

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Moda, Inc. PAC

ADDRESS (number and street) 601 SW Second Avenue

Check if different than previously reported. (ACC)

Portland OR 97204

2. **FEC IDENTIFICATION NUMBER ▼** C C00679373 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Connolly, Terry, , ,

Type or Print Name of Treasurer

Signature of Treasurer Connolly, Terry, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 07 / 09 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Moda, Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		36400.03
(b) Cash on Hand at Beginning of Reporting Period.....	34735.41	
(c) Total Receipts (from Line 19) .....	974.61	1809.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	35710.02	38210.02
7. Total Disbursements (from Line 31).....	3000.00	5500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32710.02	32710.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Moda, Inc. PAC

Report Covering the Period: From: 04 / 01 / 2020 To: 06 / 30 / 2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	974.61	1809.99
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	974.61	1809.99
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	974.61	1809.99
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	974.61	1809.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	974.61	1809.99

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	5500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3000.00	5500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	5500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	974.61	1809.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	974.61	1809.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 OF 7
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Moda, Inc. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Carmichael, Stacy, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 30 / 2020 <b>Transaction ID : SA11AI.4223</b>
Mailing Address 12389 NW Groveshire Avenue			Amount of Each Receipt this Period 484.61
City Banks	State OR	Zip Code 97106	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Moda Health		Occupation (for Individual) Director of Account Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 899.99		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Darby, BethAnne, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 30 / 2020 <b>Transaction ID : SA11AI.4224</b>
Mailing Address 3440 SW Illinois Street			Amount of Each Receipt this Period 140.00
City Portland	State OR	Zip Code 97239	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Moda Health		Occupation (for Individual) Director in Healthcare Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Loftin, Scott, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 30 / 2020 <b>Transaction ID : SA11AI.4225</b>
Mailing Address 3647 SW Victoria Lane			Amount of Each Receipt this Period 350.00
City Gresham	State OR	Zip Code 97080	<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Moda Health		Occupation (for Individual) Senior VP Sales and Account Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	974.61
<b>TOTAL</b> This Period (last page this line number only).....▶	974.61

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Moda, Inc. PAC**

**A. CLIFF BENTZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 89 SW THIRD AVE

M M M	/	D D D	/	Y Y Y Y Y
06		04		2020

City ONTARIO State OR Zip Code 97914

FEC Identification Number

Purpose of Disbursement  
Political Contribution

C	C00725465
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Candidate Name  
**BENTZ, CLIFF, , ,**

011
Category/ Type

**Transaction ID : SB23.4229**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: OR District: 02

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

1000.00
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Memo Item

**B. JAIME FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1614

M M M	/	D D D	/	Y Y Y Y Y
06		09		2020

City RIDGEFIELD State WA Zip Code 98642

FEC Identification Number

Purpose of Disbursement  
Political Contribution

C	C00472704
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Candidate Name  
**BEUTLER, JAIME HERRERA, , ,**

011
Category/ Type

**Transaction ID : SB23.4233**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: WA District: 03

Disbursement For: 2020  
 Primary  General  
 Other (specify)

1000.00
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Memo Item

**C. KURT SCHRADER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 3314

M M M	/	D D D	/	Y Y Y Y Y
04		02		2020

City OREGON CITY State OR Zip Code 97045

FEC Identification Number

Purpose of Disbursement  
Political Contribution

C	C00446906
---	-----------

Candidate Name  
**SCHRADER, KURT, , ,**

011
Category/ Type

**Transaction ID : SB23.4226**

Amount of Each Disbursement this Period

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 1000  
 Primary  General  
 Other (specify) ▼

1000.00
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Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00
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**TOTAL** This Period (last page this line number only).....▶

3000.00
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