

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

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

FOR LINE NUMBER: PAGE 23 OF 217

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

A. Berry, Anne, W, ,

Mailing Address 800 Scudders Mill Rd

City
Plainsboro

State
NJ

Zip Code
08536-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : 201910161295-56

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

B. Berry, Anne, W, ,

Mailing Address 800 Scudders Mill Rd

City
Plainsboro

State
NJ

Zip Code
08536-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2019

Transaction ID : 2019101811175-56

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

C. Berry, Dwayne, , ,

Mailing Address 800 Scudders Mill Rd

City
Plainsboro

State
NJ

Zip Code
08536-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Diabetes Care Specialist II

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2019

Transaction ID : 201910161295-57

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

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

165.00