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

Long Beach | CA | 90802

☐ Check if different than previously reported. (ACC)

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

CITY ▲ | STATE ▲ | ZIP CODE ▲

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

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

Election on M M / D D / Y Y Y Y in the State of

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

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2026 through 02 / 28 / 2026

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: Mayers, Michael, , ,

Signature of Treasurer: *Mayers, Michael, , ,* Date: 03 / 30 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: 02 / 01 / 2026 To: 02 / 28 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2026		394251.25
(b) Cash on Hand at Beginning of Reporting Period	283776.83	
(c) Total Receipts (from Line 19)	57345.88	154071.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	341122.71	548322.71
7. Total Disbursements (from Line 31)	106350.00	313550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	234772.71	234772.71
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: 02/01/2026 To: 02/28/2026

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)	45671.20	116110.81
(ii) Unitemized	11674.68	37960.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	57345.88	154071.46
(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) ▶	57345.88	154071.46
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)) ▶	57345.88	154071.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	57345.88	154071.46

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	97500.00	305000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	8850.00	8550.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	106350.00	313550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	106350.00	313550.00

DETAILED SUMMARY PAGE
of Disbursements

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)	57345.88	154071.46
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57345.88	154071.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	0.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

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

Updated Texas State Contribution Amount

Form/Schedule:
Transaction ID:

Image# 202603309856875011

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE 7 OF 88

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name
Des Jardins, Terrisca, , ,

Mailing Address 2757 Walnut Ridge Drive

City: Ann Arbor | State: MI | Zip Code: 48103-2182

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Michigan, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1002418738413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barth, John, M., ,

Mailing Address 4832 Graceland Avenue

City: Indianapolis | State: IN | Zip Code: 46208-3506

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Market Development & Strategy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1002616738413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brown, Qiana, , ,

Mailing Address 9006 Pacific Street

City: Omaha | State: NE | Zip Code: 68114-5156

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Nebraska, Inc.
Occupation (for Individual): AVP, Growth & Community Engagemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1003323338413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 684.60

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

Image# 202603309856875012

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

Mailing Address 5151 E Sternberg Rd

City: Fruitport | State: MI | Zip Code: 49415-9741

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, National Value-Based Contracting

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1004691038413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doyle, Marcus, , ,

Mailing Address 61 Brook Crossing

City: Marlborough | State: CT | Zip Code: 06447-1164

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Provider Engagement

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1007378338413

Amount of Each Receipt this Period: 160.00

☐ Memo Item

P/R Deduction ($80.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meier, John, D., ,

Mailing Address 220 West Front Street

City: Perrysburg | State: OH | Zip Code: 43551-1429

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Ohio, Inc.
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1007758538413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 560.00

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

Image# 202603309856875013

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

Mailing Address 7007 Windham Parkway

City: Prospect | State: KY | Zip Code: 40059-8821

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Medicaid Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1009926938413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sefcik, James, F., ,

Mailing Address 6112 DEDHAM LN

City: Austin | State: TX | Zip Code: 78739-1536

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Enterprise Integration

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1010746338413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ray-Alexander, Joiel, , ,

Mailing Address 364 S Manning Blvd

City: Albany | State: NY | Zip Code: 12208-1732

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of New York, Inc.
Occupation (for Individual): AVP, Growth & Community Engagemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1011424538413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 684.60

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

Image# 202603309856875014

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Petrie, Geoffrey, Lawrence, ,

Mailing Address 595 Rabon Circle

City: Elgin | State: SC | Zip Code: 29045-8948

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of South Carolina, I
Occupation (for Individual): VP, Government Contracts

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 480.75

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1013107038413

Amount of Each Receipt this Period: 192.30

☐ Memo Item

P/R Deduction ($96.15 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benjamins, Edwin, John, ,

Mailing Address 13681 Dellbrook St

City: Eastvale | State: CA | Zip Code: 92880-5509

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Network Strategy & Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1014809838413

Amount of Each Receipt this Period: 125.00

☐ Memo Item

P/R Deduction ($125.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fields, George, , ,

Mailing Address 225 Bay Shore Ave

City: Long Beach | State: CA | Zip Code: 90803-3540

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): National Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1014812638413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 701.90

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

Image# 202603309856875015

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

Mailing Address 1110 NW 107th Circle

City: Vancouver | State: WA | Zip Code: 98685-5089

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Network Strategy & Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR1014894438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geyer, Jeffrey, , ,

Mailing Address 10587 NW 69Th St

City: Parkland | State: FL | Zip Code: 33076-2979

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Investor Relations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR1015054338413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cavner, Michelle, , ,

Mailing Address 3085 E Cardinal Court

City: Chandler | State: AZ | Zip Code: 85286-5713

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Health Plan Pharmacy Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR1053598338413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 869.20

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

Image# 202603309856875016

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 of Individual (Last, First, Middle Initial) or Full Organization Name
McCoy, Juliette, K., ,

Mailing Address 9705 TAPATIO DR NW

City: Albuquerque | State: NM | Zip Code: 87114-3608

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of New Mexico, Inc.
Occupation (for Individual): Director, Population Health

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1054240838413

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($45.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Narducci, Suellen, L., ,

Mailing Address 512 Cabrera CT

City: Las Vegas | State: NV | Zip Code: 89138-2009

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Nevada, Inc.
Occupation (for Individual): VP, Health Plan Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1067936538413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hinsdale, William, , ,

Mailing Address 3420 W. Palmira Ave

City: Tampa | State: FL | Zip Code: 33629-7015

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Florida, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1071767138413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 674.60

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

Image# 202603309856875017

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clark, Tarance, Smith, ,

Mailing Address 100 Winchester Loop

City: Madison | State: MS | Zip Code: 39110-6644

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Government Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1076270238413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Purvis, Marla, , ,

Mailing Address 3071 Prestwyck Haven Dr

City: Duluth | State: GA | Zip Code: 30097-6208

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1088031238413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodard, James, Michael, ,

Mailing Address 2009 Woodrow Street

City: Durham | State: NC | Zip Code: 27705-3227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 576.90

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1088419138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 784.60

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

Image# 202603309856875018

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

Mailing Address 17 Verdin Drive

City: New City | State: NY | Zip Code: 10956-3707

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Senior Whole Health of New York, Inc.
Occupation (for Individual): Director, Sales & Retention

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1089310138413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Livingston, David, , ,

Mailing Address 209 S Woodcreek Rd

City: Madison | State: MS | Zip Code: 39110-6636

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Mississippi, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1089880138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Brett, , ,

Mailing Address 1906 Corinth Dr

City: Sun Prairie | State: WI | Zip Code: 53590-3513

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Wisconsin, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR1096010938413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 869.20

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

Image# 202603309856875019

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barlow, Jeffrey, Don, ,

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 (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, Chief Legal Officer & Corporate S

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477351838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zevnik, Timothy, C, ,

Mailing Address 22 1/2 North Portola

City: Laguna Beach | State: CA | Zip Code: 92651-6707

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Compliance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477352838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mayers, Michael, , ,

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 (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, Government Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477366238413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 1153.80

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

Image# 202603309856875020

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cole, Ami, , ,

Mailing Address 8527 Pond View Lane

City: Powell | State: OH | Zip Code: 43065-7235

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Ohio, Inc.
Occupation (for Individual): SVP, Health Plans

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

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477369238413

Amount of Each Receipt this Period: 384.60

- [ ] Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buckley, Melissa, , ,

Mailing Address 51 Manzanita Court

City: Walnut Creek | State: CA | Zip Code: 94595-1319

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Deputy Chief of Staff to CEO

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

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477369938413

Amount of Each Receipt this Period: 384.60

- [ ] Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kennedy, Deborah, Anne, ,

Mailing Address 4715 E. Shaw Street

City: Long Beach | State: CA | Zip Code: 90803-1724

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, IT Applications

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

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477370338413

Amount of Each Receipt this Period: 384.00

- [ ] Memo Item

P/R Deduction ($192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 1153.20

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

Mailing Address 1110 Butternut Ave

City: Royal Oak | State: MI | Zip Code: 48073-3280

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Michigan, Inc.
Occupation (for Individual): VP, Health Plan Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477371838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schueren, Matthew, , ,

Mailing Address 260 Roca Roja Road

City: Sedona | State: AZ | Zip Code: 86351-8989

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): CFO, Market

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477379438413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bell, Del, R, ,

Mailing Address 1531 Corolla Ct

City: Reunion | State: FL | Zip Code: 34747-6741

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Corporate Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477381538413

