean R. Ballard**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Biopharmaceuticals Sales Tra

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-31-13-53**

Amount of Each Receipt this Period: 20.00

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

Mailing Address 800 Scudders Mill 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 ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-31-12-10**

Amount of Each Receipt this Period: 20.00

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

Mailing Address 800 Scudders Mill 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 ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-32-13-53**

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 277
<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)**

**A. Gregory R. Barbero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Account  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-32-12-10**  
 Amount of Each Receipt this Period: **20.00**

**B. Gregory R. Barbero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Account  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-33-13-53**  
 Amount of Each Receipt this Period: **20.00**

**C. 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-35-12-10**  
 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 19 OF 277
	<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. 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 ▼ **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-36-13-53**

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

**B. 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: Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1055.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-36-12-10**

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

**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: Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1055.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-37-13-53**

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

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

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

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

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

FOR LINE NUMBER: PAGE 20 OF 277  
(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. 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 Account Executive - Regional Ac

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-38-12-10**

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 Account Executive - Regional Ac

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-39-13-53**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Laurie A. Baumgart**

Mailing Address 800 Scudders Mill 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 System Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-40-12-10**

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 21 OF 277
	<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. Laurie A. Baumgart**

Mailing Address 800 Scudders Mill 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 ▼ **435.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-41-13-53**

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

Full Name (Last, First, Middle Initial)  
**B. Rebekah M. Beatty**

Mailing Address 800 Scudders Mill 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 ▼ **505.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-42-12-10**

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

Full Name (Last, First, Middle Initial)  
**c. Rebekah M. Beatty**

Mailing Address 800 Scudders Mill 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 ▼ **505.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-43-13-53**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 22 OF 277
	<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. 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 **435.00**

Date of Receipt **09 / 11 / 2015**  
**Transaction ID : 20150910-43-12-10**  
Amount of Each Receipt this Period **20.00**

**B. 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 **435.00**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 20150925-44-13-53**  
Amount of Each Receipt this Period **20.00**

**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 Cross-Functional District Business Man  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 20150925-46-13-53**  
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: (check only one)	PAGE 23 OF 277
	<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. 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: Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-47-12-10**

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: Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-48-13-53**

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 ▼ **245.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-50-12-10**

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

**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 24 OF 277
	<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. 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 ▼ **245.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-51-13-53**

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

**B. Joshua T. 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: Endocrinology District Business Manage

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-52-13-53**

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

**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 Obesity Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-53-12-10**

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 25 OF 277
	<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. Chad W. Benson</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-54-13-53</b>
Name of Employer Novo Nordisk	Occupation Senior Obesity Care Specialist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="55.00"/>
	<input type="text" value="1046.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mirella A. Berger</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-55-12-10</b>
Name of Employer Novo Nordisk	Occupation District Business Manager II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="60.00"/>
	<input type="text" value="1150.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Mirella A. Berger</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-56-13-53</b>
Name of Employer Novo Nordisk	Occupation District Business Manager II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="60.00"/>
	<input type="text" value="1150.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
<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 26 OF 277
	<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. Mary P. Bergeron**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-56-12-10**

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

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

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **715.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-57-13-53**

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

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

Mailing Address 800 Scudders Mill 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) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-57-12-10**

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 27 OF 277
	<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	<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. Sonia I. Berrio</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-58-13-53</b>
Name of Employer Novo Nordisk	Occupation Senior Health System Diabetes Care Spe	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="385.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dwayne Berry</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-58-12-10</b>
Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="381.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dwayne Berry</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-59-13-53</b>
Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="381.00"/>	

<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: (check only one)	PAGE 28 OF 277
	<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)**

**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 **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-60-12-10**  
 Amount of Each Receipt this Period: **20.00**

**B. 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-61-13-53**  
 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 **735.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-61-12-10**  
 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 29 OF 277
	<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. Daye M. Bexley</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-62-13-53</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Director - Strategic Accounts	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="735.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Francis P. Bigley</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-63-12-10</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Vice President - Chief Compliance Offi	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1046.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Francis P. Bigley</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-64-13-53</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Vice President - Chief Compliance Offi	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1046.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="165.00"/>
<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 30 OF 277  
(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. 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 ▼ 435.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-64-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. 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 ▼ 435.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-65-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Barron L. Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-66-13-53**  
 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: (check only one)	PAGE 31 OF 277
<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)**

**A. 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: Health Systems District Business Manag

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-67-12-10**

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

**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: Health Systems District Business Manag

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-68-13-53**

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

**C. 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: Executive Growth Hormone Therapy Manag

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-68-12-10**

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

<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 32 OF 277
	<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. 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: Executive Growth Hormone Therapy Manag

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-69-13-53**

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

**B. 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 ▼ **390.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-73-12-10**

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 ▼ **390.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-74-13-53**

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 33 OF 277
	<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. Rod Boone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 Educator Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-74-12-10**  
Amount of Each Receipt this Period: 20.00

**B. Rod Boone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 Educator Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-75-13-53**  
Amount of Each Receipt this Period: 20.00

**C. 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: Cross-Functional District Business Man  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1046.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-76-12-10**  
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 34 OF 277
	<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. 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: Cross-Functional District Business Man

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 25 / 2015**  
Transaction ID : **20150925-77-13-53**

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

**B. 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 Health System Diabetes Care Spe

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-77-12-10**

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

**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 Health System Diabetes Care Spe

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**  
Transaction ID : **20150925-78-13-53**

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 35 OF 277
	<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. Thomas W. Bouchie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **571.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-79-12-10**  
 Amount of Each Receipt this Period: **30.00**

**B. Thomas W. Bouchie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **571.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-80-13-53**  
 Amount of Each Receipt this Period: **30.00**

**C. Lori A. Boyd**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Obesity Care Specialist III  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **875.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-82-12-10**  
 Amount of Each Receipt this Period: **10.00**

**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 36 OF 277
	<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. Lori A. Boyd**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-83-13-53**

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

**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 - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-84-12-10**

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

**C. 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 - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-85-13-53**

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 37 OF 277
	<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. 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 **245.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-86-12-10**  
 Amount of Each Receipt this Period: 10.00

**B. 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 **245.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-87-13-53**  
 Amount of Each Receipt this Period: 10.00

**C. Renea 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: Senior Medical Liaison - Regional  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-88-13-53**  
 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 38 OF 277
	<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. William P. Breitenbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-90-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. William P. Breitenbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-91-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Carrie L. Bright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **210.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-92-13-53**  
 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: (check only one)	PAGE 39 OF 277
	<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. M. T. Brooks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-94-12-10**  
 Amount of Each Receipt this Period: **55.00**

**B. M. T. Brooks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 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:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-95-13-53**  
 Amount of Each Receipt this Period: **55.00**

**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 **1046.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-97-12-10**  
 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 40 OF 277  
(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 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 ▼ 1046.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-98-13-53**  
 Amount of Each Receipt this Period: 55.00

**B. Michael H. 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: Health System Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-98-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Michael H. 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: Health System Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-99-13-53**  
 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 41 OF 277
	<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. Ranauld M. 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-99-12-10**

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

**B. Ranauld M. 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-100-13-53**

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

**C. 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: Account Executive II - Regional Accoun

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-100-12-10**

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 42 OF 277
	<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: Account Executive II - Regional Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1065.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-101-13-53**

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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-102-12-10**

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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-103-13-53**

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 277
	<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. Brenton J. Burke**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-104-12-10**

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

**B. Brenton J. Burke**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-105-13-53**

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

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

Mailing Address 800 Scudders Mill 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 - Managed Markets

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-106-12-10**

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 44 OF 277  
(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. Jeffrey L. Burt**  
 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 ▼  
 590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-107-13-53**  
 Amount of Each Receipt this Period  
 30.00

**B. Erin L. Byrne**  
 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 - Public Affairs St  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-108-12-10**  
 Amount of Each Receipt this Period  
 20.00

**C. Erin L. Byrne**  
 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 - Public Affairs St  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-109-13-53**  
 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 45 OF 277
	<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. 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 - Regional  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **385.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-112-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. 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 - Regional  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-113-13-53**  
 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 **410.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-113-12-10**  
 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 46 OF 277  
(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. 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 **410.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-114-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Ryann J. Carissimo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Account  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **580.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-116-12-10**  
 Amount of Each Receipt this Period: 30.00

**C. Ryann J. Carissimo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Account  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **580.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-117-13-53**  
 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 47 OF 277
	<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. Adam H. Carson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-118-12-10**  
Amount of Each Receipt this Period: 20.00

**B. Adam H. Carson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-119-13-53**  
Amount of Each Receipt this Period: 20.00

**C. Rodolfo S. Casas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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)  Aggregate Year-to-Date **390.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-120-12-10**  
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 48 OF 277
	<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. Rodolfo S. Casas**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-121-13-53**

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

**B. 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 ▼ **530.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-123-12-10**

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

**C. 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 ▼ **530.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-124-13-53**

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

**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 49 OF 277
	<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. 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 **590.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-125-12-10**  
 Amount of Each Receipt this Period: **30.00**

**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 **590.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-126-13-53**  
 Amount of Each Receipt this Period: **30.00**

**C. 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: Associate Manager - Patient Relationshi  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-131-12-10**  
 Amount of Each Receipt this Period: **10.00**

**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 50 OF 277
	<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. 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: Associate Manager - Paient Relationshi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-132-13-53**  
 Amount of Each Receipt this Period: 10.00

**B. Daniel T. Cochran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 1050.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-134-12-10**  
 Amount of Each Receipt this Period: 55.00

**C. Daniel T. Cochran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 1050.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-135-13-53**  
 Amount of Each Receipt this Period: 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 277
	<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 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 ▼ 435.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-135-12-10**

