

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

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

FOR LINE NUMBER: PAGE 67 OF 217

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Novo Nordisk Inc. PAC (Novo Nordisk PAC)

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

A. Freeman, Lynn, M, ,

Mailing Address 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)

Health System Diabetes Care Specialis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : 2019101811175-229

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Freund, Seth, C, ,

Mailing Address 800 Scudders Mill Rd

City
Plainsboro

State
NJ

Zip Code
08536-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Senior Director - Business Application

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

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

Transaction ID : 201910161295-230

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

C. Freund, Seth, C, ,

Mailing Address 800 Scudders Mill Rd

City
Plainsboro

State
NJ

Zip Code
08536-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Novo Nordisk

Occupation (for Individual)

Senior Director - Business Application

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

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

Transaction ID : 2019101811175-230

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)..... ►

120.00