Amount of Each Receipt this Period: 384.00

☐ Memo Item

P/R Deduction ($192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 968.60

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

Image# 202603309856875022

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mardesich, Christopher, , ,

Mailing Address 1321 Pine Street

City: Santa Monica | State: CA | Zip Code: 90405-2611

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Compliance Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR477384138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mallak, Karen, , ,

Mailing Address 8439 S. Fountain Ct

City: Franklin | State: WI | Zip Code: 53132-2712

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Wisconsin, Inc.
Occupation (for Individual): VP, Healthcare Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR477385338413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Danley, Derek, , ,

Mailing Address 566 Parkbluff Circle

City: Ponte Vedra | State: FL | Zip Code: 32081-0965

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Controller, Corporate

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR477385438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 1153.80

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

Image# 202603309856875023

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lynam, Benjamin, , ,

Mailing Address 237 Shell Ridge Lane

City: Ponte Vedra | State: FL | Zip Code: 32081-1064

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Chief Actuary

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR477385538413

Amount of Each Receipt this Period: 384.00

☐ Memo Item

P/R Deduction ($192.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boim, David, , ,

Mailing Address 12028 Young Manor Drive

City: Midlothian | State: VA | Zip Code: 23113-2027

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Market Development & Strategy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR477389138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smyth, Cameron, McLean, ,

Mailing Address 24802 Cerezo Court

City: Santa Clarita | State: CA | Zip Code: 91321-2585

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Government Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR477390138413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 968.60

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

Image# 202603309856875024

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Otley, Christopher, R., ,

Mailing Address 6 Willowbrook Ct

City: Potomac | State: MD | Zip Code: 20854-2501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Controller, Regional

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477395538413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurtz, Ronald, Douglas, ,

Mailing Address 2033 Kinclair Drive

City: Pasadena | State: CA | Zip Code: 91107-1019

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, Chief of Staff

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477396338413

Amount of Each Receipt this Period: 384.00

☐ Memo Item

P/R Deduction ($192.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Conn, Amy, M, ,

Mailing Address 54 Sycamore Ridge Drive

City: Powell | State: OH | Zip Code: 43065-9459

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, National Contracts & Strategic Par

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477396838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 968.60

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

Image# 202603309856875025

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mcgivern, Kelly, , ,

Mailing Address 6608 Lantern View Drive #201

City: Jonestown | State: TX | Zip Code: 78645-4545

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Government Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477400038413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenthal, John, , ,

Mailing Address P.O. Box 6535

City: Laguna Niguel | State: CA | Zip Code: 92607-6535

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior Assistant General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR477636238413

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($45.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Valdez, David, A, ,

Mailing Address 1624 Clementson Dr

City: San Antonio | State: TX | Zip Code: 78260-6284

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): Chief Medical Officer, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR496923838413

Amount of Each Receipt this Period: 384.00

☐ Memo Item

P/R Deduction ($192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 858.60

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

Image# 202603309856875026

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khan, Sayeed, , ,

Mailing Address 294 PARK AVENUE

City: Long Beach | State: CA | Zip Code: 90803-1755

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of California
Occupation (for Individual): Chief Medical Officer, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 375.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497250638413

Amount of Each Receipt this Period: 150.00

☐ Memo Item

P/R Deduction ($75.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bugayong, Manuel, A, ,

Mailing Address 6903 Van Leuven Lane

City: Highland | State: CA | Zip Code: 92346-6293

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Information Security

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497262338413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bentzien-Purrington, Michelle, Ann, ,

Mailing Address 2847 Paxton Rd

City: Shaker Heights | State: OH | Zip Code: 44120-1821

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Long-Term Services & Supports (L

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497265738413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 734.60

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Image# 202603309856875027

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blackwell, Kimberly, , ,

Mailing Address P.O. Box 583

City: Germantown | State: WI | Zip Code: 53022-0583

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Regional Compliance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497274038413

Amount of Each Receipt this Period: 130.00

☐ Memo Item

P/R Deduction ($65.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rodriguez, Norma, A, ,

Mailing Address 4847 N Darfield Ave

City: Covina | State: CA | Zip Code: 91724-1611

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Provider Data Management

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497275838413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Jennifer, L, ,

Mailing Address 706 Cedar Creek Ln

City: Bellingham | State: WA | Zip Code: 98229-1900

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Technical Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497286238413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 614.60

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

Image# 202603309856875028

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

Mailing Address 10264 Coral Lane

City: Moreno Valley | State: CA | Zip Code: 92557-2875

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of California
Occupation (for Individual): AVP, Growth & Community Engagemer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497289038413

Amount of Each Receipt this Period: 300.00

☐ Memo Item

P/R Deduction ($150.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mannion, Anna, , ,

Mailing Address 364 Palermo Dr

City: Ballwin | State: MO | Zip Code: 63021-6448

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Provider Data Management

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497293838413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Andrews, Carol, , ,

Mailing Address 6010 16th Avenue South

City: Tampa | State: FL | Zip Code: 33619-5428

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Florida, Inc.
Occupation (for Individual): Manager, Health Plan Provider Relation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497297438413

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 490.00

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

Image# 202603309856875029

SCHEDULE A (FEC Form 3X)
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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 of Individual (Last, First, Middle Initial) or Full Organization Name
Rabe, Adriana, , ,

Mailing Address 535 E. Benbow St

City: Covina | State: CA | Zip Code: 91722-2905

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, IT Product Line Support

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497304438413

Amount of Each Receipt this Period: 120.00

☐ Memo Item

P/R Deduction ($60.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Parekh, Dharmin, , ,

Mailing Address 114 Catspaw

City: Irvine | State: CA | Zip Code: 92620-2252

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, AI Engineering & Innovation

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 525.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497308338413

Amount of Each Receipt this Period: 210.00

☐ Memo Item

P/R Deduction ($105.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bowman, Jennifer, M, ,

Mailing Address 1210 Valorie Ct

City: Cedar Park | State: TX | Zip Code: 78613-4023

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, National Marketing & Communicatic

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497318638413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 714.60

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

Image# 202603309856875030

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greene, Christopher, B, ,

Mailing Address 12921 Majestic Oaks Drive

City: Austin | State: TX | Zip Code: 78732-2005

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Core Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497327538413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Monclus, Nelly, , ,

Mailing Address 3695 Belle Glade Trail

City: Snellville | State: GA | Zip Code: 30039-6783

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Provider Data Management

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 375.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497338638413

Amount of Each Receipt this Period: 150.00

☐ Memo Item

P/R Deduction ($75.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swalheim, Evan, , ,

Mailing Address 3974 Walnut Ave

City: Long Beach | State: CA | Zip Code: 90807-3750

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Actuarial Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497364138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 919.20

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

Image# 202603309856875031

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hoang, Bao, , ,

Mailing Address 665 Clarion Place

City: Claremont | State: CA | Zip Code: 91711-2930

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Configuration

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497372438413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Porter, Daron, S, ,

Mailing Address 1613 1st Street

City: Duarte | State: CA | Zip Code: 91010-1805

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Supervisor, Applications

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497379338413

Amount of Each Receipt this Period: 160.00

☐ Memo Item

P/R Deduction ($80.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Sheila, , ,

Mailing Address 9012 s Ridge Bend CT

City: Sandy | State: UT | Zip Code: 84094-7717

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Utah, Inc.
Occupation (for Individual): AVP, Growth & Community Engagemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497404638413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 460.00

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

Image# 202603309856875032

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Christopher, , ,

Mailing Address 3118 E Villa Knolls Dr.

