FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** — Example:If typing, type over the lines

Molina Healthcare, Inc. PAC

ADDRESS (number and street)

200 Oceangate

Suite 100

☐ Check if different than previously reported. (ACC)

Long Beach | CA | 90802 –

2. **FEC IDENTIFICATION NUMBER** — CITY — STATE — ZIPCODE

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 Quarterly 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 (12G)

Election on ____ in the State of ____

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

Election on ____ in the State of ____

5. Covering Period 07 01 2007 through 12 31 2007

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: Joseph White

Signature of Treasurer: Electronically Filed by Joseph White — Date 01 29 2010

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)

FE6AN026

A. Form/Schedule : **F3XA** as amended by FEC-379105

Transaction ID :

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Molina Healthcare, Inc. PAC

Report Covering the Period: From: MM 07 DD 01 YYYY 2007 To: MM 12 DD 31 YYYY 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		0.00
(b) Cash on Hand at Begining of Reporting Period	26017.98	
(c) Total Receipts (from Line 19)	21521.96	59117.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47539.94	59117.18
7. Total Disbursements (from Line 31)	31681.56	43258.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15858.38	15858.38
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	

[X] 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: M M 07 D D 01 Y Y Y Y 2007 To: M M 12 D D 31 Y Y Y Y 2007

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)	19502.71	52897.04
(ii) Unitemized	2019.25	6220.14
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	21521.96	59117.18
(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) ..... ▶	21521.96	59117.18
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 Transfer (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))	21521.96	59117.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21521.96	59117.18

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	60.00	125.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	60.00	125.60
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	31621.56	40621.56
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	2511.64
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))	31681.56	43258.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	31681.56	43258.80

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)	21521.96	59117.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21521.96	59117.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	60.00	125.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60.00	125.60

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 / 28

[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): Dale Ahlskog
Mailing Address: 13609 106th Dr SE
City: Snohomish State: WA Zip Code: 98296-8245
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of WA, Inc
Occupation: President
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2007
Transaction ID: C5170
Amount of Each Receipt this Period: 500.00
* Payroll Deduction: Quarterly $500.00

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: 500.50
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C4976
Amount of Each Receipt this Period: 250.25
* Payroll Deduction: Bi-Weekly payroll deuction $19.25

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: 260.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5362
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ 880.25

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): 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: 3120.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5383
Amount of Each Receipt this Period: 1560.00
* Payroll Deduction: Bi-weekly $121.00

B.
Full Name (Last, First, Middle Initial): Gene Berk
Mailing Address: 530 Bluebird Pl
City: Davis State: CA Zip Code: 95616-0174
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: VP Deputy Gen Counsel
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 999.96
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5404
Amount of Each Receipt this Period: 499.98
* Payroll Deduction: Bi-weekly $38.46

C.
Full Name (Last, First, Middle Initial): Ann R. Bormann
Mailing Address: 13612 NE 94th St
City: Redmond State: WA Zip Code: 98052-6430
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of WA, Inc
Occupation: Healthcare Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 276.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5206
Amount of Each Receipt this Period: 156.00
* Payroll Deduction: Bi-weekly $13.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2215.98**

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): Joyce Cadwell
Mailing Address: 14349 Fremont Ave N
City: Seattle State: WA Zip Code: 98133-6906
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of WA, Inc
Occupation: Director, Sp Programs
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5227
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-weekly $10.00

B.
Full Name (Last, First, Middle Initial): Jennifer Coleman
Mailing Address: 1565 Agate Ct
City: McLean State: VA Zip Code: 22102-3927
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Health Policy Analyst
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 340.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5416
Amount of Each Receipt this Period: 260.00
* Payroll Deduction: Bi-weekly

C.
Full Name (Last, First, Middle Initial): Harvey Fein
Mailing Address: 2238 Glendon Ave
City: Los Angeles State: CA Zip Code: 90064-2009
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Vice PResident Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1320.00
Date of Receipt: 11 / 02 / 2007
Transaction ID: C5506
Amount of Each Receipt this Period: 540.00
* Payroll Deduction: Bi-Weekly $60.00

