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

Molina Healthcare, Inc. PAC

ADDRESS (number and street) ▼

200 Oceangate

Suite 100

☐ Check if different than previously reported. (ACC)

Long Beach | CA | 90802 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00430256

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)
- ☐ 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) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 01 / 2012 through 06 / 30 / 2012

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 Michael Mayers

Signature of Treasurer *Michael Mayers* ***[Electronically Filed]*** Date 01 / 03 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: 04 / 01 / 2012 To: 06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		7634.66
(b) Cash on Hand at Beginning of Reporting Period	18176.22	
(c) Total Receipts (from Line 19)	41456.30	60045.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	59632.52	67680.22
7. Total Disbursements (from Line 31)	26531.80	34579.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33100.72	33100.72
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. 06/2004)

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: 04 / 01 / 2012 To: 06 / 30 / 2012

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)	37008.24	48516.79
(ii) Unitemized	4448.06	11528.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	41456.30	60045.56
(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) ▶	41456.30	60045.56
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)) ▶	41456.30	60045.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	41456.30	60045.56

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	31.80	79.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	31.80	79.50
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	26500.00	34500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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))	26531.80	34579.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	26531.80	34579.50

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	41456.30	60045.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41456.30	60045.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	31.80	79.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	31.80	79.50

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XA**
Transaction ID :

Amending FEC-794931 due to clerial error

Form/Schedule:
Transaction ID:

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): April Alexander
Mailing Address: 4568 Brand Way
City: Sacramento State: CA Zip Code: 95819
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Government Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 325.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774273
Amount of Each Receipt this Period: 150.00
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Karyn Appel
Mailing Address: 17611 Maidstone Ave
City: Artesia State: CA Zip Code: 90701-3821
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA, Inc
Occupation: Manager Member Services
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 263.25
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774296
Amount of Each Receipt this Period: 121.50
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Jeff D. Barlow
Mailing Address: 3731 El Ricon Way
City: Sacramento State: CA Zip Code: 95864-2918
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: VP Assistant Gen Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1352.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774236
Amount of Each Receipt this Period: 624.00
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 895.50

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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Craig Bass
Mailing Address: 5973 Shady Oaks Drive
City: Frisco State: TX Zip Code: 75035
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of TX
Occupation: Healthcare Administrator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: M M 06 / D D 22 / Y Y Y Y 2012
Transaction ID : C1774316
Amount of Each Receipt this Period: 250.00
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Terry Phyllis Bayer
Mailing Address: 12 Whitesands Dr
City: Newport Coast State: CA Zip Code: 92657-1059
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1573.00
Date of Receipt: M M 06 / D D 22 / Y Y Y Y 2012
Transaction ID : C1774250
Amount of Each Receipt this Period: 726.00
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Bryce Berg
Mailing Address: 1100 E 3rd Street, Unit206
City: Long Beach State: CA Zip Code: 90802
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare Ic
Occupation: Information Requested
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 541.71
Date of Receipt: M M 06 / D D 22 / Y Y Y Y 2012
Transaction ID : C1774295
Amount of Each Receipt this Period: 250.02
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 1226.02

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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
M. Martha Bernadett

Mailing Address 10 Chesterfield Rd

City: Rolling Hills
State: CA
Zip Code: 90274-5222

FEC ID number of contributing federal political committee.: C

Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare provider

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 05 / 29 / 2012
Transaction ID : C1786178

Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Kimberly Blackwell

Mailing Address 5283 Sweetgum Place

City: Columbus
State: OH
Zip Code: 43229

FEC ID number of contributing federal political committee.: C

Name of Employer: Molina Healthcare of OH, Inc
Occupation: Manager Compliance

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774353

Amount of Each Receipt this Period: 114.00

* Payroll Deduction:

C. Full Name (Last, First, Middle Initial)
Gloria Calderon

Mailing Address 1203 E Thackery Avenue

City: West Covina
State: CA
Zip Code: 91790

FEC ID number of contributing federal political committee.: C

Name of Employer: Molina Healthcare
Occupation: American Family Circle

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 11 / 2012
Transaction ID : C1657568

