

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)

- 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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
 - Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)

Election on MM / DD / YYYYYY in the State of

- (d) 30-Day POST-Election Report for the:
 - General (30G)
 - Runoff (30R)
 - Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 MM / DD / YYYYYY

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)

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="2019"/>		33685.98
(b) Cash on Hand at Beginning of Reporting Period.....	33685.98	
(c) Total Receipts (from Line 19)	4714.05	4714.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38400.03	38400.03
7. Total Disbursements (from Line 31).....	2000.00	2000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36400.03	36400.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Moda, Inc. PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 07 / 01 / 2019 To: M M / D D / Y Y Y Y Y 12 / 31 / 2019

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).....	4714.05	4714.05
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4714.05	4714.05
(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)	4714.05	4714.05
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)).....▶	4714.05	4714.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4714.05	4714.05

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.....	2000.00	2000.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2000.00	2000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	2000.00	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	4714.05	4714.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4714.05	4714.05
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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carmichael, Stacy, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12389 NW Grovshire Avenue
 City Banks State OR Zip Code
 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: Primary General Other (specify)
 Aggregate Year-to-Date **899.99**

Date of Receipt **07 / 22 / 2019**
Transaction ID : SA11AI.4100
 Amount of Each Receipt this Period **899.99**
 Memo Item
 Payroll Deduction

B. Carmichael, Stacy, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12389 NW Grovshire Avenue
 City Banks State OR Zip Code
 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: Primary General Other (specify)
 Aggregate Year-to-Date **1384.60**

Date of Receipt **10 / 01 / 2019**
Transaction ID : SA11AI.4110
 Amount of Each Receipt this Period **484.61**
 Memo Item
 Payroll Deduction

C. Darby, BethAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3440 SW Illinois Street
 City Portland State OR Zip Code 97239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **260.00**

Date of Receipt **07 / 22 / 2019**
Transaction ID : SA11AI.4102
 Amount of Each Receipt this Period **260.00**
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1644.60
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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Moda, Inc. PAC

A. Darby, BethAnne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3440 SW Illinois Street
 City Portland State OR Zip Code 97239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2019
Transaction ID : SA11AI.4111
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction

B. Loftin, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3647 SW Victoria Lane
 City Gresham State OR Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Senior VP of Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2019
Transaction ID : SA11AI.4104
 Amount of Each Receipt this Period 650.00
 Memo Item
 Payroll Deduction

C. Loftin, Scott, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3647 SW Victoria Lane
 City Gresham State OR Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Senior VP of Sales
 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 / 01 / 2019
Transaction ID : SA11AI.4113
 Amount of Each Receipt this Period 350.00
 Memo Item
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1140.00
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 8 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Moda, Inc. PAC

A. Rodriguez, Carly, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1904 Churchill Street
 City West Linn State OR Zip Code 97068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Director of Pharmacy Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 22 / 2019
Transaction ID : SA11AI.4106
 Amount of Each Receipt this Period 400.00
 Memo Item
 Payroll Deduction

B. Wahrgren, Chandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18035 Skyland Circle
 City Lake Oswego State OR Zip Code 97034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Moda Health Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1529.45

Date of Receipt 07 / 22 / 2019
Transaction ID : SA11AI.4108
 Amount of Each Receipt this Period 1529.45
 Memo Item
 Payroll Deduction

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)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1929.45
TOTAL This Period (last page this line number only).....	4714.05

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Moda, Inc. PAC

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.4116. Sinema, Kyrsten, , Ms. Mailing Address P.O. Box 7586. City Phoenix, State AZ, Zip Code 85011-7586. Purpose of Disbursement: Administrative. Allocated Activity or Event: Administrative. Date 08/05/2019. Year-To-Date: 500.00. Summary: FEDERAL SHARE 0.00, NONFEDERAL SHARE 500.00, TOTAL AMOUNT 500.00.

Form B: Full Name (Last, First, Middle Initial) Transaction ID : H4.4121. Smith, Tina, , Ms. Mailing Address P.O. Box 14362. City St. Paul, State MN, Zip Code 55114. Purpose of Disbursement: Administrative. Allocated Activity or Event: Administrative. Date 11/26/2019. Year-To-Date: 1000.00. Summary: FEDERAL SHARE 0.00, NONFEDERAL SHARE 500.00, TOTAL AMOUNT 500.00.

Form C: Full Name (Last, First, Middle Initial) Transaction ID : H4.4125. Pallone, Frank, , Mr., Mailing Address 495 Broadway. City Long Branch, State NJ, Zip Code 07740. Purpose of Disbursement: Administrative. Allocated Activity or Event: Administrative. Date 11/26/2019. Year-To-Date: 2000.00. Summary: FEDERAL SHARE 0.00, NONFEDERAL SHARE 1000.00, TOTAL AMOUNT 1000.00.

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 2000.00, 2000.00.

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 2000.00, 2000.00.