

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Woys, James, Edwin, ,

Mailing Address PO Box 269

City
Fair Oaks

State
CA

Zip Code
95628-0269

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.

Occupation (for Individual)
EVP, Health Plan Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2019

Transaction ID : PR745692620804

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

B. Tran, Thomas, L, ,

Mailing Address 14638 Chatsworth Manor Circle

City
Tampa

State
FL

Zip Code
33626-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.

Occupation (for Individual)
Chief Financial Officer Corp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2019

Transaction ID : PR746021920804

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

C. Bohne, Jennifer, Lynn-Cooper, ,

Mailing Address 69473 Meadowbrook Ln

City
Bruce Twp

State
MI

Zip Code
48065-4050

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of MI

Occupation (for Individual)
Dir, Health Plan Long Term Svcs & Supp

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2019

Transaction ID : PR746066320804

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

809.20