

# **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)

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☒ 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. Mogle, Shanna, 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)

Obesity District Business Manager II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

**Transaction ID : 2019101612175-474**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**B. Moody, David, 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)

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2019

**Transaction ID : 2019091116415-473**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

**C. Moody, David, 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)

Associate Director - Government Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2019

**Transaction ID : 2019101612175-476**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

60.00