CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Johnson & Johnson
EMPLOYEES'
GOOD GOVERNMENT
FUND

One Johnson & Johnson Plaza
New Brunswick, N.J. 08933-7204

February 18, 1993

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Gentlemen:

RE: Identification #C00010983

I enclose Federal Election Commission Report of Receipts and Disbursements for a Political Committee Other than an Authorized Committee, (Form 3X-1/91), on behalf of the Johnson & Johnson Employees' Good Government Fund, covering the period of February 1, through February 28, 1993 inclusive.

Very truly yours,

Donald P. Sharkey
Treasurer

enclosure

cc: State Filing Offices: AK, AL, CA, CO, DE, FL, GA, IL, IN, ME, MD, MO, NJ, NM, NY, LA, OH, OK, OR, PA, SC, TN, TX, UT, VA, and VT.

A copy of our report filed with the State Board of Elections is (or will be) available for purchase from the State Board of Elections, 1020 S. Spring, Springfield, Illinois.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

Johnson & Johnson Employees' Good Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported

One Johnson & Johnson Plaza

CITY, STATE and ZIP CODE

New Brunswick, NJ 08933

2. FEC IDENTIFICATION NUMBER

C00010983

3. ☐ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☒ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on ___ ___ in the State of _____

☐ Thirtieth day report following the General Election on ___ ___ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 Covering Period 2/1/93 through 2/28/93		
6. (a) Cash on Hand January 1, 1993		$ 84,239.21
(b) Cash on Hand at Beginning of Reporting Period	$ 88,690.46	
(c) Total Receipts (from Line 19)	$ 9,414.99	$ 16,991.24
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 98,105.45	$ 101,230.45
7 Total Disbursements (from Line 30)	$ 225.00	$ 3,350.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 97,880.45	$ 97,880.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420

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

Donald P. Sharkey, Treasurer

Signature of Treasurer

Donald P Sharkey

Date 3/18/93

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

FEC FORM 3X

(revised 1/1/91)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2. FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM 2/1/93 TO: 2/28/93
Johnson & Johnson Employees' Good Government Fund	

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	125.00	375.00
ii. Unitemized	8,867.45	16,193.70
iii. Total (add i and ii) ➤	8,992.45	16,568.70
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a vi, b and c) ➤	8,992.45	16,568.70
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	50.00	50.00
17. Other Federal Receipts (Dividends, Interest, etc.)	372.54	372.54
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,414.99	16,991.24
20. Total Federal Receipts (subtract line 18 from line 19) ➤	9,414.99	16,991.24
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	225.00	3,350.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	225.00	3,350.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	8,992.45	16,568.70
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,992.45	16,568.70
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

93038334235

SCHEDULE A

FEC ITEMIZED RECEIPTS
Johnson & Johnson Employees' Good Government Fund

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.

First MI Last Mailing Address and Zip Code	Employer Occupation	Date	Amount
Ralph S. Larsen 740 Smoke Hollow Trail Franklin Lakes NJ 07417	Exec.\Sector Committee Chairman	02-26-93	125.00

Aggregate Year to Date: 312.50

SUBTOTAL of Receipts This Page	125.00
TOTAL Itemized This Period	125.00

2 3 0 3 8 3 3 4 2 3 6

SCHEDULE A **ITEMIZED RECEIPTS**

Refunds of Contributions

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

PAGE 4 OF 7

FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

Johnson & Johnson Employees' Good Government Fund

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Everett Kelly PO Box 618 Tavares, FL 32778 Receipt For: ☐ Primary ☐ General ☒ Other (specify): refund 10/92 contribution	Name of Employer Occupation Aggregate Year-to-Date > $ 50.00	2/17/93	50.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$50.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 5 OF 7
	FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
Johnson & Johnson Employees' Good Government Fund

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code First Fidelity 390 George Street New Brunswick, NJ 08903 Receipt For: [ ] Primary [ ] General [X] Other (specify): interest	Interest Occupation Aggregate Year-to-Date > $ 167.56	Aggregate This Period	167.56
B. Full Name, Mailing Address and ZIP Code Merrill Lynch Ready Assets Trust 100 Franklin Corner Road Lawrenceville, NJ 08648 Receipt For: [ ] Primary [ ] General [X] Other (specify): interest	Interest Occupation Aggregate Year-to-Date > $ 204.98	"	204.98
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$372.54

9 3 0 3 8 3 3 4 2 3 8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 7

FOR LINE NUMBER: 23

Federal

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NAME OF COMMITTEE (In Full)
Johnson & Johnson Employees' Good Government Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) ..... -0-

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

State/Other

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

PAGE 7 OF 7

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Johnson & Johnson Employees' Good Government Fund

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Somerset County Republican Executive Committee One West High Street Somerville, NJ 08876	4 tickets 2/17/93 Disbursement for: [ ] Primary [x] General [ ] Other (specify)	2/5/93	$160.00
B. Full Name, Mailing Address and ZIP Code Merrill Lynch Ready Assets 100 Franklin Corner Road Lawrenceville, NJ 08648	Bank Fee Disbursement for: [ ] Primary [ ] General [x] Other (specify) bank fee	1/11/93	65.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$225.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 3/18/93
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

Eric [illegible]
PREPARER

4/7/93
DATE PREPARED

FEC FORM 70-2 (12/92)

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