City: Pasadena | State: CA | Zip Code: 91107-1539

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Vendor Management

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 575.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497416338413

Amount of Each Receipt this Period: 230.00

☐ Memo Item

P/R Deduction ($115.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sancheti, Alok, , ,

Mailing Address 18506 Bainbrook CT

City: Cerritos | State: CA | Zip Code: 90703-6300

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Finance & Analytics

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497422638413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gardner, Freda, , ,

Mailing Address 22180 East Tufts Circle

City: Aurora | State: CO | Zip Code: 80015-4732

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497436638413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 530.00

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

Image# 202603309856875033

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamm, Leonard, , ,

Mailing Address 8134 W Greensleeves Way

City: Tucson | State: AZ | Zip Code: 85743-5518

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Clinical Services LLC
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497444938413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Luxon, Sally, , ,

Mailing Address 2301 Ellis Street

City: Bellingham | State: WA | Zip Code: 98225-3824

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Core Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497474838413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brower, Sandra, E, ,

Mailing Address 5233 Red Coral Circle

City: Mount Dora | State: FL | Zip Code: 32757-8076

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Florida, Inc.
Occupation (for Individual): AVP, Quality & Risk Adjustment

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497477338413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 784.60

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

Image# 202603309856875034

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lemelin, Donovan, Leo, ,

Mailing Address 2031 Dakota Way

City: Prairie Du Sac | State: WI | Zip Code: 53578-2126

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Reporting & Analytics

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497500338413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hendrickson, Brandon, S, ,

Mailing Address 1942 N 1700 E

City: Lehi | State: UT | Zip Code: 84043-7479

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Utah, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497510838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Adams, Fay, , ,

Mailing Address 1661 N Greenbrier Rd

City: Long Beach | State: CA | Zip Code: 90815-3924

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Controller, Regional

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497513938413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 584.60

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

Image# 202603309856875035

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Deuber, Peggy, Sue, ,

Mailing Address 1168 Creekside PL

City: Reynoldsburg | State: OH | Zip Code: 43068-3214

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Support Center Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497525038413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Steward, Danita, Semone, ,

Mailing Address 2525 Shady Ridge Drive

City: Bedford | State: TX | Zip Code: 76021-4507

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): Director, Programs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497527938413

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($45.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martinez, Blanca, Iradia, ,

Mailing Address 3302 Ladoga Ave

City: Long Beach | State: CA | Zip Code: 90808-4129

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of California
Occupation (for Individual): Director, Healthcare Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497532638413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 290.00

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

Image# 202603309856875036

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zastrow, Raymond, Jude, ,

Mailing Address 11701 River Ridge Dr.

City: Mequon | State: WI | Zip Code: 53092-2755

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Wisconsin, Inc.
Occupation (for Individual): Chief Medical Officer, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497554638413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, Folayan, Ife, ,

Mailing Address 3252 Rancho Companero

City: Carlsbad | State: CA | Zip Code: 92009-2200

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of California
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497582038413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mcmillan, Brandi, , ,

Mailing Address 904 Twin Creek Drive

City: Wylie | State: TX | Zip Code: 75098-6258

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): VP, Network Strategy & Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497687138413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 684.60

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

Image# 202603309856875037

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Akotia, Dennis, S, ,

Mailing Address 928 Garfield Ave

City: Bridgewater | State: NJ | Zip Code: 08807-1128

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Medicare Segment

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497754438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shrouds, Richard, , ,

Mailing Address 1949 Village Crossing Drive

City: Daniel Island | State: SC | Zip Code: 29492-8542

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of South Carolina, I
Occupation (for Individual): Chief Medical Officer, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 350.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497799638413

Amount of Each Receipt this Period: 140.00

☐ Memo Item

P/R Deduction ($70.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bermudez-rodriguez, Grisselle, , ,

Mailing Address 2620 Voorhees Ave. Unit C

City: Redondo Beach | State: CA | Zip Code: 90278-2593

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior Assistant General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497843238413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 909.20

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

Image# 202603309856875038

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eberle, Josiah, , ,

Mailing Address 6498 Montclair Drive

City: Troy | State: MI | Zip Code: 48085-1615

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Michigan, Inc.
Occupation (for Individual): AVP, Quality & Risk Adjustment

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 340.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR497905938413

Amount of Each Receipt this Period: 40.00

☐ Memo Item

P/R Deduction ($20.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brawner, Laura, , ,

Mailing Address 2400 Mellwood Ave Apt 808

City: Louisville | State: KY | Zip Code: 40206-1065

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Program Director, PMO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR499018238413

Amount of Each Receipt this Period: 120.00

☐ Memo Item

P/R Deduction ($60.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abbott, Christopher, , ,

Mailing Address 8298 Sugarman Dr

City: La Jolla | State: CA | Zip Code: 92037-2221

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Clinical Services LLC
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 413.16

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR499320338413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 360.00

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

Image# 202603309856875039

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alderete, Eric, , ,

Mailing Address 1150 W. River Lane

City: Santa Ana | State: CA | Zip Code: 92706-1526

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Deputy General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 650.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR499379538413

Amount of Each Receipt this Period: 260.00

☐ Memo Item

P/R Deduction ($130.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pierce, Jack, , ,

Mailing Address 3255 E Bryce Lane

City: Phoenix | State: AZ | Zip Code: 85050-8256

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Actuarial Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR501949538413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Unholz, Karen, Marie, ,

Mailing Address 3457 Hazelton Avenue

City: Rochester Hills | State: MI | Zip Code: 48307-5010

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Michigan, Inc.
Occupation (for Individual): Director, Member & Community Interver

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR502345538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 744.60

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

Image# 202603309856875040

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bailey Abadilla, Martha, Jean, ,

Mailing Address 136 Shady Grove

City: Bulverde | State: TX | Zip Code: 78163-3178

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Market Leader

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR502347538413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasper, Brandie, , ,

Mailing Address 2212 Rockefeller Ln #C

City: Redondo Beach | State: CA | Zip Code: 90278-3705

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Deputy General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR507831038413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gudz, Daniel, , ,

Mailing Address 675 White Cedar Way

City: Springboro | State: OH | Zip Code: 45066-7132

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): CFO, Operational Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR510918338413

Amount of Each Receipt this Period: 384.00

☐ Memo Item

P/R Deduction ($192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 968.60

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

Mailing Address 110 Westwood Road

City: Columbus | State: OH | Zip Code: 43214-3018

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Market Development & Strategy

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR511079438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tranquilli, Michelle, , ,

Mailing Address 7607 Range Rd

City: Alexandria | State: VA | Zip Code: 22306-2425

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Government Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR528794038413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilson, Michael, , ,

Mailing Address 920 Broadway

City: Alameda | State: CA | Zip Code: 94501-6332

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): CISO - Security Official

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR630170938413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 969.20

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

Image# 202603309856875042

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keim, Mark, , ,

Mailing Address 32 Old Cedar Lane

City: Johns Island | State: SC | Zip Code: 29455-5658

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior EVP, Chief Financial Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR696021738413

Amount of Each Receipt this Period: 384.00

☐ Memo Item

P/R Deduction ($192.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zubretsky, Joseph, , ,

Mailing Address 20 Nibang Avenue

City: Old Saybrook | State: CT | Zip Code: 06475-3110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): President and CEO

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR696438038413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brazee, Danielle, , ,

Mailing Address 17830 Cinnamon Ct

City: Lockport | State: IL | Zip Code: 60441-4758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Illinois, Inc.
Occupation (for Individual): AVP, Growth & Community Engagemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 550.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR696691038413

Amount of Each Receipt this Period: 220.00

☐ Memo Item

P/R Deduction ($110.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 988.60

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

Image# 202603309856875043

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Ruth, Laurie, ,

Mailing Address 820 Northbay Drive

City: Madison | State: MS | Zip Code: 39110-8046

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Mississippi, Inc.
Occupation (for Individual): AVP, Growth & Community Engagemer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR696692538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hein, Elizabeth, Lee, ,

Mailing Address 19225 Damson Rd N-1

City: Lynnwood | State: WA | Zip Code: 98036-4956

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Washington, Inc.
Occupation (for Individual): Director, Behavioral Health

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR742818238413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woys, James, Edwin, ,

Mailing Address 3801 Mistico Ln

City: Franklin | State: TN | Zip Code: 37064-9599

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior EVP, Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR745692638413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 584.60

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

Image# 202603309856875044

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Letcher, Kelsey, A, ,

Mailing Address 8905 Fairway Hill Drive

City: Austin | State: TX | Zip Code: 78750-3021

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): COO, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR746256538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huang, Eric, Chuang-Han, ,

Mailing Address 9886 Sturgeon Ave

City: Fountain Valley | State: CA | Zip Code: 92708-4619

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of California
Occupation (for Individual): Senior Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR746257338413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tiernan, Shane, , ,

Mailing Address 3478 Canyon Estates Dr

City: Bountiful | State: UT | Zip Code: 84010-3307

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Special Investigative Unit

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 375.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR749068738413

Amount of Each Receipt this Period: 150.00

☐ Memo Item

P/R Deduction ($75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

Image# 202603309856875045

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lurie, Steve, Ross, ,

Mailing Address 2019 Harriman Lane
Unit A

City: Redondo Beach | State: CA | Zip Code: 90278-4227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Customer Experience

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR749337738413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pandit, Amit, Anand, ,

Mailing Address 2904 Military Ave

City: Los Angeles | State: CA | Zip Code: 90064-4024

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Artificial Intelligence Enablement

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR749585838413

Amount of Each Receipt this Period: 300.00

☐ Memo Item

P/R Deduction ($150.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Desai, Amir, , ,

Mailing Address 10 Georgeff Road

City: Rolling Hills | State: CA | Zip Code: 90274-5270

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, CIO & Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR751349638413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 1069.20

