

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

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

FOR LINE NUMBER: PAGE 160 OF 851

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Darby, John, J, ,

Mailing Address 395 Palm Sedge Loop

City
ElginState
SCZip Code
29045-8005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Johnson & Johnson Service

Occupation (for Individual)

SR Director Us State Government Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : 201906181617-1391

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

B. Darby, John, J, ,

Mailing Address 395 Palm Sedge Loop

City
ElginState
SCZip Code
29045-8005FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Johnson & Johnson Service

Occupation (for Individual)

SR Director Us State Government Affai

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2019

Transaction ID : 201906281195-1385

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

C. Davies, Kelly, R, ,

Mailing Address 3843 Green Ridge Rd

City
FurlongState
PAZip Code
18925-2107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

J&J Healthcaresystemsinc.

Occupation (for Individual)

Director Health Policy & Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2019

Transaction ID : 201902227135-493

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

180.00