

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

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

FOR LINE NUMBER: PAGE 2226 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. Wilson, Russell, D, ,**

Mailing Address 634 W 70th St

City  
Kansas City

State  
MO

Zip Code  
64113-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Actelion Pharmaceuticals

Occupation (for Individual)  
National Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2019

**Transaction ID : 20190920796-568**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**B. Wilson, Russell, D, ,**

Mailing Address 634 W 70th St

City  
Kansas City

State  
MO

Zip Code  
64113-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Actelion Pharmaceuticals

Occupation (for Individual)  
National Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2019

**Transaction ID : 201910047135-567**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

**C. Wilson, Russell, D, ,**

Mailing Address 634 W 70th St

City  
Kansas City

State  
MO

Zip Code  
64113-2025

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Actelion Pharmaceuticals

Occupation (for Individual)  
National Account Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

**Transaction ID : 201910187135-565**

Amount of Each Receipt this Period

15.00

☐ Memo Item

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

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

45.00