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 5364.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Garrey E. Carruthers
Mailing Address: 4405 Echo Canyon Road
City: Las Cruces | State: NM | Zip Code: 88011
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare | Occupation: Board of Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 5000.00
Date of Receipt: 05 / 07 / 2012
Transaction ID : C1657616
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Amy Clubbs
Mailing Address: 3740 Darby Knolls Blvd
City: Hilliard | State: OH | Zip Code: 43026-7428
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of OH, Inc | Occupation: Healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 325.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774349
Amount of Each Receipt this Period: 150.00
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): James Cruz
Mailing Address: 217 W. Avenue Valencia
City: San Clemente | State: CA | Zip Code: 92672
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA | Occupation: Information Requested
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 325.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774318
Amount of Each Receipt this Period: 150.00
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 5300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Amy Dobberteen
Mailing Address: 6616 Flaming Arrow Drive
City: Citrus Heights State: CA Zip Code: 95621
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Lawyer
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 650.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774286
Amount of Each Receipt this Period: 300.00
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Troy Eubank
Mailing Address: 1823 Tremont Ave
City: Fort Worth State: TX Zip Code: 76107-3944
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of TX, Inc
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 390.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774305
Amount of Each Receipt this Period: 180.00
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): George Figueroa
Mailing Address: 4426 E. Earll Drive
City: Phoenix State: AZ Zip Code: 85018
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Information Requested
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 585.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774284
Amount of Each Receipt this Period: 270.00
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Marjorie Finkelnburg

Mailing Address 108 N. West Street

City: Alexandria
State: VA
Zip Code: 22314

FEC ID number of contributing federal political committee. C

Name of Employer: Molina Healthcre Inc
Occupation: Government Relations

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.00

Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774272

Amount of Each Receipt this Period: 230.00

* Payroll Deduction:

B. Full Name (Last, First, Middle Initial)
Virginia Fuentes

Mailing Address 1592 Cottonwood Drive

City: Lewis Center
State: OH
Zip Code: 43035

FEC ID number of contributing federal political committee. C

Name of Employer: Molina Healthcare Oh
Occupation: Managed Care Adminitration

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.92

Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774275

Amount of Each Receipt this Period: 125.04

* Payroll Deduction:

C. Full Name (Last, First, Middle Initial)
Marjorie Griffin

Mailing Address 651 Lillibridge

City: Detroit
State: MI
Zip Code: 48214

FEC ID number of contributing federal political committee. C

Name of Employer: Molina Healthcare of Michigan
Occupation: Healthcare Services

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774271

Amount of Each Receipt this Period: 120.00

* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 475.04

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Lisa Anne A Hatton

Mailing Address 1280 Stone Ridge Ct

City: Westerville
State: OH
Zip Code: 43081-3274

FEC ID number of contributing federal political committee.: C

Name of Employer: Molina Healthcare of OH, Inc
Occupation: Enrollment Growth

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: M M 06 / D D 22 / Y Y Y Y 2012

Transaction ID : C1774260

Amount of Each Receipt this Period: 180.00

* Payroll Deduction:

B. Full Name (Last, First, Middle Initial)
Blair Hedgepeth

Mailing Address 6612-F Jupiler Hills Circle

City: Alexandria
State: VA
Zip Code: 22312

FEC ID number of contributing federal political committee.: C

Name of Employer: Molina Healthcare Ic
Occupation: Information Requested

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt: M M 06 / D D 22 / Y Y Y Y 2012

Transaction ID : C1774281

Amount of Each Receipt this Period: 126.00

* Payroll Deduction:

C. Full Name (Last, First, Middle Initial)
Lillis Ann Koontz

Mailing Address 841 Terraine Ave

City: Long Beach
State: CA
Zip Code: 90804-4411

FEC ID number of contributing federal political committee.: C

Name of Employer: Molina Healthcare, Inc.
Occupation: Provider payments

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 512.98

Date of Receipt: M M 06 / D D 22 / Y Y Y Y 2012

Transaction ID : C1774242

Amount of Each Receipt this Period: 236.76

* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 542.76

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Karen O. Macdonald
Mailing Address: 620 Randall Rd
City: Montecito State: CA Zip Code: 93108-2123
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Chief Actuary
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1352.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774243
Amount of Each Receipt this Period: 624.00
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Kathie Mancini
Mailing Address: 4940 Heath Gate Dr
City: New Albany State: OH Zip Code: 43054-9450
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of OH, Inc
Occupation: Healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1352.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774270
Amount of Each Receipt this Period: 624.00
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Michael Mayers
Mailing Address: 8309 Medeiros Way
City: Sacramento State: CA Zip Code: 95829-8164
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Policy and Govt Advocacy
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1880.48
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774254
Amount of Each Receipt this Period: 1201.48
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 2449.48

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Linda McCoy
Mailing Address: 7115 287 Place NW
City: Stanwood State: WA Zip Code: 98292-4506
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of WA, Inc
Occupation: Sales
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 270.92
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774248
Amount of Each Receipt this Period: 125.04
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): J Mario Molina, Joseph Molina
Mailing Address: 1311 Chelten Way
City: South Pasadena State: CA Zip Code: 91030
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1517.78
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774245
Amount of Each Receipt this Period: 788.66
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): John C Molina
Mailing Address: 5668 E Naples Cnl St
City: Long Beach State: CA Zip Code: 90803
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare Financing
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.03
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774246
Amount of Each Receipt this Period: 1153.86
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 2067.56

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Theresa Molina
Mailing Address: 15302 Central Avenue
City: Chino | State: CA | Zip Code: 91710
FEC ID number of contributing federal political committee: C
Name of Employer: Information Requested
Occupation: Information Requested
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 5000.00
Date of Receipt: 06 / 01 / 2012
Transaction ID : C1774442
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Paul Muench
Mailing Address: 6251 Majorca Cir
City: Long Beach | State: CA | Zip Code: 90803-4814
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of UT, Inc
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 05 / 15 / 2012
Transaction ID : C1774441
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Mitchel J Newberry
Mailing Address: 23203 Cardigan Chase
City: San Antonio | State: TX | Zip Code: 78260
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of TX, Inc
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 260.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774266
Amount of Each Receipt this Period: 120.00

* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 6120.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Norm Nichols
Mailing Address: 17716 Eaglewood Drive
City: Baton Rouge State: LA Zip Code: 70810
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Medicaid Solutions
Occupation: IT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 200.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774323
Amount of Each Receipt this Period: 200.00
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Stephen O'Dell
Mailing Address: 201 Calle Miramar Unit 15
City: Redondo Beach State: CA Zip Code: 90277-6276
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA, Inc
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1950.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774264
Amount of Each Receipt this Period: 900.00
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Daniel Okonak
Mailing Address: 8099 Dunaway Lane
City: Westerville State: OH Zip Code: 43082
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare Oh
Occupation: Managed Care Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.92
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774276
Amount of Each Receipt this Period: 125.04
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 1225.04

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Steve Orlando
Mailing Address: 690 Coronado Blvd.
City: Sacramento State: CA Zip Code: 95864
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare
Occupation: Board of Directors
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 05 / 11 / 2012
Transaction ID : C1657144
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Kenneth Preede
Mailing Address: 13505 Point Pleasant Drive
City: Chantilly State: VA Zip Code: 20151
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare
Occupation: Govt Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 390.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774289
Amount of Each Receipt this Period: 180.00
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Michael J Reddy
Mailing Address: 2701 Woodacre St
City: Brea State: CA Zip Code: 92821-4736
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: 05 / 18 / 2012
Transaction ID : C1757641
Amount of Each Receipt this Period: 160.00
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 5340.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Sally Richardson
Mailing Address: 1611 Ridgeview Road
City: Charleston State: WV Zip Code: 25314
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare
Occupation: Board of Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 05 / 07 / 2012
Transaction ID : C1657618
Amount of Each Receipt this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Robert Robison
Mailing Address: 3061 Waukeegan Ave
City: Lewis Center State: OH Zip Code: 43235
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare Oh
Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 325.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774361
Amount of Each Receipt this Period: 150.00
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Lisa A Rubino
Mailing Address: 19415 Ironwood Ln
City: Huntington Beach State: CA Zip Code: 92648-5566
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA, Inc
Occupation: Information Requested
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 260.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774265
Amount of Each Receipt this Period: 120.00
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 2270.00