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

Image# 202603309856875046

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hebert, Maurice, S, ,

Mailing Address 35 Jefferson Dr

City: Lexington | State: MA | Zip Code: 02420-1330

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Chief Accounting Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR752566138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Agarwal, Ritu, , ,

Mailing Address 4712 Bulova St

City: Torrance | State: CA | Zip Code: 90503-1468

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Technical Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR779102138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jackson, Brennon, L, ,

Mailing Address 19285 Berclair Lane

City: Tarzana | State: CA | Zip Code: 91356-5009

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Core Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR779164038413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 969.20

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

Image# 202603309856875047

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dees, Jason, Barkley, ,

Mailing Address PO Box 14

City: New Albany | State: MS | Zip Code: 38652-0014

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, Chief Medical Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR835563438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Way, Jenny, Yann-Jen, ,

Mailing Address 1947 109th Ave NE

City: Bellevue | State: WA | Zip Code: 98004-2921

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Washington, Inc.
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR835669338413

Amount of Each Receipt this Period: 120.00

☐ Memo Item

P/R Deduction ($60.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, David, D, ,

Mailing Address 41 Pacheco Creek Dr

City: Novato | State: CA | Zip Code: 94949-6633

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior Assistant General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: M M 02 / D D 28 / Y Y Y Y 2026

Transaction ID : PR835669538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 604.60

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

Image# 202603309856875048

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sandoval, Jennifer, L, ,

Mailing Address 2512 Rio Orilla Ln NW

City: Albuquerque | State: NM | Zip Code: 87120-3180

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of New Mexico, Inc.
Occupation (for Individual): VP, Network Management & Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR835703538413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stone, Elizabeth, Grussenmeyer, ,

Mailing Address 8020 Rob Roy Ln

City: Granite Bay | State: CA | Zip Code: 95746-9336

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior Assistant General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR835779838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Easterday, Michael, E, ,

Mailing Address 6748 Cinnamon Dr Sparks

City: Sparks | State: NV | Zip Code: 89436-6476

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Market Development & Strategy

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR837670038413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 869.20

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

Image# 202603309856875049

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spaulding, Edgar, , ,

Mailing Address 1476 W Hamilton Ave

City: San Pedro | State: CA | Zip Code: 90731-6000

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Customer Experience

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR849176338413

Amount of Each Receipt this Period: 120.00

☐ Memo Item

P/R Deduction ($60.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Therrian, Amanda, Gayle, ,

Mailing Address 8709 Parry Lane

City: Alexandria | State: VA | Zip Code: 22308-2440

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Government Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR849623338413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynolds, David, Thomas, ,

Mailing Address 1670 Peregrine Point Dr

City: Sarasota | State: FL | Zip Code: 34231-2331

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, Health Plans & COO, Medicaid

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 960.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR867320738413

Amount of Each Receipt this Period: 384.00

☐ Memo Item

P/R Deduction ($192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 704.00

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

Image# 202603309856875050

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tropiano, Pamela, , ,

Mailing Address 9060 McKinley Drive

City: Northfield | State: OH | Zip Code: 44067-1219

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Ohio, Inc.
Occupation (for Individual): VP, Healthcare Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026

Transaction ID : PR873122638413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Justin, , ,

Mailing Address 2120 Crested Butte Dr

City: White Lake | State: MI | Zip Code: 48383-2376

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Michigan, Inc.
Occupation (for Individual): AVP, Healthcare Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026

Transaction ID : PR887104438413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bamford, Jeremy, James, ,

Mailing Address 6858 Turtlemound Rd

City: New Smyrna Beach | State: FL | Zip Code: 32169-5039

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Payment Integrity

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026

Transaction ID : PR890682138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 869.20

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

Image# 202603309856875051

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

Mailing Address 2714 North Alder St

City: Tacoma | State: WA | Zip Code: 98407-6223

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Regional State Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR893130238413

Amount of Each Receipt this Period: 120.00

☐ Memo Item

P/R Deduction ($60.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tong, Alan, , ,

Mailing Address 1217 Goldenview Dr

City: Corona | State: CA | Zip Code: 92882-8730

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Chief Digital Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR903193738413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sivori, John, P, ,

Mailing Address 9312 Lancashire Ct

City: Elk Grove | State: CA | Zip Code: 95758-4762

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Pharmacy Benefit Management

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR903219938413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 889.20

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

Image# 202603309856875052

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

Mailing Address 1528 Lindby Dr.

City: Flower Mound | State: TX | Zip Code: 75028-3623

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Core Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR903406138413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Menkowski, Mark, , ,

Mailing Address 50 Riverside Dr
Apt 13F

City: New York | State: NY | Zip Code: 10024-6508

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Mergers & Acquisitions

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR908817438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Packard, Marnie, Suzanne, ,

Mailing Address 1400 W Ranch Rd

City: Boise | State: ID | Zip Code: 83702-1448

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Utah, Inc.
Occupation (for Individual): VP, Market Leader

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR908819238413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 684.60

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

Image# 202603309856875053

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siepel, Cristina, Nieves, ,

Mailing Address 203 La Paloma
Unit A

City: San Clemente | State: CA | Zip Code: 92672-5115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Human Resources

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR909910638413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadler, Ryan, , ,

Mailing Address 8907 Coltsfoot Trace

City: Prospect | State: KY | Zip Code: 40059-7674

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Kentucky, Inc.
Occupation (for Individual): SVP, Health Plans

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR913058838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schleif, Kelvin, O, ,

Mailing Address 30 Braintree Dr

City: West Hartford | State: CT | Zip Code: 06117-2316

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Medical Economics

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR920428138413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 869.20

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

Image# 202603309856875054

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

Mailing Address 1066 Twin Branch Ln

City: Weston | State: FL | Zip Code: 33326-2827

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Cost of Care

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR921362438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fowler, Jane, , ,

Mailing Address N21W24165 Garden Circle 9C

City: Pewaukee | State: WI | Zip Code: 53072-4681

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Compliance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR922610238413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Valentine, Suzette, , ,

Mailing Address 70 Henry Hill Drive

City: Fairfield | State: VA | Zip Code: 24435-2242

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, Integration & Transformation

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR922725938413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 969.20

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

Image# 202603309856875055

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

Mailing Address 4424 Burgundy Dr

City: Louisville | State: KY | Zip Code: 40299-4070

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Kentucky, Inc.
Occupation (for Individual): VP, Healthcare Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR922727438413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Poetschke-Snider, Rebecca, Grace, ,

Mailing Address 39 Evans Trail

City: Tipton | State: MI | Zip Code: 49287-9728

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Clinical Services LLC
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR922780838413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hernandez, Jacqueline, , ,

Mailing Address 1909 S. 11th St Las Vegas St.

City: Las Vegas | State: NV | Zip Code: 89104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Enterprise Integration

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR922783038413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

Mailing Address 1555 Hillside Landing Dr.

City: Tarpon Springs | State: FL | Zip Code: 34688-5301

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Business Development

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR926013338413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schierer, Timothy, David, ,

Mailing Address 1174 8TH Ave

City: Graceville | State: FL | Zip Code: 32440-2418

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Healthcare Analytics

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR926550538413

Amount of Each Receipt this Period: 120.00

☐ Memo Item

P/R Deduction ($60.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polston, Michael, John, ,

Mailing Address 2850 Uptown Way South #416

City: Fargo | State: ND | Zip Code: 58104

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Compliance

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR926775238413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 704.60

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

Image# 202603309856875057

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

Mailing Address 75 Frys Oldburg

City: Bagdad | State: KY | Zip Code: 40003-6035

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Kentucky, Inc.
Occupation (for Individual): COO, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR926827838413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Agarwal, Sanjay, , ,

Mailing Address 11070 N. Sierra Ranch Dr.

City: Davie | State: FL | Zip Code: 33324-4282

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Clinical Services LLC
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR926839138413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

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

Mailing Address 6243 W. 10480 N.

City: Highland | State: UT | Zip Code: 84003-9292

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Utah, Inc.
Occupation (for Individual): Chief Medical Officer, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 819.20

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR926902838413

Amount of Each Receipt this Period: 242.30

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 826.90

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

Image# 202603309856875058

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

Mailing Address 5602 Chenoweth Run Road

City: Louisville | State: KY | Zip Code: 40299-4249

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Kentucky, Inc.
Occupation (for Individual): AVP, Quality & Risk Adjustment

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR926920538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Middleton, Kevin, , ,

Mailing Address 2334 Addison Drive

City: Viera | State: FL | Zip Code: 32940-7094

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Behavioral Health Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935532738413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnston, Lisa, , ,

Mailing Address 10408 Hollyberry Dr

City: North Chesterfield | State: VA | Zip Code: 23237-3816

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Florida, Inc.
Occupation (for Individual): VP, Healthcare Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935842238413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 584.60

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

Image# 202603309856875059

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DAngelo, Jack, , ,

Mailing Address 3 Carpender Rd.