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 ▼ 435.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-136-13-53**

Amount of Each Receipt this Period: 20.00

**C. Michelle J. Cohoon**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-136-12-10**

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 52 OF 277  
(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 J. Cohoon**

Mailing Address 800 Scudders Mill 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 National Account Executive

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-137-13-53**

Amount of Each Receipt this Period  
 20.00

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 - Regional Accoun

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 482.50

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-142-12-10**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**c. 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 - Regional Accoun

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 482.50

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-143-13-53**

Amount of Each Receipt this Period  
 25.00

**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 53 OF 277
	<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. Henry W. Cortina**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Information Technolog

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1055.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-146-12-10**

Amount of Each Receipt this Period: 55.00

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

Mailing Address 800 Scudders Mill 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 - Information Technolog

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1055.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-147-13-53**

Amount of Each Receipt this Period: 55.00

**C. Isabel M. Couto**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - KOL Strategy and

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-148-12-10**

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 54 OF 277
	<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. Isabel M. Couto</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-149-13-53</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 - KOL Strategy and
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.00	

Full Name (Last, First, Middle Initial) <b>B. Donna Cox</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-150-12-10</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 Site Specialist - Medical Reviewer - S
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>C. Donna Cox</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-151-13-53</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 Site Specialist - Medical Reviewer - S
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<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 55 OF 277
	<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. Hector V. Cruz**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : 20150910-157-12-10**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : 20150925-158-13-53**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 800 Scudders Mill 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 ▼ **530.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : 20150910-159-12-10**

Amount of Each Receipt this Period  

30.00
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<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 56 OF 277
	<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. Molly M. Curtis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **530.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-160-13-53**  
 Amount of Each Receipt this Period: **30.00**

**B. Coleen A. Czyzewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **571.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-161-12-10**  
 Amount of Each Receipt this Period: **30.00**

**C. Coleen A. Czyzewski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **571.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-162-13-53**  
 Amount of Each Receipt this Period: **30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 57 OF 277
	<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. Kevin B. Danielson**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-165-12-10**

Amount of Each Receipt this Period: 55.00

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

Mailing Address 800 Scudders Mill 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 Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-166-13-53**

Amount of Each Receipt this Period: 55.00

**C. Todd J. Davey**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Area Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-167-12-10**

Amount of Each Receipt this Period: 20.00

<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: (check only one)	PAGE 58 OF 277
	<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. Todd J. Davey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Area Accounts  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-168-13-53**  
 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 **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-169-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-170-13-53**  
 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 59 OF 277
	<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. 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 II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **382.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-176-12-10**

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

**B. 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 II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **382.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-177-13-53**

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

**C. 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 ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-179-12-10**

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 60 OF 277
<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)**

**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 ▼ **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-180-13-53**

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

**B. 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 ▼ **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-181-12-10**

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 ▼ **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-182-13-53**

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 61 OF 277
	<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. Lori A. Diez</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-183-12-10</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 Diabetes Care Specialist II
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>B. Lori A. Diez</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-184-13-53</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 Diabetes Care Specialist II
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph E. Dinoia</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-184-12-10</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 I
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.00	

<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: (check only one)	PAGE 62 OF 277
	<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. Joseph E. Dinoia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-185-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Bradley H. Drake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-192-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Bradley H. Drake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-193-13-53**  
 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 63 OF 277
	<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. Alan W. Dunbar**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-197-12-10**

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

**B. Alan W. Dunbar**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **385.00**

Date of Receipt: **09 / 25 / 2015**  
Transaction ID : **20150925-198-13-53**

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

**C. 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 ▼ **625.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-198-12-10**

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 64 OF 277
	<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. 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 **625.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-199-13-53**  
 Amount of Each Receipt this Period: **30.00**

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

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-200-12-10**  
 Amount of Each Receipt this Period: **10.00**

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

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-201-13-53**  
 Amount of Each Receipt this Period: **10.00**

<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 65 OF 277
	<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. Wendi J. Eldridge**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **220.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-202-13-53**

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

**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: National Account Executive II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-203-12-10**

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: National Account Executive II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-204-13-53**

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 66 OF 277
	<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. Maria S. Ely</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150910-204-12-10</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Novo Nordisk	Senior Diabetes Care Specialist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="571.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Maria S. Ely</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150925-205-13-53</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Novo Nordisk	Senior Diabetes Care Specialist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="571.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mary M. Enea</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.		<b>Transaction ID : 20150910-205-12-10</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="55.00"/>
Name of Employer	Occupation	
Novo Nordisk	Senior National Account Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="915.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<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" value=""/>

**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 67 OF 277
	<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 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 National Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **915.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-206-13-53**

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

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Educator Field Trainer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-207-12-10**

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

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Educator Field Trainer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **635.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-208-13-53**

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: (check only one)	PAGE 68 OF 277
	<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. 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 ▼ **580.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-209-12-10**

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 ▼ **580.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-210-13-53**

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 ▼ **520.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-211-12-10**

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 69 OF 277
	<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. 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 **520.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-212-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Lee R. Espinoza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **590.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-212-12-10**  
 Amount of Each Receipt this Period: 30.00

**C. Lee R. Espinoza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **590.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-213-13-53**  
 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 70 OF 277
	<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	<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 ▼ 1065.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-213-12-10**

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 ▼ 1065.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-214-13-53**

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 ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-215-12-10**

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 71 OF 277
	<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. 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 ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-216-13-53**  
 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-216-12-10**  
 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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-217-13-53**  
 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 72 OF 277
	<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	<input type="checkbox"/> 17

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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 Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Director - Market Development &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-217-12-10**

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 Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Senior Director - Market Development &

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-218-13-53**

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

**C. Patrick Farrimond**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Senior Sales Management and

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-218-12-10**

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 73 OF 277
	<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. Patrick Farrimond**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Senior Sales Management and

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-219-13-53**

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

**B. Mara B. Feldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Obesity Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-219-12-10**

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

**C. Mara B. Feldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Obesity Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-220-13-53**

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 74 OF 277
	<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. Alexander H. Feng**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Global Information and Anal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-222-13-53**

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

**B. 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 ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-222-12-10**

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

**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 ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-223-13-53**

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 75 OF 277
	<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. Mark G. Ferraro**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Obesity District Business Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-225-12-10**

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

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

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Obesity District Business Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-225-13-53**

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

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

Mailing Address 800 Scudders Mill 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 Business Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-227-12-10**

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 76 OF 277
	<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. Christopher Ferullo**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Business Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-227-13-53**

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

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

Mailing Address 800 Scudders Mill 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 ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-229-12-10**

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

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

Mailing Address 800 Scudders Mill 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 ▼ **1065.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-229-13-53**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</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 77 OF 277
	<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. Elizabeth A. Fierro</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-231-12-10</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 Executive Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1046.00	

Full Name (Last, First, Middle Initial) <b>B. Elizabeth A. Fierro</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-231-13-53</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 Executive Diabetes Care Specialist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1046.00	

Full Name (Last, First, Middle Initial) <b>C. Robert R. Fischer</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-232-12-10</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 Director - Regulatory Affairs - Therap
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<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 78 OF 277  
(check only one)

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

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

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

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2015**

**Transaction ID : 20150925-232-13-53**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Travis S. Fisher**

Mailing Address 800 Scudders Mill 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 ▼ **1050.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : 20150910-235-12-10**

Amount of Each Receipt this Period  
**55.00**

Full Name (Last, First, Middle Initial)  
**C. Travis S. Fisher**

Mailing Address 800 Scudders Mill 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 ▼ **1050.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2015**

**Transaction ID : 20150925-235-13-53**

Amount of Each Receipt this Period  
**55.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 277
	<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. Shane M. Flaherty</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-238-12-10</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		Aggregate Year-to-Date ▼ 381.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Shane M. Flaherty</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-238-13-53</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		Aggregate Year-to-Date ▼ 381.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Thomas J. Flynn</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-241-12-10</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 Executive Obesity Care Specialist		Aggregate Year-to-Date ▼ 435.00
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 80 OF 277  
(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. Thomas J. Flynn**

Mailing Address 800 Scudders Mill 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 Obesity Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-241-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Matthew P. Forde**

Mailing Address 800 Scudders Mill 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 ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-242-12-10**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Matthew P. Forde**

Mailing Address 800 Scudders Mill 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 ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-242-13-53**

Amount of Each Receipt this Period  
 55.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 277
	<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: Senior Regional Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-246-12-10**

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: Senior Regional Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 25 / 2015**  
Transaction ID : **20150925-246-13-53**

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 ▼ **580.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-247-12-10**

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 82 OF 277
	<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. 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 ▼ **580.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-247-13-53**

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

**B. Anne M. Fraser**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **358.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-248-12-10**

Amount of Each Receipt this Period: **1.00**

**C. Anne M. Fraser**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **358.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-248-13-53**

Amount of Each Receipt this Period: **1.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>32.00</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 83 OF 277
	<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: Health System Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-250-12-10**

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

**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: Health System Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-250-13-53**

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

**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 ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-251-12-10**

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 84 OF 277  
(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. 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 ▼ 1065.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-251-13-53**  
 Amount of Each Receipt this Period: 55.00

**B. Michael D. Frey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Accoun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-252-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Michael D. Frey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Accoun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-252-13-53**  
 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 85 OF 277  
(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. James H. Gaither**

Mailing Address 800 Scudders Mill 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 ▼  
 210.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-255-13-53**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Jordan J. Gamelin**

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-258-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Jordan J. Gamelin**

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-258-13-53**

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 86 OF 277
	<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. 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 ▼ **600.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-260-12-10**

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 ▼ **600.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-260-13-53**

