

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)

PAGE 108 OF 2356

☒ 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. Bandy, Deborah, L, ,

Mailing Address 6101 Spindell Dr

City
Springfield

State
IL

Zip Code
62711-6372

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Hc Policy Advocacy Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2019

Transaction ID : 20191213796-414

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

B. Bandy, Deborah, L, ,

Mailing Address 6101 Spindell Dr

City
Springfield

State
IL

Zip Code
62711-6372

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Hc Policy Advocacy Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2019

Transaction ID : 20191227795-413

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

C. Barnard, Michael, , ,

Mailing Address 140 M St NE
Apt 1149

City
Washington

State
DC

Zip Code
20002-3929

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 ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 11 / 2019

Transaction ID : 201907127135-1536

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

100.00

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