City: New Brunswick | State: NJ | Zip Code: 08901-1501

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Chief Medical Officer, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935852838413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Andrade, Minnie, , ,

Mailing Address 8256 W. Electra Lane

City: Peoria | State: AZ | Zip Code: 85383-1698

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Arizona, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935866938413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sprunger, Joshua, , ,

Mailing Address 4110 E Sacaton St

City: Phoenix | State: AZ | Zip Code: 85044-1817

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Growth Strategy & Proposal Devel

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935873538413

Amount of Each Receipt this Period: 150.00

☐ Memo Item

P/R Deduction ($75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

Image# 202603309856875060

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reese, Dave, , ,

Mailing Address 1956 Cobblestone Dr

City: Heber City | State: UT | Zip Code: 84032-3987

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): CFO, Regional

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935879538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mooney, Josiah, , ,

Mailing Address 2105 Parkway Pl.

City: Tyler | State: TX | Zip Code: 75701-4754

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Senior Whole Health, LLC
Occupation (for Individual): AVP, Health Plan Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935922038413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jensen, Shanna, J, ,

Mailing Address 428 Hyland Drive

City: Stoughton | State: WI | Zip Code: 53589-1137

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): The Management Group, LLC
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 769.25

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR935984338413

Amount of Each Receipt this Period: 307.70

☐ Memo Item

P/R Deduction ($153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 607.70

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

Image# 202603309856875061

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berringer, Robert, , ,

Mailing Address 11653 Rutgers Drive

City: Richmond | State: VA | Zip Code: 23233-1685

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Health Plan Pharmacy Services Directo

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR936001938413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bielo, Jessica, , ,

Mailing Address 9 South Ireland Place

City: Amityville | State: NY | Zip Code: 11701-3614

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Senior Whole Health of New York, Inc.
Occupation (for Individual): VP, Government Contracts

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR936003138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Armendariz, Irene, Almanza, ,

Mailing Address 411 Bella Montagna Circle

City: Lakeway | State: TX | Zip Code: 78734-2666

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Core Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR936006338413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 684.60

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

Image# 202603309856875062

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Como, Anthony, Eric, ,

Mailing Address 260 Mingo Road

City: Wexford | State: PA | Zip Code: 15090-7556

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior Assistant General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR936020338413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Totten, Abbie, A, ,

Mailing Address 730 El Encino Way

City: Sacramento | State: CA | Zip Code: 95864-5216

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of California
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR936143038413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fathi, Daniel, Jay, ,

Mailing Address 4210 1st Ave NW

City: Seattle | State: WA | Zip Code: 98107-4302

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Washington, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR936924338413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 969.20

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

Image# 202603309856875063

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Demase, Hillary, Rose, ,

Mailing Address 1038 State Route 4

City: Naselle | State: WA | Zip Code: 98638-8506

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Finance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR953045238413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hambleton, Scott, L., ,

Mailing Address 174 Northshore Way

City: Madison | State: MS | Zip Code: 39110-7177

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Mississippi, Inc.
Occupation (for Individual): Chief Medical Officer, Health Plan

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR957813838413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coffey, Donald, Christopher, ,

Mailing Address 5808 Southwind Lane

City: McKinney | State: TX | Zip Code: 75070-4869

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): SVP, Health Plans

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR958340038413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 684.60

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

Mailing Address 342 Severn Road

City: Crownsville | State: MD | Zip Code: 21032-1805

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Regional State Affairs

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR958664038413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sell Holdeman, Catherine, , ,

Mailing Address 2139 E Laurel

City: Mesa | State: AZ | Zip Code: 85213-2272

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Arizona, Inc.
Occupation (for Individual): AVP, Healthcare Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR959117538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dillingham, Charlie, , ,

Mailing Address 4016 Russellwood Dr.

City: Nashville | State: TN | Zip Code: 37204-4028

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): VP, Financial Reporting

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR959436038413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

Image# 202603309856875065

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hood, Susan, G., ,

Mailing Address 7909 Spring Run

City: North Richland Hills | State: TX | Zip Code: 76182-7351

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): AVP, Quality & Risk Adjustment

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

Aggregate Year-to-Date ▼: 215.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR959628138413

Amount of Each Receipt this Period: 86.00

[ ] Memo Item

P/R Deduction ($43.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fogarty, Ryan, B, ,

Mailing Address 34 Tague Rd.

City: Troy | State: NY | Zip Code: 12182-4405

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of New York, Inc.
Occupation (for Individual): Plan President

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

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR959872538413

Amount of Each Receipt this Period: 384.60

[ ] Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vermeer, Jennifer, H., ,

Mailing Address 604 Polk Blvd

City: Des Moines | State: IA | Zip Code: 50312-2333

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Iowa, Inc.
Occupation (for Individual): Plan President

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR959942638413

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 670.60

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Image# 202603309856875066

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gahagan, Kimberly, , ,

Mailing Address 3729 Royal Fortune Dr.

City: Las Vegas | State: NV | Zip Code: 89141-6124

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Nevada, Inc.
Occupation (for Individual): AVP, Growth & Community Engagemer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR959942738413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brendel, William, Brian, ,

Mailing Address 7821 N River Crossing

City: China Spring | State: TX | Zip Code: 76633-3052

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR960047938413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchlewski, Lori, A, ,

Mailing Address 32 East Grove Street

City: Massapequa | State: NY | Zip Code: 11758-5429

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Director, Reporting & Analytics

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR969616938413

Amount of Each Receipt this Period: 150.00

☐ Memo Item

P/R Deduction ($75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simmons, Alisa, A, ,

Mailing Address 74 Salem Rd

City: Rockville Centre | State: NY | Zip Code: 11570-1845

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of New York, Inc.
Occupation (for Individual): AVP, Quality & Risk Adjustment

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR969843338413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lassiter, Christy, C., ,

Mailing Address 444 Empire Chester Highway

City: Empire | State: GA | Zip Code: 31014-4804

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, National Value-Based Contractinç

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR970345038413

Amount of Each Receipt this Period: 90.00

☐ Memo Item

P/R Deduction ($45.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bacon, Debra, J., ,

Mailing Address 2013 N 1st Avenue

City: Phoenix | State: AZ | Zip Code: 85003-1156

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): EVP, Medicaid

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR970346538413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 574.60

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plaksin, Kathryn, Hall, ,

Mailing Address 5386 Mesa Edge Court

City: Las Vegas | State: NV | Zip Code: 89135-9140

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): Senior Assistant General Counsel

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR971447938413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaffer, Mark, B., ,

Mailing Address 430 Rockhill Dr.

City: San Antonio | State: TX | Zip Code: 78209-2317

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Texas, Inc.
Occupation (for Individual): VP, Health Plan Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR971697938413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosemond, Kristin, , ,

Mailing Address 1139 Arcadia Ave
Unit 4

City: Arcadia | State: CA | Zip Code: 91007-7063

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of California
Occupation (for Individual): AVP, Provider Network Management &

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR974888838413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

Image# 202603309856875069

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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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stick, Erin, , ,

Mailing Address 1548 Seafarer Ln

City: Virginia Beach | State: VA | Zip Code: 23454-1442

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Core Operations

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

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR974953438413

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chandramouli, Varsha, , ,

Mailing Address 1337 Turnberry Lane

City: Mundelein | State: IL | Zip Code: 60060-1023

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Illinois, Inc.
Occupation (for Individual): Chief Medical Officer, Health Plan

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

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR974960338413

Amount of Each Receipt this Period: 384.60

[ ] Memo Item

P/R Deduction ($192.30 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tomba, Susan, M, ,

Mailing Address 7385 Parkstone Lane

City: Bloomfield Hills | State: MI | Zip Code: 48301-4028

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Financial Planning & Analysis

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

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR976020738413

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 684.60

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

Image# 202603309856875070

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Tiffany, , ,

Mailing Address 9039 Clovercroft Preserve Dr

City: Franklin | State: TN | Zip Code: 37067-2549

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Kentucky, Inc.
Occupation (for Individual): Senior Medical Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR981234338413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Graham, William, J, ,

Mailing Address 38 Cypress St

City: Medfield | State: MA | Zip Code: 02052-1910

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Senior Whole Health, LLC
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR981604138413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carroll, Anthony, Joseph, ,

Mailing Address 525 60th Street

City: Des Moines | State: IA | Zip Code: 50312-1404

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Iowa, Inc.
Occupation (for Individual): VP, Government Contracts