SUBTOTAL of Receipts This Page (optional) 930.00

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

Image# 10930265783

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 / 28

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

A.
Full Name (Last, First, Middle Initial): Jennifer L. Freeman
Mailing Address: 109 N 195th Ct
City: Shoreline State: WA Zip Code: 98133-3439
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of WA, Inc
Occupation: Chief Finance Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500.10
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5266
Amount of Each Receipt this Period: 1413.10
* Payroll Deduction: Bi-Weekly $108.70

B.
Full Name (Last, First, Middle Initial): Wadie Gadalla
Mailing Address: 10636 Danbury St
City: Temple City State: CA Zip Code: 91780-2823
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Manager Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5521
Amount of Each Receipt this Period: 195.00
* Payroll Deduction: Bi-weekly

C.
Full Name (Last, First, Middle Initial): Gene Maury Gillock
Mailing Address: 1225 E Armando Dr
City: Long Beach State: CA Zip Code: 90807
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare Ic
Occupation: Healthcare Specialist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.50
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5542
Amount of Each Receipt this Period: 250.25
* Payroll Deduction: Bi-Weekly $19.25

SUBTOTAL of Receipts This Page (optional) 1858.35

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

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

A.
Full Name (Last, First, Middle Initial): Mayra Harris
Mailing Address: 113 N Lucia Ave # A
City: Redondo Beach State: CA Zip Code: 90277-3219
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA, Inc
Occupation: Human Resources
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.50
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C375235
Amount of Each Receipt this Period: 250.25
* Payroll Deduction: Bi-W-eeklypayroll deduction $1-9.25

B.
Full Name (Last, First, Middle Initial): C. Joseph Heinz
Mailing Address: 4250 E Vermont St
City: Long Beach State: CA Zip Code: 90814-2946
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Facilities and Purchasing
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 390.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5563
Amount of Each Receipt this Period: 195.00
* Payroll Deduction: Bi-w-eekly

C.
Full Name (Last, First, Middle Initial): Roberta Holtzman
Mailing Address: 24 Henley Dr
City: Laguna Niguel State: CA Zip Code: 92677-5647
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of CA, Inc
Occupation: Chief Operating Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C375236
Amount of Each Receipt this Period: 325.00
* Payroll Deduction: Bi-W-eeklypayroll deduciton $2-5.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 770.25

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

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

A.
Full Name (Last, First, Middle Initial)
James Howatt
Mailing Address 133 The Promenade N # 325
City: Long Beach State: CA Zip Code: 90802
FEC ID number of contributing federal political committee. C
Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5581
Amount of Each Receipt this Period: 1300.00
* Payroll Deduction: Bi-Weekly

B.
Full Name (Last, First, Middle Initial)
Donna Jeter-Francis
Mailing Address 15207 Admiralty Way Unit D12
City: Lynnwood State: WA Zip Code: 98087-2441
FEC ID number of contributing federal political committee. C
Name of Employer: Molina Healthcare of WA, Inc
Occupation: Supv Utilization Mgmt
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5306
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-Weekly

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: 999.96
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5646
Amount of Each Receipt this Period: 499.98
* Payroll Deduction: Bi-Weekly

SUBTOTAL of Receipts This Page (optional) 1929.98

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A.
Full Name (Last, First, Middle Initial): Jean Lynch
Mailing Address: 1901 E Ocean Blvd, Unit 303
City: Long Beach State: CA Zip Code: 90802-6143
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Healthcare Specialist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1261.00
Date of Receipt: 09 / 21 / 2007
Transaction ID: C5675
Amount of Each Receipt this Period: 582.00
* Payroll Deduction: Bi-weekly

B.
Full Name (Last, First, Middle Initial): Elizabeth Macarthur
Mailing Address: 114 E Bellefonte Ave
City: Alexandria State: VA Zip Code: 22301-1348
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Federal Govt Relations
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1300.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5697
Amount of Each Receipt this Period: 650.00
* Payroll Deduction: Bi-weekly

C.
Full Name (Last, First, Middle Initial): Karen O. Macdonald
Mailing Address: 15970 High Knoll Rd
City: Encino State: CA Zip Code: 91436-3427
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: 1040.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5718
Amount of Each Receipt this Period: 520.00
* Payroll Deduction: Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1752.00**

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

Image# 10930265787

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 / 28

[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): 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: 2522.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5760
Amount of Each Receipt this Period: 1261.00
* Payroll Deduction: Bi-Weekly

