

# 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)  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 01 / 31 / 2019

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="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="28852.58"/>	<input type="text" value="33352.58"/>
(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="31852.58"/>	<input type="text" value="33352.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="- 500.00"/>	<input type="text" value="1000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32352.58"/>	<input type="text" value="32352.58"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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 10 / 01 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	28852.58	33352.58
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	28852.58	33352.58
(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) .....	28852.58	33352.58
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)).....▶	28852.58	33352.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	28852.58	33352.58

**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.....	- 500.00	1000.00
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)) ..	- 500.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	- 500.00	1000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	28852.58	33352.58
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28852.58	33352.58
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 17
<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. Allen, Kenneth, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2018
Mailing Address 7935 SW Santolina Place		<b>Transaction ID : SA11AI.4174</b>
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>B. Anderson, Kraig, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2018
Mailing Address 6645 SW Raleighwood Lane		<b>Transaction ID : SA11AI.4132</b>
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 <b>C. Barichello, Terri, , Dr.,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2018
Mailing Address 6036 SW Riverpoint Lane		<b>Transaction ID : SA11AI.4146</b>
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2600.00
<b>TOTAL</b> 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 17
	<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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self-employed Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 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) Occupation (for Individual)  
 Moda Health Senior VP, Legal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 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) Occupation (for Individual)  
 Gerding Elden Development Co. Managing Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 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: (check only one)	PAGE 8 OF 17
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Carmichael, Stacy, , ,**

Mailing Address 12389 NW Groveshire Avenue

City Banks	State OR	Zip Code 97106
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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 ▼  
138.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

**Transaction ID : SA11AI.4185**

Amount of Each Receipt this Period  
138.46

Memo Item  
Payroll Deduction

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

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  

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

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution

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

Mailing Address 3440 SW Illinois Street

City Portland	State OR	Zip Code 97239
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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 ▼  
20.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
20.00

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	658.46
<b>TOTAL</b> 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 17
	<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. Darke, George, , ,**

Mailing Address 3200 S.E. Bay Point Drive

City Vancouver	State WA	Zip Code 98683
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) NA
--	-----------------------------------

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		03		2018

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
1000.00

Memo Item Contribution

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

Mailing Address 503 Turnberry Avenue

City Woodburn	State OR	Zip Code 97071
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moda Helath	Occupation (for Individual) Direcotr of Internal Audits
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID : SA11AI.4126**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 10824 SE Oake Street #404

City Milwaukie	State OR	Zip Code 97222
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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  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2018

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period  
5000.00

Memo Item Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> 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 17
	<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. 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

**B. 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

**C. 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>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> 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 17
	<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. 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

**B. 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

**C. 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>SUBTOTAL</b> of Receipts This Page (optional).....▶	2550.00
<b>TOTAL</b> 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 17
<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. 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

**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 ▼ 1250.00

Date of Receipt 10 / 31 / 2018  
**Transaction ID : SA11AI.4184**  
 Amount of Each Receipt this Period 50.00  
 Memo Item Payroll Deduction

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 17
	<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	<input type="checkbox"/> 17

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

**A. McLeod, CJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2327 NW Northrup Street  
 Apt. 15  
 City Portland State OR Zip Code 97210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2018  
**Transaction ID : SA11AI.4162**  
 Amount of Each Receipt this Period 250.00  
 Memo Item Contribution

**B. McNannay, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 Augusta Street, SE  
 City Salem State OR Zip Code 97306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2018  
**Transaction ID : SA11AI.4158**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**C. Nearing, Patrick, , , DMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62320 Tamarack Springs Lane  
 City Summerville State OR Zip Code 97876  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Dentist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2018  
**Transaction ID : SA11AI.4168**  
 Amount of Each Receipt this Period 500.00  
 Memo Item Contribution

**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 14 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 15 OF 17
	<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	<input type="checkbox"/> 17

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

**A. Rodriguez, Carly, , ,**  
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moda Health	Occupation (for Individual) Director of Pharmacy Clinic Innovation
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2018

**Transaction ID : SA11AI.4187**

Amount of Each Receipt this Period  
100.00

Memo Item  
Payroll Deduction

**B. 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
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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  

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

**Transaction ID : SA11AI.4130**

Amount of Each Receipt this Period  
500.00

Memo Item  
Contribution

**C. 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  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2018

**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
350.00

Memo Item  
Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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 16 OF 17
	<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	<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. Timmerman, Mark, , ,**

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  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2018

**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

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

Mailing Address 10605 SW Maier Drive

City Tualatin	State OR	Zip Code 97062
------------------	-------------	-------------------

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

Name of Employer (for Individual) Moda Health	Occupation (for Individual) VP Human Resources
--	---

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

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

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 ▼  
94.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2018

**Transaction ID : SA11AI.4191**

Amount of Each Receipt this Period  
94.12

Memo Item Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1594.12
<b>TOTAL</b> This Period (last page this line number only).....	28852.58



# 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. HEIDI FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
Check from 9/26 Lost

Candidate Name  
**HEITKAMP, HEIDI, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: ND District: 00

Date of Disbursement: 10 / 31 / 2018

FEC Identification Number: C00505552  
**Transaction ID : SB23.4183**

Amount of Each Disbursement this Period: - 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	- 500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	- 500.00