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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Kelly A. Ryan
Mailing Address: 3019 Gennaker Way
City: Elk Grove | State: CA | Zip Code: 95758-4671
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.25
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774256
Amount of Each Receipt this Period: 115.50
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Holly Saelens Bartleson
Mailing Address: 5049 Ederton Pl
City: New Albany | State: OH | Zip Code: 43054-9460
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of OH
Occupation: Contracts
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.92
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774366
Amount of Each Receipt this Period: 125.04
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Diane Melinda Sanchez
Mailing Address: 11502 187th St
City: Artesia | State: CA | Zip Code: 90701-5650
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA, Inc
Occupation: SMO Operations
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 325.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774300
Amount of Each Receipt this Period: 150.00
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 390.54

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Zarina Shockley-Sparli Shockley-Sparling

Mailing Address 14221 Fontana St

City: Leawood
State: KS
Zip Code: 66224-1154

FEC ID number of contributing federal political committee. C

Name of Employer: Molina Healthcare, Inc.
Occupation: Regional VP

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774263

Amount of Each Receipt this Period: 230.76

* Payroll Deduction:

B. Full Name (Last, First, Middle Initial)
Michael M Siegel

Mailing Address 2716 Creston Dr

City: Los Angeles
State: CA
Zip Code: 90068-2210

FEC ID number of contributing federal political committee. C

Name of Employer: Molina Healthcare, Inc.
Occupation: Medical Director

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774261

Amount of Each Receipt this Period: 300.00

* Payroll Deduction:

C. Full Name (Last, First, Middle Initial)
Kevin Smith

Mailing Address 6508 Turnbridge Pl

City: Prospect
State: KY
Zip Code: 40059-8871

FEC ID number of contributing federal political committee. C

Name of Employer: Molina Healthcare of OH, Inc
Occupation: managed Care Administration

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774358

Amount of Each Receipt this Period: 150.00

* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 680.76

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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Thomas M. Standring
Mailing Address: 8834 Tapaderas Loop
City: Roseville State: CA Zip Code: 95747
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare Ic
Occupation: Assoc Gen Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774259
Amount of Each Receipt this Period: 150.00
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Kimberly J. Sweers-Parker
Mailing Address: 2109 W Summerland St
City: Rancho Palos Verdes State: CA Zip Code: 90275-1328
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 999.96
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774262
Amount of Each Receipt this Period: 461.52
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Mary Syiek
Mailing Address: 6662 Gate Hill Circle
City: Huntington Beach State: CA Zip Code: 92648
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Information Requested
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774292
Amount of Each Receipt this Period: 250.00
* Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) ▶ 861.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): Joseph W. White
Mailing Address: 3521 Loma View Dr
City: Altadena State: CA Zip Code: 91001-3938
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774238
Amount of Each Receipt this Period: 300.00
* Payroll Deduction:

B. Full Name (Last, First, Middle Initial): Andrew Kern Whitelock
Mailing Address: 503 Westchester Pl
City: Fullerton State: CA Zip Code: 92835-2706
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA, Inc
Occupation: Healthcare contracts
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 541.71
Date of Receipt: 06 / 22 / 2012
Transaction ID : C1774301
Amount of Each Receipt this Period: 250.02
* Payroll Deduction:

C. Full Name (Last, First, Middle Initial): Joann Zarza-Garrido
Mailing Address: 9550 Westbourne Ct
City: Cypress State: CA Zip Code: 90630-2760
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Compliance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 11 / 2012
Transaction ID : C1657577
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1050.02

