

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

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

FOR LINE NUMBER: PAGE 22 OF 110

(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 1 Johnson and Johnson Plz

City  
New Brunswick

State  
NJ

Zip Code  
08933-0001

FEC 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 05 / 2020

**Transaction ID : 20200306796-1302**

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 1 Johnson and Johnson Plz

City  
New Brunswick

State  
NJ

Zip Code  
08933-0001

FEC 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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 19 / 2020

**Transaction ID : 202003207135-1291**

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 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 Health Policy & Strategy

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  
03 / 05 / 2020

**Transaction ID : 20200306796-426**

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