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: Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-261-12-10**

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 87 OF 277
	<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. 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: Educator II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-261-13-53**  
 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 ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-262-13-53**  
 Amount of Each Receipt this Period: 10.00

**C. 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 ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-263-12-10**  
 Amount of Each Receipt this Period: 20.00

<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 88 OF 277
	<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 D. Gawlikowski</b>			Date of Receipt
Mailing Address 800 Scudders Mill Rd			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150925-263-13-53</b>
Plainsboro	NJ	08536-1606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
Novo Nordisk	District Business Manager II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mary L. Gawronski</b>			Date of Receipt
Mailing Address 800 Scudders Mill Rd			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150910-264-12-10</b>
Plainsboro	NJ	08536-1606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="55.00"/>
Name of Employer	Occupation		
Novo Nordisk	Regional Support Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mary L. Gawronski</b>			Date of Receipt
Mailing Address 800 Scudders Mill Rd			<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : 20150925-264-13-53</b>
Plainsboro	NJ	08536-1606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="55.00"/>
Name of Employer	Occupation		
Novo Nordisk	Regional Support Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1050.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<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 89 OF 277
	<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. 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 ▼ 410.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-265-12-10**  
Amount of Each Receipt this Period: 20.00

**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 ▼ 410.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-265-13-53**  
Amount of Each Receipt this Period: 20.00

**C. 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 ▼ 625.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-270-12-10**  
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 90 OF 277
	<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. 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 **625.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-270-13-53**  
 Amount of Each Receipt this Period: **30.00**

**B. 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 - Regional  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-271-12-10**  
 Amount of Each Receipt this Period: **20.00**

**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 - Regional  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-271-13-53**  
 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 91 OF 277
	<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. 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: Health Systems District Business Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-272-12-10**  
 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: Health Systems District Business Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-272-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Lori A. Gillihan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-273-12-10**  
 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 92 OF 277  
(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. Lori A. Gillihan**

Mailing Address 800 Scudders Mill 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 Obesity Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 395.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-273-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Robert E. Gilot**

Mailing Address 800 Scudders Mill 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 ▼  
 355.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-275-12-10**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Robert E. Gilot**

Mailing Address 800 Scudders Mill 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 ▼  
 355.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-275-13-53**

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 93 OF 277  
(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. Walter E. Ginter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-276-13-53**  
 Amount of Each Receipt this Period: 10.00

**B. Peter Giombetti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-277-13-53**  
 Amount of Each Receipt this Period: 10.00

**C. 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 ▼ 1046.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-280-12-10**  
 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 94 OF 277
<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. Joanne M. Golankiewicz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015 <b>Transaction ID : 20150925-280-13-53</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		Amount of Each Receipt this Period 55.00
Name of Employer Novo Nordisk	Occupation VP - Commercial Effectiveness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1046.00	

Full Name (Last, First, Middle Initial) <b>B. Michael G. Gonzales</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : 20150910-281-12-10</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 20.00
Name of Employer Novo Nordisk	Occupation Senior District Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

Full Name (Last, First, Middle Initial) <b>C. Michael G. Gonzales</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015 <b>Transaction ID : 20150925-281-13-53</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 20.00
Name of Employer Novo Nordisk	Occupation Senior District Business Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 435.00	

<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 95 OF 277  
(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. Maria M. Gonzalez**

Mailing Address 800 Scudders Mill 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-282-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Maria M. Gonzalez**

Mailing Address 800 Scudders Mill 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-282-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Traci R. Gordon**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk National Account Executive II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 335.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-283-12-10**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00

**TOTAL** This Period (last page this line 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 277  
(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: National Account Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **335.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-283-13-53**  
 Amount of Each Receipt this Period: **15.00**

**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 ▼ **765.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-285-12-10**  
 Amount of Each Receipt this Period: **55.00**

**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 ▼ **765.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-285-13-53**  
 Amount of Each Receipt this Period: **55.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **125.00**  
**TOTAL** This Period (last page this line 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 277
	<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. Reza Green</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20150910-286-12-10</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Vice-President of Intellectual Propert		<input type="text"/> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 381.00	

Full Name (Last, First, Middle Initial) <b>B. Reza Green</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20150925-286-13-53</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Vice-President of Intellectual Propert		<input type="text"/> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 381.00	

Full Name (Last, First, Middle Initial) <b>C. William J. Green</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20150910-287-12-10</b>
FEC ID number of contributing federal political committee. <input type="text"/> C		Amount of Each Receipt this Period
Name of Employer Occupation Novo Nordisk Senior Clinical Research Associate - F		<input type="text"/> 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 385.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 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: (check only one)	PAGE 98 OF 277
	<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. William J. 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: Senior Clinical Research Associate - F  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-287-13-53**  
 Amount of Each Receipt this Period: **200.00**

**B. 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 **1046.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-288-12-10**  
 Amount of Each Receipt this Period: **55.00**

**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 **1046.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-288-13-53**  
 Amount of Each Receipt this Period: **55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>130.00</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 99 OF 277
	<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. Leah M. Gregg**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Area Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-289-12-10**

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

**B. Leah M. Gregg**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Area Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-289-13-53**

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

**C. 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 Endonicrology Diabetes Care Spe

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-291-12-10**

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: (check only one)	PAGE 100 OF 277
	<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. 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 **1050.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-291-13-53**  
 Amount of Each Receipt this Period: **55.00**

**B. 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: Senior Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-292-12-10**  
 Amount of Each Receipt this Period: **20.00**

**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: Senior Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-292-13-53**  
 Amount of Each Receipt this Period: **20.00**

<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 101 OF 277
	<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. 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 ▼ **410.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-293-12-10**

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 ▼ **410.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-293-13-53**

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

**C. Michelle L. Guisinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **435.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-295-12-10**

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 102 OF 277  
(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 ▼  
 435.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-295-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 390.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-298-12-10**

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 ▼  
 390.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-298-13-53**

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 103 OF 277
<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)**

**A. Richard D. Halpern**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Market Access Mar

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-301-12-10**

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

**B. Richard D. Halpern**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Market Access Mar

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-301-13-53**

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

**C. 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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-303-12-10**

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: (check only one)	PAGE 104 OF 277
	<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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **890.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-303-13-53**

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

**B. 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: Cross-Functional District Business Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-306-12-10**

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

**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: Cross-Functional District Business Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-306-13-53**

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: (check only one)	PAGE 105 OF 277
	<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. Karen T. Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-308-12-10**

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

**B. Karen T. Harris**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-308-13-53**

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

**C. 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: Cross-Functional District Business Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-309-12-10**

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 106 OF 277
	<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. 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: Cross-Functional District Business Man  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1065.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-309-13-53**  
 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 **1046.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-312-12-10**  
 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 **1046.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-312-13-53**  
 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: (check only one)	PAGE 107 OF 277
	<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 W. Hauser**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-313-12-10**

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

**B. Robert W. Hauser**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-313-13-53**

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

**C. 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 ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-317-12-10**

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

<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 108 OF 277
	<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 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 ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-317-13-53**

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 II - Regional Accoun

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-318-12-10**

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 II - Regional Accoun

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-318-13-53**

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 109 OF 277
<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)**

**A. Michael A. Hennigan**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-319-12-10**

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

**B. Michael A. Hennigan**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-319-13-53**

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

**C. Tanya L. Hill**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Hemophilia Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1055.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-322-12-10**

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 110 OF 277  
(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. Tanya L. Hill**

Mailing Address 800 Scudders Mill 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 - Hemophilia Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1055.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-322-13-53**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca A. Hischer**

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-323-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Rebecca A. Hischer**

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-323-13-53**

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 111 OF 277
<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. Christopher P. Hixson</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-324-12-10</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 ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher P. Hixson</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-324-13-53</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 ▼ 410.00	

Full Name (Last, First, Middle Initial) <b>C. Todd M. Hobbs</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-326-12-10</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 Vice President - North America Chief M
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.00	

<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 112 OF 277
	<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. 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: Vice President - North America Chief M

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-326-13-53**

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

**B. Scott W. Hocking**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Fie

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-327-12-10**

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

**C. Scott W. Hocking**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Fie

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-327-13-53**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 113 OF 277
	<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. Julia L. Hoff</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150910-329-12-10</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Account Executive II - Regional Account		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="666.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Julia L. Hoff</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150925-329-13-53</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Account Executive II - Regional Account		<input type="text" value="35.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="666.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Matthew D. Hoffman</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150910-330-12-10</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Senior Diabetes Care Specialist		<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="400.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<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 114 OF 277
<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)**

**A. 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 ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-330-13-53**

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

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

Mailing Address 800 Scudders Mill 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 - Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-333-12-10**

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

**C. Paul R. Hoogsteden**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-333-13-53**

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

<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: PAGE 115 OF 277  
(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 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-334-12-10**  
 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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-334-13-53**  
 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 ▼ 385.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-339-12-10**  
 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 116 OF 277
<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)**

**A. 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 ▼ **385.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-339-13-53**

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

**B. Todd D. Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-340-12-10**

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

**C. Todd D. Hughes**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **435.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-340-13-53**

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 117 OF 277
	<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	<input type="checkbox"/> 17

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

**A. David E. Hume**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **571.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-341-12-10**

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

**B. David E. Hume**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **571.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-341-13-53**

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

**C. 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 ▼ **455.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-344-12-10**

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

<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 118 OF 277		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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 **455.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-344-13-53**  
 Amount of Each Receipt this Period: **200.00**

**B. 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: Cross-Functional District Business Man  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1065.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-345-12-10**  
 Amount of Each Receipt this Period: **55.00**