TOTAL This Period (last page this line number only) ▶ 37008.24

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): EastWestBank
Mailing Address: 23737 Hawthorne Blvd
City: Torrance State: CA Zip Code: 90505
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 03 / 2012
Transaction ID : D134718
Amount of Each Disbursement this Period: 7.95

B. Full Name (Last, First, Middle Initial): EastWestBank
Mailing Address: 23737 Hawthorne Blvd
City: Torrance State: CA Zip Code: 90505
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 04 / 03 / 2012
Transaction ID : D134719
Amount of Each Disbursement this Period: 7.95

C. Full Name (Last, First, Middle Initial): EastWestBank
Mailing Address: 23737 Hawthorne Blvd
City: Torrance State: CA Zip Code: 90505
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 03 / 2012
Transaction ID : D134720
Amount of Each Disbursement this Period: 7.95

SUBTOTAL of Disbursements This Page (optional) ▶ 23.85

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

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A.
Full Name (Last, First, Middle Initial): EastWestBank
Mailing Address: 23737 Hawthorne Blvd
City: Torrance State: CA Zip Code: 90505
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 05 / D D 03 / Y Y Y Y 2012
Transaction ID : D134721
Amount of Each Disbursement this Period: 7.95

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 7.95

TOTAL This Period (last page this line number only) ▶ 31.80

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): ANNA ESHOO FOR CONGRESS
Mailing Address: 555 CAPITOL MALL, SUITE 1425
City: SACRAMENTO State: CA Zip Code: 95814
Purpose of Disbursement: support re election
Candidate Name: Anna G. Eshoo
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 14
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 21 / 2012
Transaction ID : D134423
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): BLAINE FOR CONGRESS INC
Mailing Address: PO BOX 1526
City: COLUMBIA State: MO Zip Code: 65205
Purpose of Disbursement: support re election
Candidate Name: Blaine Luetkemeyer
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 09
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 04 / 2012
Transaction ID : D134442
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): BRIAN BILBRAY FOR CONGRESS
Mailing Address: 991C Lomas Santa Fe Drive
City: Solana Beach State: CA Zip Code: 92075
Purpose of Disbursement: support re election
Candidate Name: Brian Bilbray
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 50
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 04 / 2012
Transaction ID : D134439
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A.
Full Name (Last, First, Middle Initial): ISSA FOR CONGRESS
Mailing Address: P O BOX 760
City: VISTA State: CA Zip Code: 92085
Purpose of Disbursement: support re election
Candidate Name: Darrell Issa
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 49
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 21 / 2012
Transaction ID : D134426
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Garamendi for Congress
Mailing Address: 3605 Long Beach Blvd Suite 426
City: Long Beach State: CA Zip Code: 90807
Purpose of Disbursement: support re elect
Candidate Name: John Garamendi
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 10
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 19 / 2012
Transaction ID : D134431
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Friends of Gary DeLong
Mailing Address: 5100 E Anaheim Road, Suite A
City: Long Beach State: CA Zip Code: 90815-9901
Purpose of Disbursement: support campaign
Candidate Name: Gary DeLong
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 47
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 03 / 2012
Transaction ID : D127367
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOE PITTS

Mailing Address PO BOX 775
1707 Prince Street #5

City: Unionville | State: PA | Zip Code: 19375

Purpose of Disbursement: support re election

Candidate Name: Joe Pitts

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 16

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 06 / 21 / 2012

Transaction ID : D134428

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street, NW
Suite 800

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: support re elect

Candidate Name: John D. Dingell

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 15

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 06 / 21 / 2012

Transaction ID : D134424

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City: COLLINSVILLE | State: IL | Zip Code: 62234

