

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00679373 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 11 / 06 / 2018 in the State of

5. Covering Period 10 / 01 / 2018 through 11 / 26 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Connolly, Terry, , ,

Signature of Treasurer *Connolly, Terry, , ,* [Electronically Filed] Date 12 / 03 / 2018

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**

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Page 2

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="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3000.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28450.00"/>	<input type="text" value="32950.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="31450.00"/>	<input type="text" value="32950.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31450.00"/>	<input type="text" value="31450.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

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).....	28450.00	32950.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28450.00	32950.00
(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)	28450.00	32950.00
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)).....▶	28450.00	32950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28450.00	32950.00

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.....	0.00	1500.00
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)) ..	0.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	1500.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	28450.00	32950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28450.00	32950.00
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 15
<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 A. Allen, Kenneth, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2018
Mailing Address 7935 SW Santolina Place		Transaction ID : SA11AI.4174
City Beaverton	State OR	Zip Code 97002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Retired	Occupation (for Individual)	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Anderson, Kraig, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2018
Mailing Address 6645 SW Raleighwood Lane		Transaction ID : SA11AI.4132
City Portland	State OR	Zip Code 97225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) Moda Health	Occupation (for Individual) Senior VP and Chief Actuary	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Barichello, Terri, , Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2018
Mailing Address 6036 SW Riverpoint Lane		Transaction ID : SA11AI.4146
City Portland	State OR	Zip Code 97239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Moda Health	Occupation (for Individual) VP Dental	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2600.00
TOTAL This Period (last page this line number only).....	

**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 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Biermann, Michael, , , DMD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5900 N. Lombard Street

City Portland	State OR	Zip Code 97203
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Dentist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2018

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
500.00

Memo Item Contribution

B. Bikales, Tom, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2058 NW Johnson Street

City Portland	State OR	Zip Code 97209
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moda Health	Occupation (for Individual) Senior VP, Legal Affairs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2018

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

C. Bordonaro, Molly, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4220 SW Torr Lane

City Portland	State OR	Zip Code 97221
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gerding Elden Development Co.	Occupation (for Individual) Managing Partner
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2018

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Ceballos, Julia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16067 SE Venice Ridge Way
 City Damascus State OR Zip Code 97089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Helath Occupation (for Individual) VP Medical Professional Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2018
Transaction ID : SA11AI.4138
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Darke, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 S.E. Bay Point Drive
 City Vancouver State WA Zip Code 98683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2018
Transaction ID : SA11AI.4160
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Fuller, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 Turnberry Avenue
 City Woodburn State OR Zip Code 97071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Helath Occupation (for Individual) Direcotor of Internal Audits
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018
Transaction ID : SA11AI.4126
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL This Period (last page this line number only)..... ▶

**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 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Goote, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10824 SE Oake Street #404
 City Milwaukie State OR Zip Code 97222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Helath Occupation (for Individual) Chief Executive Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : SA11AI.4156
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

B. Gootee, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4707 Hastings Place
 City Lake Oswego State OR Zip Code 97035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Director, Market Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI.4152
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

C. Howerton, David, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 24th Avenue, SW
 City Albany State OR Zip Code 97321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 10 / 2018
Transaction ID : SA11AI.4172
 Amount of Each Receipt this Period 5000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

**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 10 OF 15
<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)
Moda, Inc. PAC

A. Jensen, Mark, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 64367 Schibel Road
City Bend State OR Zip Code 97703
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Self-employed Occupation (for Individual) Dentist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2018
Transaction ID : SA11AI.4166
Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Jessup, Sean, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 3700 SE Pinehurst Avenue
City Milwaukie State OR Zip Code 97267
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Moda Health Occupation (for Individual) Director of Medicaid Services
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2018
Transaction ID : SA11AI.4148
Amount of Each Receipt this Period 250.00
 Memo Item Contribution

C. Johnson, William, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1742 NE Stile Drive
City Hillsboro State OR Zip Code 97124
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) Moda Helath Occupation (for Individual) Senior VP of Moda Health
Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 16 / 2018
Transaction ID : SA11AI.4154
Amount of Each Receipt this Period 2000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
TOTAL This Period (last page this line number only)..... ▶

**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 11 OF 15
<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)
Moda, Inc. PAC

A. Judge, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8901 SW Jameson Road
 City Portland State OR Zip Code 97225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Director of Pharmaceutical Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2018
Transaction ID : SA11AI.4144
 Amount of Each Receipt this Period 300.00
 Memo Item Contribution

B. Loftin, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3647 SW Victoria Lane
 City Gresham State OR Zip Code 97080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Senior VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 10 / 2018
Transaction ID : SA11AI.4140
 Amount of Each Receipt this Period 1200.00
 Memo Item Contribution

C. McKeel, Michael, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 NE 2nd Street
 City Gresham State OR Zip Code 97030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 18 / 2018
Transaction ID : SA11AI.4170
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

**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 12 OF 15
	<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)
Moda, Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McLeod, CJ, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2018
Mailing Address 2327 NW Northrup Street Apt. 15		Transaction ID : SA11AI.4162
City Portland	State OR	Zip Code 97210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Retired	Occupation (for Individual)	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McNannay, Steve, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2018
Mailing Address 408 Augusta Street, SE		Transaction ID : SA11AI.4158
City Salem	State OR	Zip Code 97306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Retired	Occupation (for Individual)	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Nearing, Patrick, , , DMD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 11 / 2018
Mailing Address 62320 Tamarack Springs Lane		Transaction ID : SA11AI.4168
City Summerville	State OR	Zip Code 97876
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Dentist	<input type="checkbox"/> Memo Item Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

**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 13 OF 15
<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)
Moda, Inc. PAC

A. Nessler-Cass, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2244 NE 17th Avenue
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Helath Occupation (for Individual) Director of Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018
Transaction ID : SA11AI.4136
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Nicholas, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3528 NE Fremont Street
 City Portland State OR Zip Code 97212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) VP Strategic Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2018
Transaction ID : SA11AI.4150
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Rickards, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1266 NW Countryside Court
 City McMinnville State OR Zip Code 97128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Senior Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018
Transaction ID : SA11AI.4128
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**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 14 OF 15
<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)
Moda, Inc. PAC

A. Staisberg, Katie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 814 N. Simpson Street
 City Portland State OR Zip Code 97217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Corporate Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 01 / 2018
Transaction ID : SA11AI.4130
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

B. Tabrizi, Mehdi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10024 NW Skyline Heights Drive
 City Portland State OR Zip Code 97229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Helath Occupation (for Individual) Chief Marketing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 29 / 2018
Transaction ID : SA11AI.4179
 Amount of Each Receipt this Period 350.00
 Memo Item Contribution

C. Timmerman, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7025 SE 22nd Avenue
 City Portland State OR Zip Code 97202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Helath Occupation (for Individual) Human Resources Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2018
Transaction ID : SA11AI.4134
 Amount of Each Receipt this Period 500.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 15
(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)
Moda, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
True, Mary Lou, , ,

Mailing Address 10605 SW Maier Drive

City Tualatin	State OR	Zip Code 97062
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moda Health	Occupation (for Individual) VP Human Resources
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2018

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period
1000.00

Memo Item Contribution

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	28450.00