**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: Cross-Functional District Business Man  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1065.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-345-13-53**  
 Amount of Each Receipt this Period: **55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 119 OF 277
	<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)  
**A. Asra K. Iftekaruddin**

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-347-12-10**

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

Full Name (Last, First, Middle Initial)  
**B. Asra K. Iftekaruddin**

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-347-13-53**

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

Full Name (Last, First, Middle Initial)  
**C. Kenneth M. Inchausti**

Mailing Address 800 Scudders Mill 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 ▼ **1046.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-349-12-10**

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 120 OF 277  
(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. 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 ▼ 1046.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-349-13-53**  
 Amount of Each Receipt this Period: 55.00

**B. Krista J. Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Accoun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-352-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Krista J. Jackson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Accoun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-352-13-53**  
 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 121 OF 277
	<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. Farruq Z. Jafery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - PCOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1480.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-353-12-10**  
 Amount of Each Receipt this Period: **75.00**

**B. Farruq Z. Jafery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - PCOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1480.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-353-13-53**  
 Amount of Each Receipt this Period: **75.00**

**C. James M. Jernigan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Victoza  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-354-12-10**  
 Amount of Each Receipt this Period: **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**TOTAL** This Period (last page this line 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 122 OF 277
	<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. James M. Jernigan</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20150925-354-13-53</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 - Victoza		<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="381.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Isaac L. Jordan</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20150910-360-12-10</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 Associate Manager - Multicultural Mark		<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="1075.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Isaac L. Jordan</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City State Zip Code Plainsboro NJ 08536-1606		<b>Transaction ID : 20150925-360-13-53</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 Associate Manager - Multicultural Mark		<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="1075.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<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 123 OF 277
	<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. 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 Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-361-13-53**  
 Amount of Each Receipt this Period: 100.00

**B. Kris A. Journey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 680.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-362-12-10**  
 Amount of Each Receipt this Period: 55.00

**C. Kris A. Journey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 680.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-362-13-53**  
 Amount of Each Receipt this Period: 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 124 OF 277
	<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. 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: Director - Area Accounts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **435.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-364-12-10**  
Amount of Each Receipt this Period: 20.00

**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: Director - Area Accounts  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **435.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-364-13-53**  
Amount of Each Receipt this Period: 20.00

**C. 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 **505.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-365-12-10**  
Amount of Each Receipt this Period: 25.00

<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: PAGE 125 OF 277  
(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 ▼ 505.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-365-13-53**  
 Amount of Each Receipt this Period: 25.00

**B. Jeffrey M. Kawalek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Risk Assessment &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-368-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Jeffrey M. Kawalek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Risk Assessment &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-368-13-53**  
 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 126 OF 277  
(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 Educator Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-369-12-10**  
 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 Educator Manager I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-369-13-53**  
 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: Senior Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-370-12-10**  
 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 127 OF 277  
(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. 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 Senior Account Executive - Regional Ac

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-370-13-53**

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 - Regional Accou

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-371-12-10**

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 - Regional Accou

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-371-13-53**

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 128 OF 277
	<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. Brian J. Kelly</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-372-12-10</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 Director - State Government Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1046.00	

Full Name (Last, First, Middle Initial) <b>B. Brian J. Kelly</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-372-13-53</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 Director - State Government Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1046.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph F. Kelly</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-373-12-10</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 Vice President - Diabetes Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1075.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 129 OF 277  
(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 F. Kelly**  
 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 Vice President - Diabetes Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1075.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-373-13-53**  
 Amount of Each Receipt this Period  
 55.00

**B. Chi C. Kemp**  
 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 ▼  
 571.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-374-12-10**  
 Amount of Each Receipt this Period  
 30.00

**c. Chi C. Kemp**  
 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 ▼  
 571.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-374-13-53**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 277
	<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. Donald A. Kempin**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-375-12-10**

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

**B. Donald A. Kempin**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-375-13-53**

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

**C. Joseph R. Kenhan**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **210.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-377-13-53**

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

**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 131 OF 277
<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)**

**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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-378-12-10**

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

**B. 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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-378-13-53**

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

**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: Executive Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-379-12-10**

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

<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 132 OF 277
	<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. 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: Executive Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-379-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Josh C. Khachadourian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Accoun  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-380-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Josh C. Khachadourian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Accoun  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-380-13-53**  
 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 133 OF 277
<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)**

**A. David J. Kimber**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **230.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-382-13-53**

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

**B. Sylvia M. Kirby**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-385-12-10**

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

**C. Sylvia M. Kirby**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-385-13-53**

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 134 OF 277  
(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. Kitchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-386-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. James A. Kitchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-386-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Corey A. Knopp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **486.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-390-12-10**  
 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 135 OF 277
	<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. Corey A. Knopp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 486.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-390-13-53**  
 Amount of Each Receipt this Period: 55.00

**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 ▼ 385.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-393-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. 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 ▼ 385.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-393-13-53**  
 Amount of Each Receipt this Period: 20.00

<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 136 OF 277
	<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. Troy T. Kramer</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-396-12-10</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Senior Diabetes Care Specialist	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="383.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Troy T. Kramer</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-396-13-53</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Senior Diabetes Care Specialist	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="383.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Carol L. Krause</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-397-12-10</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Senior Medical Liaison - Regional	<input type="text" value="35.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="675.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<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 137 OF 277
<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)**

**A. Carol L. Krause**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-397-13-53**

Amount of Each Receipt this Period: **35.00**

**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: Senior Regional Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-400-12-10**

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

**C. 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: Senior Regional Business Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-400-13-53**

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 138 OF 277  
(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. Judith A. Krupa**  
 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 Educator Manager I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-403-12-10**  
 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 State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Diabetes Educator Manager I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1055.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-403-13-53**  
 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 State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Director - Data and Systems  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-408-12-10**  
 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 139 OF 277
	<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. 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-408-13-53**  
 Amount of Each Receipt this Period: **20.00**

**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: Director - Area Accounts  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-409-12-10**  
 Amount of Each Receipt this Period: **30.00**

**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: Director - Area Accounts  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **625.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-409-13-53**  
 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 140 OF 277
	<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. Gretchen R. Langan</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-412-12-10</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 Account Executive II - Regional Accoun
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Gretchen R. Langan</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-412-13-53</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 Account Executive II - Regional Accoun
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>C. Stephanie L. Lattig</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-417-12-10</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 Account Executive - Regional Ac
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1065.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 141 OF 277
	<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. Stephanie L. Lattig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1065.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-417-13-53**  
 Amount of Each Receipt this Period: 55.00

**B. David A. Layne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 1055.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-420-12-10**  
 Amount of Each Receipt this Period: 55.00

**C. David A. Layne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 1055.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-420-13-53**  
 Amount of Each Receipt this Period: 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 142 OF 277
	<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)**

**A. Camille C. 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 Vice President - Diabetes & Obe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1065.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-422-12-10**  
 Amount of Each Receipt this Period: 55.00

**B. Camille C. 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 Vice President - Diabetes & Obe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1065.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-422-13-53**  
 Amount of Each Receipt this Period: 55.00

**C. 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 ▼ 1065.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-423-12-10**  
 Amount of Each Receipt this Period: 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<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 143 OF 277  
(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. Jill H. Lee**  
 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 Attorney  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1065.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-423-13-53**  
 Amount of Each Receipt this Period  
 55.00

**B. Jeffrey P. Letourneau**  
 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 Endocrinology District Business  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 382.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-424-12-10**  
 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 State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Endocrinology District Business  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 382.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-424-13-53**  
 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 144 OF 277
<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)**

**A. James G. Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 **210.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-427-13-53**  
Amount of Each Receipt this Period: 100.00

**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 **385.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-429-12-10**  
Amount of Each Receipt this Period: 20.00

**C. 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 **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-429-13-53**  
Amount of Each Receipt this Period: 20.00

<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 145 OF 277
	<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. Christopher D. Lichok**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **210.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-430-13-53**  
 Amount of Each Receipt this Period: 100.00

**B. 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 Health System Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-431-12-10**  
 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 Health System Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-431-13-53**  
 Amount of Each Receipt this Period: 20.00

<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 146 OF 277
	<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. Brett M. Liner</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-434-12-10</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 Business Director		Aggregate Year-to-Date ▼ 285.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Brett M. Liner</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-434-13-53</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 Business Director		Aggregate Year-to-Date ▼ 285.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. James M. Longo</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-437-12-10</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 I		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 147 OF 277  
(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 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 ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-437-13-53**  
 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 II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-439-12-10**  
 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 II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-439-13-53**  
 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 148 OF 277
	<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 ▼ **361.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-440-12-10**

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

**B. 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 ▼ **261.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-441-12-10**

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

**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 ▼ **261.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-440-13-53**

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 149 OF 277
	<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. Christine C. Maas</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-444-12-10</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 Health System Diabetes Care Spe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>B. Christine C. Maas</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-443-13-53</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 Health System Diabetes Care Spe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>C. Allison H. Mackey</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-445-12-10</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 Obesity Care Specialist III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 381.00	

<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 150 OF 277  
(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. 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 Obesity Care Specialist III

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-444-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Amanda Makki**

Mailing Address 800 Scudders Mill 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 - FDA Legislation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-446-12-10**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**C. Amanda Makki**

Mailing Address 800 Scudders Mill 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 - FDA Legislation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-445-13-53**

Amount of Each Receipt this Period  
 55.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 277
	<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. 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 Obesity Care Specialist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **435.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-450-12-10**  
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 Obesity Care Specialist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **435.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-449-13-53**  
Amount of Each Receipt this Period: 20.00

**C. Joanne Marinakos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 Manager - Field Force Incent  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-453-12-10**  
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 152 OF 277
	<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. Joanne Marinakos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Manager - Field Force Incent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-452-13-53**  
 Amount of Each Receipt this Period: **200.00**

