

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

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

FOR LINE NUMBER: PAGE 317 OF 2356

(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. Carlin, Mark, , ,

Mailing Address 15700 Hampton Arbor Ter

City
ChesterfieldState
VAZip Code
23832-1972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JanssenpharmaceuticsincOccupation (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 / 31 / 2019

Transaction ID : 201911017295-1371

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

B. Carlin, Mark, , ,

Mailing Address 15700 Hampton Arbor Ter

City
ChesterfieldState
VAZip Code
23832-1972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JanssenpharmaceuticsincOccupation (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
11 / 14 / 2019

Transaction ID : 20191115795-1368

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
ChesterfieldState
VAZip Code
23832-1972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JanssenpharmaceuticsincOccupation (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
11 / 27 / 2019

Transaction ID : 20191129795-1362

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).....▶