

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. Bookbinder, Mark, J, ,

Mailing Address 10653 Kenridge Dr

City
Blue Ash

State
OH

Zip Code
45242-4853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ethicon Endo-Surgery, Inc

Occupation (for Individual)
Principal Quality Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2019

Transaction ID : 201910187135-1212

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Bookbinder, Mark, J, ,

Mailing Address 10653 Kenridge Dr

City
Blue Ash

State
OH

Zip Code
45242-4853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ethicon Endo-Surgery, Inc

Occupation (for Individual)
Principal Quality Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2019

Transaction ID : 201911017295-1208

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Bookbinder, Mark, J, ,

Mailing Address 10653 Kenridge Dr

City
Blue Ash

State
OH

Zip Code
45242-4853

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ethicon Endo-Surgery, Inc

Occupation (for Individual)
Principal Quality Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2019

Transaction ID : 20191115795-1205

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00