**B. 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 **1065.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-457-12-10**  
 Amount of Each Receipt this Period: **55.00**

**C. 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 **1065.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-456-13-53**  
 Amount of Each Receipt this Period: **55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 153 OF 277
	<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	<input type="checkbox"/> 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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-459-12-10**

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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-458-13-53**

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: Account Executive I - Regional Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-460-12-10**

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 154 OF 277
	<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. 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: Account Executive I - Regional Account  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-459-13-53**  
 Amount of Each Receipt this Period: **20.00**

**B. Susan E. 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: Medical Liaison - Regional  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-460-13-53**  
 Amount of Each Receipt this Period: **10.00**

**C. Laura K. Martinez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **435.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-464-12-10**  
 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 155 OF 277
	<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. Laura K. Martinez**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **435.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-463-13-53**

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

**B. 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 - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-466-12-10**

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

**C. 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 - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-465-13-53**

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

<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 156 OF 277
	<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. Steven A. Mastrosimone**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **410.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-468-12-10**

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

**B. Steven A. Mastrosimone**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **410.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-467-13-53**

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

**C. Jeff S. Maxwell**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **1050.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-470-12-10**

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 157 OF 277  
(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. Jeff S. Maxwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **1050.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-469-13-53**  
 Amount of Each Receipt this Period: **55.00**

**B. Margaret M. Mazzeo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-472-12-10**  
 Amount of Each Receipt this Period: **20.00**

**C. Margaret M. Mazzeo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 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:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-471-13-53**  
 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 158 OF 277
	<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 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) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-474-12-10**

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

**B. 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) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-473-13-53**

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

**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) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-475-12-10**

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

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

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

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

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

FOR LINE NUMBER: PAGE 159 OF 277  
(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. George C. McAvoy**

Mailing Address 800 Scudders Mill 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 - Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1046.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-474-13-53**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. Cheryl P. McCauley**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Field Director - Managed Markets

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-479-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**c. Cheryl P. McCauley**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Field Director - Managed Markets

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-478-13-53**

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 160 OF 277  
(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 ▼ 385.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-480-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. 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 ▼ 385.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-479-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Brian D. McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-483-12-10**  
 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 161 OF 277  
(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 D. McDonald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-482-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. 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: Director - VA Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-485-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. 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: Director - VA Accounts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-484-13-53**  
 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 162 OF 277
	<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. Dean B. McKissick</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-487-12-10</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	Aggregate Year-to-Date ▼ 400.00	
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dean B. McKissick</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-486-13-53</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	Aggregate Year-to-Date ▼ 400.00	
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Krystal L. McLearn</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-488-12-10</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	Aggregate Year-to-Date ▼ 390.00	
Name of Employer Novo Nordisk	Occupation Regional Support Manager	
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: (check only one)	PAGE 163 OF 277
	<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. 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 **390.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-487-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Dana S. McMahon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Assistant General Counsel  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **385.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-491-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Dana S. McMahon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Assistant General Counsel  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-490-13-53**  
 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 164 OF 277  
(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 **400.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-493-12-10**  
 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 **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-492-13-53**  
 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 **210.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-493-13-53**  
 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: (check only one)	PAGE 165 OF 277
	<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. 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 **590.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-495-12-10**  
 Amount of Each Receipt this Period: **30.00**

**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 **590.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-494-13-53**  
 Amount of Each Receipt this Period: **30.00**

**C. 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: Cross-Functional District Business Man  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-498-12-10**  
 Amount of Each Receipt this Period: **20.00**

<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 166 OF 277
	<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. 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: Cross-Functional District Business Man  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-497-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Brent K. 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 Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-499-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Brent K. 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 Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 435.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-498-13-53**  
 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 167 OF 277
	<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. 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 Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-500-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. 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 Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-499-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Julia D. 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: District Business Manager II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-500-13-53**  
 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 168 OF 277  
(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 MocarSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Health Economics  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **441.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-504-12-10**  
 Amount of Each Receipt this Period: **55.00**

**B. Michelle MocarSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Health Economics  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **441.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-503-13-53**  
 Amount of Each Receipt this Period: **55.00**

**C. Audrey M. Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-506-12-10**  
 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 169 OF 277
	<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. Audrey M. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-505-13-53**

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

**B. Charles D. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **220.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-507-12-10**

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

**C. Charles D. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **220.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-506-13-53**

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 170 OF 277  
(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. Jose E. Morales**  
 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 ▼  
 1065.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-508-12-10**  
 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 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 ▼  
 1065.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-507-13-53**  
 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 State Zip Code  
 Plainsboro NJ 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Novo Nordisk Senior Director - Product Communicatio  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-512-12-10**  
 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 171 OF 277
	<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. 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: Senior Director - Product Communicatio  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-511-13-53**  
 Amount of Each Receipt this Period: 30.00

**B. Christi J. Moseley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-513-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Christi J. Moseley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-512-13-53**  
 Amount of Each Receipt this Period: 20.00

<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 172 OF 277
	<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. 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 **400.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-514-12-10**  
 Amount of Each Receipt this Period: **20.00**

**B. 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 **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-513-13-53**  
 Amount of Each Receipt this Period: **20.00**

**C. Jeffrey N. Moss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **1055.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-515-12-10**  
 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 173 OF 277
	<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. Jeffrey N. Moss**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **1055.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-514-13-53**

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

**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 - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-517-12-10**

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 - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-516-13-53**

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 174 OF 277  
(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 - Big Data COE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-518-12-10**  
 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 - Big Data COE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-517-13-53**  
 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 ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-519-12-10**  
 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 175 OF 277  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Novo Nordisk Inc. PAC (Novo Nordisk PAC)**

**A. 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 ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-518-13-53**  
Amount of Each Receipt this Period: 20.00

**B. Heather J. Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill Rd  
City Plainsboro State NJ Zip Code 08536-1606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Novo Nordisk Occupation: Obesity District Business Manager I  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-522-13-53**  
Amount of Each Receipt this Period: 10.00

**C. Tracey C. Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-524-12-10**  
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 176 OF 277
	<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. Tracey C. Myers**

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2015**

**Transaction ID : 20150925-523-13-53**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Tabitha B. Nance**

Mailing Address 800 Scudders Mill 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 Accoun

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2015**

**Transaction ID : 20150910-526-12-10**

Amount of Each Receipt this Period  
**55.00**

Full Name (Last, First, Middle Initial)  
**C. Tabitha B. Nance**

Mailing Address 800 Scudders Mill 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 Accoun

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 25 / 2015**

**Transaction ID : 20150925-525-13-53**

Amount of Each Receipt this Period  
**55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 177 OF 277  
(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. Angela V. Neikov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 390.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-528-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. Angela V. Neikov**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 390.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-527-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. 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 ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-531-13-53**  
 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: (check only one)	PAGE 178 OF 277
	<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. 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-534-12-10**  
 Amount of Each Receipt this Period: 20.00

**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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-533-13-53**  
 Amount of Each Receipt this Period: 20.00

**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: Senior National Account Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-537-12-10**  
 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 179 OF 277
	<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 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: Senior National Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-536-13-53**

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 ▼ **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-538-12-10**

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 ▼ **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-537-13-53**

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 180 OF 277
<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)**

**A. Sarah E. Nordstrom**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Op

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-541-12-10**

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 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 Op

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-540-13-53**

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 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 ▼ **600.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-542-12-10**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 181 OF 277
	<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. 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 ▼ **600.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-541-13-53**

Amount of Each Receipt this Period: **300.00**

**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 ▼ **897.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-544-12-10**

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

**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 ▼ **897.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-543-13-53**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</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 182 OF 277
	<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. Stephen D. Noyes**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-546-12-10**

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

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

Mailing Address 800 Scudders Mill 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 - Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-545-13-53**

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

**C. 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: Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-547-12-10**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</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 183 OF 277
	<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. 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: Educator II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-546-13-53**

Amount of Each Receipt this Period: **300.00**

**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 ▼ **480.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-548-12-10**

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 ▼ **480.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-547-13-53**

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: PAGE 184 OF 277  
(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 J. O'Mahony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 385.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-551-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. Brian J. O'Mahony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 385.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-550-13-53**  
 Amount of Each Receipt this Period: 20.00

**c. Hubert J. Oates**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Endonicrology Diabetes Care Spe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 571.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-552-12-10**  
 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 185 OF 277
	<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. Hubert J. Oates**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 571.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-551-13-53**  
 Amount of Each Receipt this Period: 30.00

**B. Adriano Offreda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 1100.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-554-12-10**  
 Amount of Each Receipt this Period: 55.00

**C. Adriano Offreda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 1100.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-553-13-53**  
 Amount of Each Receipt this Period: 55.00

<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: (check only one)	PAGE 186 OF 277
	<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. Susan P. Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-558-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. Susan P. Olson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-557-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. 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 ▼ 1047.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-559-12-10**  
 Amount of Each Receipt this Period: 55.00

<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 187 OF 277
<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)**

**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 **1047.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-558-13-53**  
 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 II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-561-12-10**  
 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 II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1050.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-560-13-53**  
 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 188 OF 277  
(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 J. Palermo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 590.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-567-12-10**  
 Amount of Each Receipt this Period: 30.00

**B. Robert J. Palermo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 590.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-566-13-53**  
 Amount of Each Receipt this Period: 30.00

**C. Pravin Parekh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-569-12-10**  
 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 189 OF 277
	<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. Pravin Parekh</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-568-13-53</b>
Name of Employer Novo Nordisk	Occupation Executive Institutional Diabetes Care	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="381.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Brian Pastorini</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-570-12-10</b>
Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="390.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Brian Pastorini</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-569-13-53</b>
Name of Employer Novo Nordisk	Occupation Diabetes Care Specialist II	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
	<input type="text" value="390.00"/>	