B.
Full Name (Last, First, Middle Initial): Linda McCoy
Mailing Address: 7025 281st Pl NW 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: 230.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5324
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-Weekly

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: 5000.06
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5781
Amount of Each Receipt this Period: 2500.03
* Payroll Deduction: Bi-Weekly

SUBTOTAL of Receipts This Page (optional) 3891.03

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): Paul Muench
Mailing Address: 1629 Crescent View Cir
City: Sandy State: UT Zip Code: 84092-5100
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: 500.00
Date of Receipt: 10 / 01 / 2007
Transaction ID: C378868
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Jackie Nolen
Mailing Address: 4358 Fair Oaks Blvd
City: Sacramento State: CA Zip Code: 95864-5369
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: 520.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5025
Amount of Each Receipt this Period: 260.00
* Payroll Deduction: Bi-w-eeklypayroll deduction $2-0.00

C.
Full Name (Last, First, Middle Initial): Michael S O'Brien
Mailing Address: 301 S Reynolds St Apt 412
City: Alexandria State: VA Zip Code: 22304-4539
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Government Relations
Receipt For: 2008 [X] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 / 07 / 2007
Transaction ID: C369444
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1010.00**

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 16 / 28

[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): Laura Onufrock
Mailing Address: 6 Wheatstone Farm
City: Ladera Ranch State: CA Zip Code: 92694-1035
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Finance
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5823
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-weekly

B.
Full Name (Last, First, Middle Initial): Domenico Pagone
Mailing Address: 448 N Londonderry Ln Unit A
City: Orange State: CA Zip Code: 92869-2860
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Dir Provider Contracts
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 27 / 2007
Transaction ID: C5838
Amount of Each Receipt this Period: 40.00
* Payroll Deduction: Bi-weekly

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: 320.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C375240
Amount of Each Receipt this Period: 260.00
* Payroll Deduction: Bi-Weekly payroll deductions $20.00

SUBTOTAL of Receipts This Page (optional) 430.00

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 17 / 28

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[ ] 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): Francesca Sarvello
Mailing Address: 1529 Boabab Dr
City: Salt Lake City State: UT Zip Code: 84117-6808
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of UT, Inc
Occupation: Human Resources
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5167
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-Weekly $10.00

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: 1040.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5902
Amount of Each Receipt this Period: 520.00
* Payroll Deduction: Bi-weekly

C.
Full Name (Last, First, Middle Initial): Jeanne Smith
Mailing Address: 7632 Park Village Dr Dr
City: West Jordan State: UT Zip Code: 84084-5538
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: 211.20
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5936
Amount of Each Receipt this Period: 124.80
* Payroll Deduction: Bi-Weekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ **774.80**

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 18 / 28

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

A.
Full Name (Last, First, Middle Initial): Liana Crista Smith
Mailing Address: 1352 Molino Ave, Apt 301
City: Long Beach State: CA Zip Code: 90804-2378
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare, Inc.
Occupation: Clients Accounts
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5919
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-w-eekly

B.
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: 440.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5968
Amount of Each Receipt this Period: 260.00
* Payroll Deduction: Bi-w-eekly

C.
Full Name (Last, First, Middle Initial): Margaret A. Triplett
Mailing Address: 526 W Regina Ave
City: Spokane State: WA Zip Code: 99218-2832
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of WA, Inc
Occupation: Healthcare Specialist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 12 / 28 / 2007
Transaction ID: C5341
Amount of Each Receipt this Period: 130.00
* Payroll Deduction: Bi-W-eekly

SUBTOTAL of Receipts This Page (optional) ..... ▶ **520.00**

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): Ann Wehr
Mailing Address: 6005 Buffalo Grass Ct NE
Ne
City: Albuquerque
State: NM
Zip Code: 87111-8175
FEC ID number of contributing federal political committee: C
Name of Employer: Molina Healthcare of NM, Inc
Occupation: Clinic Administration
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3000.14
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5102
Amount of Each Receipt this Period: 1500.07
* Payroll Deduction: Bi-weekly $115.39

B.
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: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5989
Amount of Each Receipt this Period: 325.00
* Payroll Deduction: Bi-Weekly

C.
Full Name (Last, First, Middle Initial): Andrew Kern Whitelock
Mailing Address: 815 Seagull Ln
Apt D202
City: Newport Beach
State: CA
Zip Code: 92663-6675
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: 700.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2007
Transaction ID: C5039
Amount of Each Receipt this Period: 455.00
* Payroll Deduction: Bi-weekly payroll deduction $35.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2280.07

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

Image# 10930265793

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)
Jason Worthen

Mailing Address 1322 Iron Boberg Cir

City: Draper
State: UT
Zip Code: 84020-7534

FEC ID number of contributing federal political committee.
C

Name of Employer
Molina Healthcare, Inc.