Purpose of Disbursement: support re election

Candidate Name: John Shimkus

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 19

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 06 / 04 / 2012

Transaction ID : D134440

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): BRADY FOR CONGRESS
Mailing Address: P.O. BOX 8277
City: THE WOODLANDS State: TX Zip Code: 77387
Purpose of Disbursement: support re elect campaign
Candidate Name: Kevin Brady
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 08
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 03 / 2012
Transaction ID : D127366
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): COMMITTEE TO RE-ELECT LORETTA SANCHEZ
Mailing Address: 1212 S. Victory Blvd.
City: BURBANK State: CA Zip Code: 91502
Purpose of Disbursement: support re election
Candidate Name: Loretta Sanchez
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 47
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 04 / 2012
Transaction ID : D134436
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): MARY BONO MACK COMMITTEE
Mailing Address: PO Box 3370
City: Palm Springs State: CA Zip Code: 92263
Purpose of Disbursement: support re election
Candidate Name: Mary Bono Mack
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 45
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 19 / 2012
Transaction ID : D134429
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): ROGERS FOR CONGRESS
Mailing Address: PO Box 581
City: Brighton State: MI Zip Code: 48116
Purpose of Disbursement: support campaign
Candidate Name: Mike Rogers
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 03 / 2012
Transaction ID : D127368
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): MIKE THOMPSON FOR CONGRESS
Mailing Address: 5429 Madison Avenue
City: Sacramento State: CA Zip Code: 95841
Purpose of Disbursement: support re election
Candidate Name: Mike Thompson
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 01
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 04 / 2012
Transaction ID : D134443
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Rob Portman for US Senate
Mailing Address: 8331 Little Harbor Drive
City: Cincinnati State: OH Zip Code: 45244
Purpose of Disbursement: support re-election
Candidate Name: Rob Portman
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: OH District: 00
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 21 / 2012
Transaction ID : D134434
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
ROB ANDREWS for COngress COMMITTEE

Mailing Address P.O. Box 295

City: Oaklyn State: NJ Zip Code: 08107

Purpose of Disbursement: support re election

Candidate Name: Robert E. Andrews

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 01

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 06 / 04 / 2012

Transaction ID : D134441

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. BOX 11519

City: CHARLESTON State: WV Zip Code: 25339

Purpose of Disbursement: support re election

Candidate Name: Shelley Moore Capito

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: WV District: 02

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 06 / 19 / 2012

Transaction ID : D134430

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Stivers for Congress

Mailing Address 4679 Winterset Drive

City: Columbus State: OH Zip Code: 43220

Purpose of Disbursement: support re elction

Candidate Name: Steve Stivers

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 15

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 06 / 21 / 2012

Transaction ID : D134422

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

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)
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City: MELBOURNE State: FL Zip Code: 32935

Purpose of Disbursement: support re election

Candidate Name: Bill Nelson

Category/Type

Office Sought: ☐ House ☒ Senate ☐ President
State: FL District: 00

Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 04 / 2012

Transaction ID : D134437

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue

City: Midland State: MI Zip Code: 48640

Purpose of Disbursement: support re election

Candidate Name: Dave Camp

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 04

Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 06 / 21 / 2012

Transaction ID : D134427

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City: Columbus State: OH Zip Code: 43231

Purpose of Disbursement: support re election

Candidate Name: Pat Tiberi

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 12

Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 06 / 04 / 2012

Transaction ID : D134438

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial): RIBBLE FOR CONGRESS
Mailing Address: PO BOX 7200
City: APPLETON State: WI Zip Code: 54912
Purpose of Disbursement: support re election
Candidate Name: Reid Ribble
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 08
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 21 / 2012
Transaction ID : D134425
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): CITIZENS TO ELECT RICK LARSEN
Mailing Address: PO BOX 326
City: EVERETT State: WA Zip Code: 98206
Purpose of Disbursement: support re elect
Candidate Name: Rick Larsen
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 02
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 21 / 2012
Transaction ID : D134432
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): Tony Strickland for Congress
Mailing Address: 603 E Alton Street, Suite H
City: Santa Ana State: CA Zip Code: 92705
Purpose of Disbursement: support election
Candidate Name: Tony Strickland
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 26
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 / 28 / 2012
Transaction ID : D134708
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 26500.00