<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: (check only one)	PAGE 190 OF 277
	<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. Marc A. Payson**

Mailing Address 800 Scudders Mill 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 ▼ **205.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-570-13-53**

Amount of Each Receipt this Period: **5.00**

Full Name (Last, First, Middle Initial)  
**B. Frederick C. Peck**

Mailing Address 800 Scudders Mill 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 Endonicrology Diabetes Care Spe

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-572-12-10**

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

Full Name (Last, First, Middle Initial)  
**C. Frederick C. Peck**

Mailing Address 800 Scudders Mill 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 Endonicrology Diabetes Care Spe

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-571-13-53**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</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 191 OF 277  
(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. Theresa E. Peer**

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-573-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Theresa E. Peer**

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-572-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-576-12-10**

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 192 OF 277
	<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. Dylan M. Pensabene**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-575-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Drew A. Pensyl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Portfolio Strategy &  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-577-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Drew A. Pensyl**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Portfolio Strategy &  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-576-13-53**  
 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 193 OF 277
	<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. Anne Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Clinical/ Medi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1145.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-585-12-10**

Amount of Each Receipt this Period: **60.00**

**B. Anne Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Clinical/ Medi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1145.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-584-13-53**

Amount of Each Receipt this Period: **60.00**

**C. Matthew G. Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-586-12-10**

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

**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 194 OF 277  
(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 ▼  
 381.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-585-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 210.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-586-13-53**

Amount of Each Receipt this Period  
 10.00

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 ▼  
 400.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-589-12-10**

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 195 OF 277  
(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. 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 ▼  
 400.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-588-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Eugene Politano**

Mailing Address 800 Scudders Mill 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 ▼  
 435.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-592-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Eugene Politano**

Mailing Address 800 Scudders Mill 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 ▼  
 435.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-591-13-53**

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 196 OF 277  
(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 M. Posey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-594-12-10**  
 Amount of Each Receipt this Period: **20.00**

**B. Michelle M. Posey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-593-13-53**  
 Amount of Each Receipt this Period: **20.00**

**C. Robert J. Powers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 City Plainsboro State NJ Zip Code 08536-1606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Novo Nordisk Occupation: Hemophilia Therapy Sales Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1046.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-597-12-10**  
 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 197 OF 277  
(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. 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 ▼  
 1046.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-596-13-53**

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 Account Executive II - Regional Accoun

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-598-12-10**

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 Account Executive II - Regional Accoun

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-597-13-53**

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 198 OF 277
	<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. Dana J. Puljan**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Medical Liaison - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-601-12-10**

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

**B. Dana J. Puljan**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Medical Liaison - Regional

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-600-13-53**

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

**C. Christine L. Pullen**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-602-13-53**

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 199 OF 277
	<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. Gwendolyn D. Pyfrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-604-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. Gwendolyn D. Pyfrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-603-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Patrick M. Quinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Trade  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-606-12-10**  
 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 200 OF 277
	<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	<input type="checkbox"/> 17

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

**A. Patrick M. Quinn**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Trade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-605-13-53**

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

**B. Marc B. Rahming**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **210.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-606-13-53**

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

**C. Anthony N. Ramy**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Obesity District Business Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-610-12-10**

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 201 OF 277
	<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. Anthony N. Ramy**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Obesity District Business Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-609-13-53**

Amount of Each Receipt this Period: **100.00**

**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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-611-12-10**

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

**c. 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-610-13-53**

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 202 OF 277
	<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. Alexis M. Raynak**

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-612-12-10**

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

Full Name (Last, First, Middle Initial)  
**B. Alexis M. Raynak**

Mailing Address 800 Scudders Mill 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 ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-611-13-53**

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

Full Name (Last, First, Middle Initial)  
**C. Diana L. Reed**

Mailing Address 800 Scudders Mill 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 - Government Affair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-614-12-10**

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 203 OF 277
	<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. Diana L. Reed**

Mailing Address 800 Scudders Mill 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 - Government Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1065.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-613-13-53**

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

Full Name (Last, First, Middle Initial)  
**B. Scott A. Reese**

Mailing Address 800 Scudders Mill 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 ▼ **410.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-616-12-10**

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

Full Name (Last, First, Middle Initial)  
**C. Scott A. Reese**

Mailing Address 800 Scudders Mill 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 ▼ **410.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-615-13-53**

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

<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 204 OF 277
	<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. 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 ▼ **390.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-618-12-10**

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 ▼ **390.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-617-13-53**

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

**C. Robert M. Reifschneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **385.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-619-12-10**

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 205 OF 277
	<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 M. Reifschneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-618-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. Erin J. Reily**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - BioPharm Commercial Operati  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **571.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-620-12-10**  
 Amount of Each Receipt this Period: 30.00

**C. Erin J. Reily**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - BioPharm Commercial Operati  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **571.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-619-13-53**  
 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 206 OF 277
	<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. Hope M. Reiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **385.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-621-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. Hope M. Reiter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-620-13-53**  
 Amount of Each Receipt this Period: 20.00

**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 **215.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-627-12-10**  
 Amount of Each Receipt this Period: 10.00

<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 207 OF 277
	<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. 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 ▼ **215.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-626-13-53**

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

**B. Linda S. Reyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **1046.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-628-12-10**

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

**c. Linda S. Reyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **1046.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-627-13-53**

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: (check only one)	PAGE 208 OF 277
	<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. Michelle J. Rheinbolt**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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: **09 / 11 / 2015**  
Transaction ID : **20150910-629-12-10**

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

**B. Michelle J. Rheinbolt**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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: **09 / 25 / 2015**  
Transaction ID : **20150925-628-13-53**

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

**C. Laura L. Riedy**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **1065.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-630-12-10**

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 209 OF 277
	<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. Laura L. Riedy</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-629-13-53</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Senior District Business Manager	<input type="text" value="55.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1065.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Matthew P. Righter</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150910-631-12-10</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Cross-Functional District Business Man	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="485.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Matthew P. Righter</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Plainsboro	NJ	08536-1606
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 20150925-630-13-53</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Novo Nordisk	Cross-Functional District Business Man	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="485.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="105.00"/>
<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 210 OF 277
	<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. 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) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : 20150910-634-12-10**

Amount of Each Receipt this Period  

20.00
-------

**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) ▼

Aggregate Year-to-Date ▼  
435.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : 20150925-633-13-53**

Amount of Each Receipt this Period  

20.00
-------

**C. Jim T. Robinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Scudders Mill 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 Specialist - Field Force Trainee
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
585.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

**Transaction ID : 20150910-636-12-10**

Amount of Each Receipt this Period  

30.00
-------

<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 211 OF 277  
(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. Jim T. Robinson**

Mailing Address 800 Scudders Mill 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 ▼  
 585.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-635-13-53**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Madeleine L. Rodgers**

Mailing Address 800 Scudders Mill 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 - Regional

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-637-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Madeleine L. Rodgers**

Mailing Address 800 Scudders Mill 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 - Regional

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 435.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-636-13-53**

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 212 OF 277  
(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. 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 Executive Endocrinology Diabetes Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1065.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-638-12-10**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**B. 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 Executive Endocrinology Diabetes Care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1065.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-637-13-53**

Amount of Each Receipt this Period  
 55.00

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 ▼  
 295.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-640-12-10**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**TOTAL** This Period (last page this line 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 213 OF 277
	<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. Meredith R. Rodriguez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **295.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-639-13-53**  
 Amount of Each Receipt this Period: 15.00

**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: Obesity Care Specialist III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1065.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-641-12-10**  
 Amount of Each Receipt this Period: 55.00

**C. 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: Obesity Care Specialist III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1065.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-640-13-53**  
 Amount of Each Receipt this Period: 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<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 214 OF 277
	<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. Edward T. Roliczek</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150910-642-12-10</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Regional Field Trainer		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="400.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Edward T. Roliczek</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150925-641-13-53</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Regional Field Trainer		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="400.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Jeri A. Rome</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150925-643-13-53</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Medical Liaison - Regional		<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="210.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="50.00"/>
<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 215 OF 277
<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)**

**A. Scott E. 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: Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-645-12-10**

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

**B. Scott E. 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: Senior Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **445.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-644-13-53**

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

**C. Terrie L. Ruff**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-646-12-10**

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 216 OF 277
<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)**

**A. Terrie L. Ruff**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-645-13-53**

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

**B. Robert D. Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-647-12-10**

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

**C. Robert D. Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-646-13-53**

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 217 OF 277
	<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. Neil A. Russo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-648-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. Neil A. Russo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-647-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. Kevin Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Compliance - New Products  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1290.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-649-12-10**  
 Amount of Each Receipt this Period: 65.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<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 218 OF 277
	<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. Kevin Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Compliance - New Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1290.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-648-13-53**

Amount of Each Receipt this Period: 65.00

**B. Iris Sanchez**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Educator Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-653-12-10**

Amount of Each Receipt this Period: 55.00

**C. Iris Sanchez**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Educator Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 855.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-652-13-53**

Amount of Each Receipt this Period: 55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<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 219 OF 277
	<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. Cheryl A. Satterfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-654-12-10**

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

**B. Cheryl A. Satterfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **381.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-653-13-53**

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

**C. 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 ▼ **571.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-655-12-10**

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

<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: PAGE 220 OF 277  
(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. 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 ▼  
 571.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-654-13-53**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Jacqueline D. Scanlan**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Corporate Vice President - Human Resou

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 661.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-656-12-10**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**c. Jacqueline D. Scanlan**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Corporate Vice President - Human Resou