Occupation
Sales

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

Aggregate Year-to-Date
520.00

Date of Receipt
M M 12 / D D 28 / Y Y Y Y 2007

Transaction ID: C375564

Amount of Each Receipt this Period
260.00

* Payroll Deduction: Bi-Weekly

SUBTOTAL of Receipts This Page (optional) 260.00

TOTAL This Period (last page this line number only) 19502.71

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)

Transaction ID: D91833

Date of Disbursement
MM 12 / DD 04 / YYYY 2007

Amount of Each Disbursement this Period
60.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **60.00**

TOTAL This Period (last page this line number only) ..... ▶ **60.00**

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 [X] 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): Capital City Catering
Mailing Address: 1910 Canterbury Rd
City: Sacramento State: CA Zip Code: 95815-3719
Purpose of Disbursement: fundraiser expense
Candidate Name: Rep. Darrell Issa
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 49
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D73796
Date of Disbursement: 10 / 25 / 2007
Amount of Each Disbursement this Period: 2021.56
* In-Kind

B.
Full Name (Last, First, Middle Initial): Capital City Catering
Mailing Address: 1910 Canterbury Rd
City: Sacramento State: CA Zip Code: 95815-3719
Purpose of Disbursement: fundraiser expense
Candidate Name: Rep. Darrell Issa
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 49
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D73797
Date of Disbursement: 10 / 12 / 2007
Amount of Each Disbursement this Period: 600.00
* In-Kind

C.
Full Name (Last, First, Middle Initial): BRIAN BILBRAY FOR CONGRESS
Mailing Address: 2466 Unicornio Street
City: Carlsbad State: CA Zip Code: 92009
Purpose of Disbursement: campaign support
Candidate Name: Rep. Brian P. Bilbray
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 50
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D89597
Date of Disbursement: 09 / 26 / 2007
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3621.56

