

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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)

Johnson & Johnson Political Action Committee

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

A. Crisan, John, T, ,

Mailing Address 2 Breezeknoll Dr

City
WestfieldState
NJZip Code
07090-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johnson & JohnsonOccupation (for Individual)
Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

Transaction ID : 201712157204-279

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Crisan, John, T, ,

Mailing Address 2 Breezeknoll Dr

City
WestfieldState
NJZip Code
07090-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Johnson & JohnsonOccupation (for Individual)
Chief Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2017

Transaction ID : 201712297206-274

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Cronin, Michael, D, ,

Mailing Address 1851 Foxhollow Dr

City
CincinnatiState
OHZip Code
45255-2482FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ethicon Endo-Surgery, IncOccupation (for Individual)
Dir Rd Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2017

Transaction ID : 2017102071310-186

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

210.00

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