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 661.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-655-13-53**

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 221 OF 277  
(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 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-657-12-10**  
 Amount of Each Receipt this Period: 20.00

**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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-656-13-53**  
 Amount of Each Receipt this Period: 20.00

**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 - Regional Ac  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-661-12-10**  
 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 222 OF 277
	<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. 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 - Regional Ac  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-660-13-53**  
 Amount of Each Receipt this Period: 30.00  
 Aggregate Year-to-Date: 625.00

**B. Kelly W. Schnoor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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)

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-663-12-10**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 400.00

**C. Kelly W. Schnoor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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)

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-662-13-53**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 400.00

**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 223 OF 277
	<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. Rodney L. Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-666-12-10**

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

**B. Rodney L. Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-665-13-53**

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

**C. Ronald M. Sells**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill Rd

City Plainsboro State NJ Zip Code 08536-1606

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

Name of Employer: Novo Nordisk Occupation: Cross-Functional District Business Man

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-668-12-10**

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 224 OF 277  
(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. 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 Cross-Functional District Business Man

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-667-13-53**

Amount of Each Receipt this Period  
 20.00

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 ▼  
 1236.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-669-12-10**

Amount of Each Receipt this Period  
 65.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 1236.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-668-13-53**

Amount of Each Receipt this Period  
 65.00

**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: (check only one)	PAGE 225 OF 277
	<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. Eric C. Semmelmeier**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-670-12-10**

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

**B. Eric C. Semmelmeier**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Account

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-669-13-53**

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

**C. Brian M. Shank**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Government Affair

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-673-13-53**

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: (check only one)	PAGE 226 OF 277
	<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. Kelly C. Shea</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-676-12-10</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 Associate Director - Field Force Execu
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) <b>B. Kelly C. Shea</b>		Date of Receipt MM / DD / YYYY 09 / 25 / 2015 <b>Transaction ID : 20150925-675-13-53</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 Associate Director - Field Force Execu
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

Full Name (Last, First, Middle Initial) <b>C. Kelsey E. Shea</b>		Date of Receipt MM / DD / YYYY 09 / 11 / 2015 <b>Transaction ID : 20150910-677-12-10</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 Diabetes Care Specialist I
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111.00
<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 227 OF 277  
(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. Krista L. Shea**  
 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 ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-224-12-10**  
 Amount of Each Receipt this Period  
 20.00

**B. Krista L. Shea**  
 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 ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-676-13-53**  
 Amount of Each Receipt this Period  
 20.00

**C. Elizabeth T. Shearer**  
 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 Endonicrology Diabetes Care Spe  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 430.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-678-12-10**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line 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 277  
(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 T. Shearer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 430.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-677-13-53**  
 Amount of Each Receipt this Period: 15.00

**B. Jeremy T. Shepler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Patient Centric Mark  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-680-12-10**  
 Amount of Each Receipt this Period: 20.00

**c. Jeremy T. Shepler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Patient Centric Mark  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-679-13-53**  
 Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line 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 277
	<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. Richard J. Sheridan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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: 09 / 11 / 2015  
**Transaction ID : 20150910-681-12-10**  
 Amount of Each Receipt this Period: 30.00  
 Aggregate Year-to-Date: 575.00

**B. Richard J. Sheridan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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: 09 / 25 / 2015  
**Transaction ID : 20150925-680-13-53**  
 Amount of Each Receipt this Period: 30.00  
 Aggregate Year-to-Date: 575.00

**C. 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-682-12-10**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 381.00

**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 230 OF 277  
(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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-681-13-53**  
 Amount of Each Receipt this Period: 20.00

**B. 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 **400.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-683-12-10**  
 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 **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-682-13-53**  
 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 231 OF 277  
(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. Kim A. Sinclair**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-686-12-10**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Kim A. Sinclair**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-685-13-53**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. 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 District Business Manager I

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1046.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-688-12-10**

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 232 OF 277
	<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. Deborah L. Skelton</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015 <b>Transaction ID : 20150925-687-13-53</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 I		Aggregate Year-to-Date ▼ 1046.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Fannie E. Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : 20150910-692-12-10</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 Medical Director		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Fannie E. Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015 <b>Transaction ID : 20150925-691-13-53</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 Medical Director		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 233 OF 277
	<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. Jeffery R. Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : 20150910-693-12-10</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 ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffery R. Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 25 / 2015 <b>Transaction ID : 20150925-692-13-53</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 ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>C. Troy L. Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 11 / 2015 <b>Transaction ID : 20150910-694-12-10</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 Care Specialist III
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<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: PAGE 234 OF 277  
(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 L. 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 ▼  
 220.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-693-13-53**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-695-12-10**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 800 Scudders Mill 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 ▼  
 381.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-694-13-53**

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 235 OF 277
	<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. 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 ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-697-12-10**

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 ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-696-13-53**

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

**C. Douglas R. Speas**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **1050.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-699-12-10**

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

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

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

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

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

FOR LINE NUMBER: PAGE 236 OF 277  
(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. Douglas R. Speas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 1050.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-698-13-53**  
 Amount of Each Receipt this Period: 55.00

**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: Vice President - Growth Disorders and  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-700-12-10**  
 Amount of Each Receipt this Period: 20.00

**c. 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: Vice President - Growth Disorders and  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-699-13-53**  
 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 237 OF 277  
(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. Richard L. Sperry**  
 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 - Strategic Execution  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-701-12-10**  
 Amount of Each Receipt this Period  
 20.00

**B. Richard L. Sperry**  
 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 - Strategic Execution  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-700-13-53**  
 Amount of Each Receipt this Period  
 20.00

**C. Lisa Stantz**  
 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 II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 381.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-703-12-10**  
 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 238 OF 277
	<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 Stantz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 **381.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-702-13-53**  
 Amount of Each Receipt this Period: **20.00**

**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 Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **580.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-708-12-10**  
 Amount of Each Receipt this Period: **30.00**

**C. 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 Account Executive - Regional Ac  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **580.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-707-13-53**  
 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 239 OF 277
<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)**

**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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-710-12-10**

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

**B. 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: Senior Account Executive - Regional Ac

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-709-13-53**

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

**c. 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 ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-713-12-10**

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

<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: PAGE 240 OF 277  
(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 ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-712-13-53**  
 Amount of Each Receipt this Period: 20.00

**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 - Obesity Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-715-12-10**  
 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 - Obesity Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-714-13-53**  
 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 241 OF 277  
(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. 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) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-716-12-10**  
 Amount of Each Receipt this Period: 20.00

**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) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-715-13-53**  
 Amount of Each Receipt this Period: 20.00

**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) ▼  
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-719-12-10**  
 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 242 OF 277
	<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. 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 ▼ **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-718-13-53**  
 Amount of Each Receipt this Period: **20.00**

**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 ▼ **1053.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-720-12-10**  
 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 ▼ **1053.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-719-13-53**  
 Amount of Each Receipt this Period: **55.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</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 243 OF 277  
(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. Daniel D. Thorsness**  
 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 ▼  
 670.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-727-12-10**  
 Amount of Each Receipt this Period  
 55.00

**B. Daniel D. Thorsness**  
 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 ▼  
 670.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-726-13-53**  
 Amount of Each Receipt this Period  
 55.00

**C. Anton L. Titus**  
 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 Executive Hemophilia Therapy Sales Man  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-728-13-53**  
 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 244 OF 277  
(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. Lynn M. Tommelleo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Market Access - Biop  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-730-12-10**  
 Amount of Each Receipt this Period: 20.00

**B. Lynn M. Tommelleo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Market Access - Biop  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-729-13-53**  
 Amount of Each Receipt this Period: 20.00

**C. James C. Tooley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill Rd  
 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 - Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-730-13-53**  
 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 277  
(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 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 ▼  
 220.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-733-12-10**

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 ▼  
 220.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-732-13-53**

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 Account Executive - Regional

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 590.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-735-12-10**

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 246 OF 277  
(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. 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 Account Executive - Regional

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 590.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-734-13-53**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Maria Blanca E. Tyson**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 741.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-736-12-10**

Amount of Each Receipt this Period  
 55.00

Full Name (Last, First, Middle Initial)  
**c. Maria Blanca E. Tyson**

Mailing Address 800 Scudders Mill Rd

City State Zip Code  
 Plainsboro NJ 08536-1606

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

Name of Employer Occupation  
 Novo Nordisk Educator II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 741.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-735-13-53**

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 247 OF 277
	<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. Wesley H. Van Den Heuvel**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Managed Marke

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-802-12-10**

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

**B. Wesley H. Van Den Heuvel**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 Managed Marke

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-802-13-53**

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 ▼ **390.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-739-12-10**

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 248 OF 277
	<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. 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 **390.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-738-13-53**  
 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **410.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-738-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. 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 Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **410.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-737-13-53**  
 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 249 OF 277  
(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 ▼  
 600.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-740-12-10**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 600.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-739-13-53**

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 ▼  
 590.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-742-12-10**

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 250 OF 277
	<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. George C. Vatore**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-741-13-53**

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

**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 Cross-Functional District Busin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-744-12-10**

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

**c. 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 Cross-Functional District Busin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-743-13-53**

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 251 OF 277
	<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. 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: Educator II  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-746-12-10**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 382.00

**B. 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: Educator II  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-745-13-53**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 382.00

**C. Cory D. Walker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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)

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-751-12-10**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 410.00

<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 252 OF 277
	<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. Cory D. Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 ▼ **410.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-750-13-53**

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

**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 Obesity Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt: **09 / 11 / 2015**

**Transaction ID : 20150910-753-12-10**

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

**C. 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 Obesity Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **571.00**