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 [X] 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): LUNGREN FOR CONGRESS
Mailing Address: 9321 Silverbend Lane
City: Elk Grove State: CA Zip Code: 95624
Purpose of Disbursement: Campaign Contribution
Candidate Name: Rep. Dan Lungren
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 03
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D51
Date of Disbursement: 09 / 26 / 2007
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): DEVIN NUNES CAMPAIGN COMMITTEE
Mailing Address: PO BOX 6545
City: VISALIA State: CA Zip Code: 93290
Purpose of Disbursement: contribution to Devin Nunes
Candidate Name: Rep. Devin Nunes
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 21
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D73786
Date of Disbursement: 09 / 13 / 2007
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): WALDEN FOR CONGRESS INC.
Mailing Address: PO Box 1091
City: Hood River State: OR Zip Code: 97031
Purpose of Disbursement: support re election campaign
Candidate Name: Rep. Greg Walden
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OR District: 02
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D55
Date of Disbursement: 10 / 12 / 2007
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 [X] 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): HEATHER WILSON FOR SENATE
Mailing Address: P.O. BOX 14070
City: ALBUQUERQUE State: NM Zip Code: 87191
Purpose of Disbursement: Contribution to a Federal Senate Candidate
Candidate Name: Rep. Heather A. Wilson
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: NM District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D56603
Date of Disbursement: MM 12 / DD 06 / YYYY 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): INSLEE FOR CONGRESS
Mailing Address: PO Box 33027
City: Seattle State: WA Zip Code: 98133
Purpose of Disbursement: re election campaign support
Candidate Name: Rep. Jay Inslee
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 01
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D89585
Date of Disbursement: MM 08 / DD 28 / YYYY 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): HULSHOF FOR CONGRESS
Mailing Address: PO Box 1621
City: Columbia State: MO Zip Code: 65205
Purpose of Disbursement: Capmaign Contribution
Candidate Name: Rep. Kenny C. Hulshof
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: MO District: 09
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D45
Date of Disbursement: MM 08 / DD 23 / YYYY 2007
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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 [X] 23 [ ] 24 [ ] 25 [ ] 26
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A.
Full Name (Last, First, Middle Initial): RICHARDSON FOR CONGRESS
Mailing Address: 1212 S VICTORY BLVD
City: BURBANK State: CA Zip Code: 91502
Purpose of Disbursement: support re election campaign
Candidate Name: Rep. Laura Richardson
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 37
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D46
Date of Disbursement: 08 / 23 / 2007
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): TIBERI FOR CONGRESS
Mailing Address: 2021 E Dublin Granville Road
City: Columbus State: OH Zip Code: 43229
Purpose of Disbursement: campaign contribution
Candidate Name: Rep. Patrick J. Tiberi
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 12
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D58
Date of Disbursement: 10 / 18 / 2007
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXA-S)
Mailing Address: POST OFFICE BOX 711
City: ROCKWALL State: TX Zip Code: 75087
Purpose of Disbursement: Campaign Contribution
Candidate Name: Rep. Ralph M. Hall
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 04
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D42
Date of Disbursement: 07 / 05 / 2007
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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[ ] 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): RICHARDSON FOR PRESIDENT INC.
Mailing Address: PO BOX 26208
City: ALBUQUERQUE State: NM Zip Code: 87125
Purpose of Disbursement: Primary Presidential campaign support
Candidate Name: Bill Richardson
Category/Type:
Office Sought: [ ] House [ ] Senate [X] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D57056
Date of Disbursement: 12 / 24 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): ROMNEY FOR PRESIDENT INC.
Mailing Address: 585 COMMERCIAL STREET
City: BOSTON State: MA Zip Code: 02109
Purpose of Disbursement: Campaign Contribution for President
Candidate Name: M Romney
Category/Type:
Office Sought: [ ] House [ ] Senate [X] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D52
Date of Disbursement: 09 / 26 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): TEXANS FOR SENATOR JOHN CORNYN INC
Mailing Address: 6850 AUSTIN CENTRE BLVD
City: AUSTIN State: TX Zip Code: 78731
Purpose of Disbursement: support election campaign
Candidate Name: Sen. John Cornyn
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: TX District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D54
Date of Disbursement: 09 / 26 / 2007
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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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[ ] 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 JAY ROCKEFELLER
Mailing Address: PO BOX 1909
City: CHARLESTON State: WV Zip Code: 25327
Purpose of Disbursement: Primary Campaign
Candidate Name: Sen. John D. Rockefeller, IV
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: WV District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D56
Date of Disbursement: MM 10 / DD 12 / YYYY 2007
Amount of Each Disbursement this Period: 2300.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF JAY ROCKEFELLER
Mailing Address: PO BOX 1909
City: CHARLESTON State: WV Zip Code: 25327
Purpose of Disbursement: General Election Campaign
Candidate Name: Sen. John D. Rockefeller, IV
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: WV District: 00
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: D60123
Date of Disbursement: MM 10 / DD 12 / YYYY 2007
Amount of Each Disbursement this Period: 200.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF MAX BAUCUS
Mailing Address: PO BOX 586
City: HELENA State: MT Zip Code: 59624
Purpose of Disbursement: support re election campaign
Candidate Name: Sen. Max Baucus
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: MT District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D50
Date of Disbursement: MM 09 / DD 13 / YYYY 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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 [X] 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): The Domenici Victory Fund
Mailing Address: 228 S. Washington St, Suite 115
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: support re election
Candidate Name: Sen. Pete V. Domenici
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: NM District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D43
Date of Disbursement: 08 / 09 / 2007
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): COLLINS FOR SENATOR
Mailing Address: PO BOX 1096
City: BANGOR State: ME Zip Code: 04402
Purpose of Disbursement: re election campaign support
Candidate Name: Sen. Susan M. Collins
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: ME District: 00
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D89584
Date of Disbursement: 08 / 28 / 2007
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Reichert Washington Victory Committee
Mailing Address: 228 S. Washington Street, Suite 115
City: Alexandria State: VA Zip Code: 22314
Purpose of Disbursement: joint fundraising entity
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: D89579
Date of Disbursement: 08 / 16 / 2007
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5500.00**

TOTAL This Period (last page this line number only) ..... ▶ **31621.56**