

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 2356

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Carey, John, , ,

Mailing Address 348 N Roscoe Blvd

City

Ponte Vedra

State

FL

Zip Code

32082-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Janssen Biotech, Inc.

Occupation (for Individual)

SR District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : 20191213796-710

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Carey, John, , ,

Mailing Address 348 N Roscoe Blvd

City

Ponte Vedra

State

FL

Zip Code

32082-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Janssen Biotech, Inc.

Occupation (for Individual)

SR District Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID : 20191227795-709

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Carlin, Mark, , ,

Mailing Address 15700 Hampton Arbor Ter

City

Chesterfield

State

VA

Zip Code

23832-1972

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Janssenpharmaceuticalsinc

Occupation (for Individual)

Senior Sales Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID : 201910187135-1375

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30.00

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