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR984441638413

Amount of Each Receipt this Period: 200.00

☐ Memo Item

P/R Deduction ($100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

Image# 202603309856875071

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

Mailing Address 7857 Boulder Ct

City: West Des Moines | State: IA | Zip Code: 50266-2665

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Iowa, Inc.
Occupation (for Individual): VP, Health Plan Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 480.75

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR984543638413

Amount of Each Receipt this Period: 192.30

☐ Memo Item

P/R Deduction ($96.15 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marston, Brian, , ,

Mailing Address 409 Kimberly Drive

City: West Burlington | State: IA | Zip Code: 52655-1507

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Iowa, Inc.
Occupation (for Individual): AVP, Long-Term Services & Supports (

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR984753238413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Newton, Tom, , ,

Mailing Address 1362 72nd Street

City: Windsor Heights | State: IA | Zip Code: 50324-1310

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Iowa, Inc.
Occupation (for Individual): VP, Network Management & Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR984758438413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 676.90

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

Image# 202603309856875072

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

Mailing Address 1123 S 6th Ave W

City: Newton | State: IA | Zip Code: 50208-3535

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): AVP, Compliance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR985775538413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thevenot, Scott, A., ,

Mailing Address 38201 S. Lakeview Drive

City: Prairieville | State: LA | Zip Code: 70769-8300

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Mississippi, Inc.
Occupation (for Individual): VP, Network Strategy & Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR985920438413

Amount of Each Receipt this Period: 100.00

☐ Memo Item

P/R Deduction ($50.00 Bi-Weekly)

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

Mailing Address PO Box 3556

City: Incline Village | State: NV | Zip Code: 89450-3556

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare of Nevada, Inc.
Occupation (for Individual): Plan President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026
Transaction ID : PR988855738413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 584.60

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Amara, Jennifer, , ,

Mailing Address 222 Griswold Dr

City: Hartford | State: CT | Zip Code: 06119-1023

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Molina Healthcare, Inc.
Occupation (for Individual): SVP, Human Resources

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 02 / 28 / 2026

Transaction ID : PR989594138413

Amount of Each Receipt this Period: 384.60

☐ Memo Item

P/R Deduction ($192.30 Bi-Weekly)

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 384.60

TOTAL This Period (last page this line number only) ▶ 45671.20

Image# 202603309856875074

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Derek Tran For Congress
Mailing Address 10441 Stanford Avenue, #395
City: Garden Grove | State: CA | Zip Code: 92842
Purpose of Disbursement: Void - Derek Tran For Congress
Candidate Name: Tran, Derek, , Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 45
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 17 / 2026
FEC Identification Number: C C00851790
Transaction ID : 19448635
Amount of Each Disbursement this Period: – 1000.00
[ ] Memo Item
Void - Derek Tran For Congress

B.
Full Name (Last, First, Middle Initial)
Emilia Sykes For Congress
Mailing Address P.O. Box 1347
City: Akron | State: OH | Zip Code: 44309
Purpose of Disbursement: Void - Emilia Sykes For Congress
Candidate Name: Sykes, Emilia, , Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 13
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 20 / 2026
FEC Identification Number: C C00801274
Transaction ID : 19450563
Amount of Each Disbursement this Period: – 1000.00
[ ] Memo Item
Void - Emilia Sykes For Congress

C.
Full Name (Last, First, Middle Initial)
Texans For Senator John Cornyn Inc.
Mailing Address PO Box 13026
City: Austin | State: TX | Zip Code: 78711
Purpose of Disbursement: 2026 US Primary Election Contribution
Candidate Name: Cornyn, John, , Sen.,
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: TX District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 25 / 2026
FEC Identification Number: C C00369033
Transaction ID : 19452096
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item
2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

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 26 27
28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Texans For Senator John Cornyn Inc.

Mailing Address PO Box 13026

City: Austin | State: TX | Zip Code: 78711

Purpose of Disbursement: 2026 Texas Run Off Election Contribution

Category/Type: 011

Candidate Name: Cornyn, John, , Sen.,

Office Sought: [ ] House [X] Senate [ ] President

State: TX District:

Disbursement For: 2026
[ ] Primary [ ] General
[X] Other (specify) ▼ 2026 Texas Run Off E

Date of Disbursement: 02 / 25 / 2026

FEC Identification Number: C C00369033

Transaction ID : 19452097

Amount of Each Disbursement this Period: 2500.00

[ ] Memo Item 2026 Texas Run Off Election Contribution

B. Full Name (Last, First, Middle Initial)
Jake Ellzey For Congress

Mailing Address PO Box 341027

City: Austin | State: TX | Zip Code: 78734

Purpose of Disbursement: 2026 US Primary Election Contribution

Category/Type: 011

Candidate Name: Ellzey, John, , , Sr

Office Sought: [X] House [ ] Senate [ ] President

State: TX District: 06

Disbursement For: 2026
[X] Primary [ ] General
[ ] Other (specify)

Date of Disbursement: 02 / 25 / 2026

FEC Identification Number: C C00770438

Transaction ID : 19452101

Amount of Each Disbursement this Period: 2500.00

[ ] Memo Item 2026 US Primary Election Contribution

C. Full Name (Last, First, Middle Initial)
Nathaniel Moran For Congress

Mailing Address 100 E. Ferguson
Suite 500

City: Tyler | State: TX | Zip Code: 75702

Purpose of Disbursement: 2026 US Primary Election Contribution

Category/Type: 011

Candidate Name: Moran, Nathaniel, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President

State: TX District: 01

Disbursement For: 2026
[X] Primary [ ] General
[ ] Other (specify) ▼

Date of Disbursement: 02 / 25 / 2026

FEC Identification Number: C C00796086

Transaction ID : 19452104

Amount of Each Disbursement this Period: 1500.00

[ ] Memo Item 2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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

Image# 202603309856875076

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 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)
Nathaniel Moran For Congress

Mailing Address 100 E. Ferguson
Suite 500

City: Tyler | State: TX | Zip Code: 75702

Purpose of Disbursement: 2026 US General Election Contribution

Category/Type: 011

Candidate Name: Moran, Nathaniel, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 01

Disbursement For: 2026
[ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 02 / 25 / 2026

FEC Identification Number: C C00796086
Transaction ID : 19452105

Amount of Each Disbursement this Period: 1000.00

[ ] Memo Item 2026 US General Election Contribution

B. Full Name (Last, First, Middle Initial)
Veronica Escobar For Congress

Mailing Address PO Box 3961

City: El Paso | State: TX | Zip Code: 79923

Purpose of Disbursement: 2026 US Primary Election Contribution

Category/Type: 011

Candidate Name: Escobar, Veronica, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 16

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 25 / 2026

FEC Identification Number: C C00653923
Transaction ID : 19452106

Amount of Each Disbursement this Period: 1000.00

[ ] Memo Item 2026 US Primary Election Contribution

C. Full Name (Last, First, Middle Initial)
Aaron Bean For Congress

Mailing Address 2640a Mitcham Drive

City: Tallahassee | State: FL | Zip Code: 32308

Purpose of Disbursement: 2026 US Primary Election Contribution

Category/Type: 011

Candidate Name: Bean, Aaron, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 04

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C C00816983
Transaction ID : 19452346

Amount of Each Disbursement this Period: 3500.00

[ ] Memo Item 2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Cliff Bentz For Congress
Mailing Address 660 Morgan Ave
City: Ontario | State: OR | Zip Code: 97914
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Bentz, Cliff, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: OR District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00725465
Transaction ID : 19452347
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

B.
Full Name (Last, First, Middle Initial)
Bera For Congress
Mailing Address PO Box 582496
City: Elk Grove | State: CA | Zip Code: 95758
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Bera, Ami, , Rep., MD
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 07
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00461061
Transaction ID : 19452348
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

C.
Full Name (Last, First, Middle Initial)
Salud Carbajal For Congress
Mailing Address PO Box 1290
City: Santa Barbara | State: CA | Zip Code: 93102
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Carbajal, Salud, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 24
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00576041
Transaction ID : 19452349
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

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 [X] 23 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
All for Our Country Leadership PAC
Mailing Address 611 Pennsylvania Avenue SE #143
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2026 Contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C
Transaction ID : 19452357
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item
2026 Contribution

B.
Full Name (Last, First, Middle Initial)
Jim Costa For Congress
Mailing Address 2037 W Bullard Ave # 349
City: Fresno | State: CA | Zip Code: 93711
Purpose of Disbursement: 2026 US Primary Election Contribution
Candidate Name: Costa, Jim, , Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 16
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00391029
Transaction ID : 19452358
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item
2026 US Primary Election Contribution

