

# **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)

**Johnson & Johnson Political Action Committee**

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

**A. Barnard, Michael, , ,**

Mailing Address 1350 I St NW

City  
Washington

State  
DC

Zip Code  
20005-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johnson & Johnson Service

Occupation (for Individual)  
Director Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2020

**Transaction ID : 20200417795-1426**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**B. Barnard, Michael, , ,**

Mailing Address 1350 I St NW

City  
Washington

State  
DC

Zip Code  
20005-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johnson & Johnson Service

Occupation (for Individual)  
Director Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : 20200501795-1422**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

**C. Becker, Melia, C, ,**

Mailing Address 1125 Bear Tavern Rd

City  
Titusville

State  
NJ

Zip Code  
08560-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
J&J Healthcaresystemsinc.

Occupation (for Individual)  
Director, National Policy & Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2020

**Transaction ID : 20200501795-720**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

145.00