Date of Receipt: **09 / 25 / 2015**

**Transaction ID : 20150925-752-13-53**

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 253 OF 277
	<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. 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: Senior Director - Area Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **574.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-754-12-10**

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

**B. 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: Senior Director - Area Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **574.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-753-13-53**

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

**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: Health System Diabetes Care Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-757-12-10**

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 254 OF 277  
(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. 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: Health System Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-756-13-53**  
 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 ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-758-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. 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 ▼ 400.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-757-13-53**  
 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 255 OF 277
	<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. 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 ▼ 280.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-759-12-10**

Amount of Each Receipt this Period: 20.00

**B. 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 ▼ 280.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-758-13-53**

Amount of Each Receipt this Period: 20.00

**C. Pamela E. Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Scudders Mill 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 - Sales Training

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-765-12-10**

Amount of Each Receipt this Period: 30.00

<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 256 OF 277
	<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. Pamela E. Wells**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 - Sales Training  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **630.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-764-13-53**  
 Amount of Each Receipt this Period: **300.00**

**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 **1141.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-766-12-10**  
 Amount of Each Receipt this Period: **60.00**

**c. 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 **1141.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-765-13-53**  
 Amount of Each Receipt this Period: **60.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</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 257 OF 277
	<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. 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 Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-772-12-10**

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

**B. 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 Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt: **09 / 25 / 2015**  
Transaction ID : **20150925-771-13-53**

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

**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 ▼ **410.00**

Date of Receipt: **09 / 11 / 2015**  
Transaction ID : **20150910-773-12-10**

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 258 OF 277
	<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. 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 **410.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-772-13-53**  
 Amount of Each Receipt this Period: 20.00

**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 **590.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-774-12-10**  
 Amount of Each Receipt this Period: 30.00

**C. 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 **590.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-773-13-53**  
 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 259 OF 277
	<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. 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: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-775-12-10**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 410.00

**B. 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: Senior Diabetes Care Specialist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-774-13-53**  
 Amount of Each Receipt this Period: 20.00  
 Aggregate Year-to-Date: 410.00

**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)

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-776-12-10**  
 Amount of Each Receipt this Period: 30.00  
 Aggregate Year-to-Date: 625.00

**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 260 OF 277  
(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. Rhonda P. Willerson**

Mailing Address 800 Scudders Mill 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 ▼  
 625.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-775-13-53**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 800 Scudders Mill 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 - BioPharmaceuti

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1046.00

Date of Receipt  
 09 / 11 / 2015  
**Transaction ID : 20150910-777-12-10**

Amount of Each Receipt this Period  
 55.00

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

Mailing Address 800 Scudders Mill 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 - BioPharmaceuti

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1046.00

Date of Receipt  
 09 / 25 / 2015  
**Transaction ID : 20150925-776-13-53**

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 261 OF 277
	<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. 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 **625.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-780-12-10**  
 Amount of Each Receipt this Period: **30.00**

**B. 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 **625.00**

Date of Receipt: **09 / 25 / 2015**  
**Transaction ID : 20150925-779-13-53**  
 Amount of Each Receipt this Period: **30.00**

**C. Andrea L. Windsheimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Medical Liaison - Manag  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1046.00**

Date of Receipt: **09 / 11 / 2015**  
**Transaction ID : 20150910-781-12-10**  
 Amount of Each Receipt this Period: **55.00**

**SUBTOTAL** of Receipts This Page (optional)..... **115.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 277
	<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. Andrea L. Windsheimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 Medical Liaison - Manag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1046.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-780-13-53**  
 Amount of Each Receipt this Period: 55.00

**B. Danesa A. Wojtowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-783-13-53**  
 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 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 ▼ 400.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-785-12-10**  
 Amount of Each Receipt this Period: 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<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 263 OF 277
	<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. 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 **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-784-13-53**  
 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: Senior Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-786-12-10**  
 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: Senior Obesity Care Specialist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-785-13-53**  
 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 264 OF 277
	<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. Brett G. Wormley</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150910-787-12-10</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Diabetes Care Specialist III		<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="381.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Brett G. Wormley</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150925-786-13-53</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Diabetes Care Specialist III		<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="381.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Melissa T. Yeso</b>		Date of Receipt
Mailing Address 800 Scudders Mill Rd		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Plainsboro	State NJ	Zip Code 08536-1606
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 20150910-793-12-10</b>
Name of Employer Novo Nordisk		Amount of Each Receipt this Period
Occupation Senior Diabetes Care Specialist		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="590.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<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 265 OF 277  
(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 Senior Diabetes Care Specialist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : 20150925-792-13-53**

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 ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : 20150910-794-12-10**

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 ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : 20150925-793-13-53**

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 266 OF 277  
(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. 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 ▼ 210.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-795-13-53**  
 Amount of Each Receipt this Period: 100.00

**B. Afsaneh M. Zabih**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 381.00

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-796-12-10**  
 Amount of Each Receipt this Period: 20.00

**C. Afsaneh M. Zabih**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Scudders Mill 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 ▼ 381.00

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-796-13-53**  
 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 267 OF 277  
(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. 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 Account Executive I - Regional Account  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-798-12-10**  
 Amount of Each Receipt this Period  
 15.00

**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 Account Executive I - Regional Account  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 20150925-798-13-53**  
 Amount of Each Receipt this Period  
 15.00

**C. 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 ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015  
**Transaction ID : 20150910-799-12-10**  
 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 268 OF 277  
(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. 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 ▼ **385.00**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-799-13-53**  
 Amount of Each Receipt this Period: **20.00**

**B. 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 ▼ **257.50**

Date of Receipt: 09 / 11 / 2015  
**Transaction ID : 20150910-801-12-10**  
 Amount of Each Receipt this Period: **12.50**

**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 ▼ **257.50**

Date of Receipt: 09 / 25 / 2015  
**Transaction ID : 20150925-801-13-53**  
 Amount of Each Receipt this Period: **12.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>22355.00</b>

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

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

Full Name (Last, First, Middle Initial)

**A. Harland Clarke Checks**

Mailing Address P.O. Box 19000

City Colorado Springs State CO Zip Code 80935-9000

Purpose of Disbursement  
Check Order Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 29 / 2015

Transaction ID : V1764659D5E96B872334

Amount of Each Disbursement this Period

245.69

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 / 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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

245.69

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

245.69

**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. Alexander for Senate 2020 Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Mailing Address 228 S Washington Street  
Suite 115

**Transaction ID : 4A37D5ABFB3AA1F934C**

City Alexandria State VA Zip Code 22314-5404

Amount of Each Disbursement this Period

3000.00
---------

Purpose of Disbursement  
2020 Primary

011
-----

Category/  
Type

Candidate Name

**Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TN District:

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy for US Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Mailing Address PO Box 80505

**Transaction ID : 18ADA71F65C50CBF12F**

City Baton Rouge State LA Zip Code 70898-0505

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2020 Primary

011
-----

Category/  
Type

Candidate Name

**William Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District:

Full Name (Last, First, Middle Initial)

**C. Bill Flores for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2015

Mailing Address PO Box 6207

**Transaction ID : 67D135C08185E2377EB**

City Bryan State TX Zip Code 77805

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2016 Primary

011
-----

Category/  
Type

Candidate Name

**William H. Flores**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00
---------

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**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. Cory Gardner for Senate**

Mailing Address 9227 E Lincoln Ave #200-234

City Lone Tree State CO Zip Code 80124-5506

Purpose of Disbursement  
2020 Primary

011

Candidate Name  
**Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 637F9488551F81493FE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David Rouzer for Congress**

Mailing Address PO Box 2267

City Smithfield State NC Zip Code 27577

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**David C. Rouzer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 54088C783A2929E62E3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Debbie Wasserman Schultz for Congress**

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Debbie Wasserman Schultz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 59C85A2B437F4C480C6

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. DelBene for Congress**

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Suzan Kay DelBene**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 81CE748A08421CB8DD6**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Donald Norcross for Congress**

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Donald W. Norcross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : FF77F27DB7742498E37**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends for Jim McDermott**

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**James A. McDermott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 0950C28E7C365B1F24E**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<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. Friends of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**David George Reichert**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **0C6452041DE1C203AB0**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **27FEDEAADF8452DCF1E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Susan Brooks**

Mailing Address 9425 N Meridian St  
# 237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Susan W. Brooks**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : **D28D773650790429542**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Raymond Eugene Green**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 69532C159164D0BB0B8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Joni for Iowa**

Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Joni Kay Ernst**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 3C65B3CED1249150909

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Adam Daniel Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 888AC3E82F47785767E

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins for Congress**

Mailing Address PO Box 2042

City Topeka State KS Zip Code 66601-2042

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Lynn Michelle Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 5373A4F189DEDFAE0A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 4603F68FF27E18BEF41**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Mike Honda for Congress**

Mailing Address C/O Contribution Solutions, LLC  
123 E. San Carlos St., #531

City San Jose State CA Zip Code 95112

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael M. Honda**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 17

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

**Transaction ID : 1E5913A3A73B4069298**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Rob J. Portman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

/  /

**Transaction ID : 2A035662559186E416C**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Thomas E. Price M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

/  /

**Transaction ID : 6CE50CEE2A23C5B7E79**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Timothy Eugene Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

/  /

**Transaction ID : 2D265CE109E0EAFC46A**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Tom Reed for Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610-0847

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Thomas W. Reed II.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : DF932994E76DE9FA32C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tony Cardenas for Congress**

Mailing Address 249 E. Ocean Blvd. Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Tony Cardenas**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 8196A17C65BE85150C5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Volunteers for Shimkus**

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2015

Transaction ID : 6F653CE8B38385E56F6

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

31500.00