C.
Full Name (Last, First, Middle Initial)
Sock it to 'Em PAC
Mailing Address PO Box 30844
City: Bethesda | State: MD | Zip Code: 20824
Purpose of Disbursement: 2026 Contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C
Transaction ID : 19452359
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item
2026 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Democratic Majority Fund
Mailing Address 1 M Street SE
Suite 275
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2026 Contribution
Candidate Name:
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C
Transaction ID : 19452374
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item
2026 Contribution

B.
Full Name (Last, First, Middle Initial)
Debbie Dingell For Congress
Mailing Address 19855 W. Outer Dr.
Suite 103 A-E
City: Dearborn | State: MI | Zip Code: 48124
Purpose of Disbursement: 2026 US Primary Election Contribution
Candidate Name: Dingell, Debbie, Insley, Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 12
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00558213
Transaction ID : 19452379
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item
2026 US Primary Election Contribution

C.
Full Name (Last, First, Middle Initial)
Brian Fitzpatrick For All Of Us
Mailing Address PO Box 939
City: Langhorne | State: PA | Zip Code: 19047
Purpose of Disbursement: 2026 US General Election Contribution
Candidate Name: Fitzpatrick, Brian, K., Rep.,
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 01
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00607416
Transaction ID : 19452386
Amount of Each Disbursement this Period: 3500.00
[ ] Memo Item
2026 US General Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

Image# 202603309856875080

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 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)
Russ Fulcher For Idaho

Mailing Address PO Box 1375

City: Meridian | State: ID | Zip Code: 83680

Purpose of Disbursement: 2026 US Primary Election Contribution

Category/Type: 011

Candidate Name: Fulcher, Russ, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: ID District: 01

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C C00648295

Transaction ID : 19452390

Amount of Each Disbursement this Period: 1000.00

[ ] Memo Item 2026 US Primary Election Contribution

B. Full Name (Last, First, Middle Initial)
Gillen For Ny

Mailing Address PO Box 33079

City: Washington | State: NY | Zip Code: 20036

Purpose of Disbursement: 2026 US Primary Election Contribution

Category/Type: 011

Candidate Name: Gillen, Laura, , Rep.,

Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 04

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C C00840165

Transaction ID : 19452392

Amount of Each Disbursement this Period: 1000.00

[ ] Memo Item 2026 US Primary Election Contribution

C. Full Name (Last, First, Middle Initial)
BrettPAC - The Leadership PAC of US Representative Brett Guthrie

Mailing Address 504 Derek Avenue

City: Elizabethtown | State: KY | Zip Code: 42701

Purpose of Disbursement: 2026 Contribution

Category/Type: 011

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

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

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C

Transaction ID : 19452393

Amount of Each Disbursement this Period: 5000.00

[ ] Memo Item 2026 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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Image# 202603309856875081

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Guthrie For Congress
Mailing Address PO Box 9639
City: Bowling Green | State: KY | Zip Code: 42102
Purpose of Disbursement: 2026 US General Election Contribution
Category/Type: 011
Candidate Name: Guthrie, Brett, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: KY District: 02
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00445023
Transaction ID : 19452396
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item 2026 US General Election Contribution

B.
Full Name (Last, First, Middle Initial)
Mike Johnson For Louisiana
Mailing Address C/O 228 S. Washington St. Ste. 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Johnson, Mike, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 04
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00608695
Transaction ID : 19452399
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item 2026 US Primary Election Contribution

C.
Full Name (Last, First, Middle Initial)
Kiggans For Congress
Mailing Address P.O. Box 5042
City: Virginia Beach | State: VA | Zip Code: 23471
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Kiggans, Jen, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00776120
Transaction ID : 19452400
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item 2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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

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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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Kiggans For Congress
Mailing Address P.O. Box 5042
City: Virginia Beach | State: VA | Zip Code: 23471
Purpose of Disbursement: 2026 US General Election Contribution
Category/Type: 011
Candidate Name: Kiggans, Jen, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: VA District: 02
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00776120
Transaction ID : 19452401
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item 2026 US General Election Contribution

B.
Full Name (Last, First, Middle Initial)
Laurel Lee For Congress, Inc.
Mailing Address P.O. Box 2743
City: Brandon | State: FL | Zip Code: 33509
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Lee, Laurel, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 15
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00815373
Transaction ID : 19452402
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item 2026 US Primary Election Contribution

C.
Full Name (Last, First, Middle Initial)
Mannion For New York
Mailing Address PO Box 11131
City: Syracuse | State: NY | Zip Code: 13218
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Mannion, John, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 22
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00845461
Transaction ID : 19452403
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

Image# 202603309856875083

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 [X] 23 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)
Kristen For Michigan
Mailing Address PO Box 854
City: Bay City | State: MI | Zip Code: 48707
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: McDonald Rivet, Kristen, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 08
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00864207
Transaction ID : 19452404
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

B.
Full Name (Last, First, Middle Initial)
Max Miller For Congress
Mailing Address 19525 Hilliard Blvd #16010
City: Rocky River | State: OH | Zip Code: 44116
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Miller, Max, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 07
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00770818
Transaction ID : 19452405
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item 2026 US Primary Election Contribution

C.
Full Name (Last, First, Middle Initial)
Jimmy Panetta For Congress
Mailing Address PO Box 103
City: Carmel Valley | State: CA | Zip Code: 93924
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Panetta, Jimmy, Varni, Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 20
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00592154
Transaction ID : 19452406
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

Image# 202603309856875084

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Rulli For Ohio
Mailing Address P.O. Box 2971
City: Youngstown | State: OH | Zip Code: 44511
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Rulli, Michael, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 06
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00858415
Transaction ID : 19452407
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item 2026 US Primary Election Contribution

B.
Full Name (Last, First, Middle Initial)
Rulli For Ohio
Mailing Address P.O. Box 2971
City: Youngstown | State: OH | Zip Code: 44511
Purpose of Disbursement: 2026 US General Election Contribution
Category/Type: 011
Candidate Name: Rulli, Michael, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 06
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00858415
Transaction ID : 19452408
Amount of Each Disbursement this Period: 500.00
[ ] Memo Item 2026 US General Election Contribution

C.
Full Name (Last, First, Middle Initial)
Schneider For Congress
Mailing Address PO Box 1318
City: Deerfield | State: IL | Zip Code: 60015
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Schneider, Bradley, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 10
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00495952
Transaction ID : 19452411
Amount of Each Disbursement this Period: 2500.00
[ ] Memo Item 2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

Image# 202603309856875085

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Dr Kim Schrier For Congress
Mailing Address PO Box 2728
City: Issaquah | State: WA | Zip Code: 98027
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Schrier, Kim, , Rep., M.D.
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 08
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00652628
Transaction ID : 19452414
Amount of Each Disbursement this Period: 3000.00
[ ] Memo Item 2026 US Primary Election Contribution

B.
Full Name (Last, First, Middle Initial)
Dr Kim Schrier For Congress
Mailing Address PO Box 2728
City: Issaquah | State: WA | Zip Code: 98027
Purpose of Disbursement: 2026 General Election Contribution
Category/Type: 011
Candidate Name: Schrier, Kim, , Rep., M.D.
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 08
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00652628
Transaction ID : 19452415
Amount of Each Disbursement this Period: 2000.00
2026 General Election Contribution
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial)
Friends Of Schumer
Mailing Address 192 Lexington Avenue Suite 1001
City: New York | State: NY | Zip Code: 10016
Purpose of Disbursement: 2028 US Primary Election Contribution
Category/Type: 011
Candidate Name: Schumer, Charles, Ellis, Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: NY District:
Disbursement For: 2028 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00346312
Transaction ID : 19452416
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item 2028 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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

Image# 202603309856875086

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Darren Soto For Congress
Mailing Address P.O. Box 420239
City: Kissimmee | State: FL | Zip Code: 34742
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Soto, Darren, Michael, Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 09
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00581074
Transaction ID : 19452417
Amount of Each Disbursement this Period: 2000.00
[ ] Memo Item 2026 US Primary Election Contribution

B.
Full Name (Last, First, Middle Initial)
Darren Soto For Congress
Mailing Address P.O. Box 420239
City: Kissimmee | State: FL | Zip Code: 34742
Purpose of Disbursement: 2026 US General Election Contribution
Category/Type: 011
Candidate Name: Soto, Darren, Michael, Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 09
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00581074
Transaction ID : 19452418
Amount of Each Disbursement this Period: 500.00
[ ] Memo Item 2026 US General Election Contribution

C.
Full Name (Last, First, Middle Initial)
Emilia Sykes For Congress
Mailing Address P.O. Box 1347
City: Akron | State: OH | Zip Code: 44309
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Sykes, Emilia, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 13
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00801274
Transaction ID : 19452419
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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

