

# **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. Duncan, Paul, M, ,**

Mailing Address 800/850 Ridgeview Drive

City  
Horsham

State  
PA

Zip Code  
19044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Janssen Global Services,

Occupation (for Individual)

Senior Director, External Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

**Transaction ID : 20200501795-552**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. Durgin, Robert, , ,**

Mailing Address 325 Paramount Dr

City  
Raynham

State  
MA

Zip Code  
02767-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medical Dev Bus Serv Inc

Occupation (for Individual)

Ww Vice President, Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2020

**Transaction ID : 202004037175-1382**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Durgin, Robert, , ,**

Mailing Address 325 Paramount Dr

City  
Raynham

State  
MA

Zip Code  
02767-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Medical Dev Bus Serv Inc

Occupation (for Individual)

Ww Vice President, Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

**Transaction ID : 20200417795-1372**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

240.00