Image# 202603309856875087

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Derek Tran For Congress
Mailing Address 10441 Stanford Avenue, #395
City: Garden Grove | State: CA | Zip Code: 92842
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Tran, Derek, , Rep.,
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 45
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00851790
Transaction ID : 19452420
Amount of Each Disbursement this Period: 1000.00
[ ] Memo Item 2026 US Primary Election Contribution

B.
Full Name (Last, First, Middle Initial)
Valadao For Congress
Mailing Address 5132 North Palm Avenue #227
City: Fresno | State: CA | Zip Code: 93704
Purpose of Disbursement: 2026 US General Election Contribution
Category/Type: 011
Candidate Name: Valadao, David, , ,
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 21
Disbursement For: 2026 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00499392
Transaction ID : 19452421
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item 2026 US General Election Contribution

C.
Full Name (Last, First, Middle Initial)
Wyden For Senate
Mailing Address 232 Ne 9th Avenue
City: Portland | State: OR | Zip Code: 97232
Purpose of Disbursement: 2028 US Primary Election
Category/Type: 011
Candidate Name: Wyden, Ron, , Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: OR District:
Disbursement For: 2028 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00308676
Transaction ID : 19452422
Amount of Each Disbursement this Period: 500.00
[ ] Memo Item 2028 US Primary Election

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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

Image# 202603309856875088

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 26 27
28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Wyden For Senate
Mailing Address 232 Ne 9th Avenue
City: Portland | State: OR | Zip Code: 97232
Purpose of Disbursement: 2028 US General Election Contribution
Category/Type: 011
Candidate Name: Wyden, Ron, , Sen.,
Office Sought: [ ] House [X] Senate [ ] President
State: OR District:
Disbursement For: 2028 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00308676
Transaction ID : 19452423
Amount of Each Disbursement this Period: 1500.00
[ ] Memo Item
2028 US General Election Contribution

B.
Full Name (Last, First, Middle Initial)
Pete Ricketts for Senate
Mailing Address 11235 Davenport St, Ste 107
City: Omaha | State: NE | Zip Code: 68154
Purpose of Disbursement: 2026 US Primary Election Contribution
Category/Type: 011
Candidate Name: Ricketts, Pete, , ,
Office Sought: [ ] House [X] Senate [ ] President
State: NE District:
Disbursement For: 2026 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C C00832436
Transaction ID : 19452424
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item
2026 US Primary Election Contribution

C.
Full Name (Last, First, Middle Initial)
Pete Ricket's Victory Fund
Mailing Address 1327 H Street
Suite 101
City: Lincoln | State: NE | Zip Code: 68508
Purpose of Disbursement: 2026 Contribution
Category/Type: 011
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 26 / 2026
FEC Identification Number: C
Transaction ID : 19452425
Amount of Each Disbursement this Period: 5000.00
[ ] Memo Item
2026 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 11500.00

TOTAL This Period (last page this line number only) ▶ 97500.00

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 23 26 27
28a 28b 28c X 29 30b

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

A. Full Name (Last, First, Middle Initial)
Sally Gonzales for State Senate - District No. 20
Mailing Address 7444 S. Camino Benem
City: Tucson | State: AZ | Zip Code: 85757
Purpose of Disbursement: Void - Sally Gonzales for State Senate - District No. 20
Category/Type: 011
Candidate Name: Gonzales, Sally Ann, , AZ Sen.,
Office Sought: House / Senate / President — State: — District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 02 / 13 / 2026
FEC Identification Number: C
Transaction ID : 19448158
Amount of Each Disbursement this Period: – 400.00
Memo Item: Void - Sally Gonzales for State Senate - District No. 20

B. Full Name (Last, First, Middle Initial)
Campaign Committee to Elect Jasper Martus
Mailing Address PO Box 165
127 S. Cherry Street
City: Flushing | State: MI | Zip Code: 48433
Purpose of Disbursement: Void - Campaign Committee to Elect Jasper Martus
Category/Type: 011
Candidate Name: Martus, Jasper, , MI Rep.,
Office Sought: House / Senate / President — State: — District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 02 / 13 / 2026
FEC Identification Number: C
Transaction ID : 19448159
Amount of Each Disbursement this Period: – 2000.00
Memo Item: Void - Campaign Committee to Elect Jasper Martus

C. Full Name (Last, First, Middle Initial)
Sinclair for Iowa
Mailing Address 1255 King Rd.
City: Allerton | State: IA | Zip Code: 50008
Purpose of Disbursement: Void - Sinclair for Iowa
Category/Type: 011
Candidate Name: Sinclair, Amy, , IA Sen.,
Office Sought: House / Senate / President — State: — District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 02 / 16 / 2026
FEC Identification Number: C
Transaction ID : 19448504
Amount of Each Disbursement this Period: – 1750.00
Memo Item: Void - Sinclair for Iowa

SUBTOTAL of Disbursements This Page (optional) ▶ – 4150.00

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 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Ohio Association of Health Plans PAC
Mailing Address 230 E Town Street
City: Columbus | State: OH | Zip Code: 43215
Purpose of Disbursement: Void - Ohio Association of Health Plans PAC
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 16 / 2026
FEC Identification Number: C
Transaction ID : 19448505
Amount of Each Disbursement this Period: – 2500.00
☐ Memo Item
Void - Ohio Association of Health Plans PAC

B.
Full Name (Last, First, Middle Initial)
Farhat for Michigan
Mailing Address 201 Townsend St, Ste 900
City: Lansing | State: MI | Zip Code: 48933
Purpose of Disbursement: Void - Farhat for Michigan
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 17 / 2026
FEC Identification Number: C
Transaction ID : 19448636
Amount of Each Disbursement this Period: – 1000.00
Void - Farhat for Michigan
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Dustin Burrows Campaign
Mailing Address PO Box 6170
City: Lubbock | State: TX | Zip Code: 79493
Purpose of Disbursement: Void - Dustin Burrows Campaign
Candidate Name: Burrows, Dustin, , TX Rep.,
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 20 / 2026
FEC Identification Number: C
Transaction ID : 19450564
Amount of Each Disbursement this Period: – 5000.00
Void - Dustin Burrows Campaign
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ – 8500.00

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

Image# 202603309856875091

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 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Greg Abbott Campaign
Mailing Address PO Box 308
City: Austin | State: TX | Zip Code: 78767
Purpose of Disbursement: Void - Greg Abbott Campaign
Candidate Name: Abbott, Greg, , ,
Category/Type: 011
Office Sought: House / Senate / President
Disbursement For: Primary / General / Other (specify)
State: District:
Date of Disbursement: 02 / 20 / 2026
FEC Identification Number: C
Transaction ID : 19450565
Amount of Each Disbursement this Period: – 5000.00
Void - Greg Abbott Campaign
Memo Item

B.
Full Name (Last, First, Middle Initial)
Cavanagh Leadership Fund
Mailing Address 12126 CENTRALIA
City: Redford TWP | State: MI | Zip Code: 48239
Purpose of Disbursement: Void - Cavanagh Leadership Fund
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
Disbursement For: Primary / General / Other (specify)
State: District:
Date of Disbursement: 02 / 23 / 2026
FEC Identification Number: C
Transaction ID : 19451407
Amount of Each Disbursement this Period: – 1000.00
Void - Cavanagh Leadership Fund
Memo Item

C.
Full Name (Last, First, Middle Initial)
Texas Association of Health Plans PAC
Mailing Address 1001 Congress Avenue Suite 300
City: Austin | State: TX | Zip Code: 78701
Purpose of Disbursement: 2026 Contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
Disbursement For: Primary / General / Other (specify)
State: District:
Date of Disbursement: 02 / 25 / 2026
FEC Identification Number: C
Transaction ID : 19452107
Amount of Each Disbursement this Period: 15000.00
2026 Contribution
Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9000.00

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

Image# 202603309856875092

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 26 27
28a 28b 28c X 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Greg Abbott Campaign
Mailing Address PO Box 308
City: Austin | State: TX | Zip Code: 78767
Purpose of Disbursement: 2026 Texas State General Election Contribution
Candidate Name: Abbott, Greg, , ,
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 02 / 25 / 2026
FEC Identification Number: C
Transaction ID : 19452109
Amount of Each Disbursement this Period: 5000.00
Memo Item: 2026 Texas State General Election Contribution

B.
Full Name (Last, First, Middle Initial)
Dustin Burrows Campaign
Mailing Address PO Box 6170
City: Lubbock | State: TX | Zip Code: 79493
Purpose of Disbursement: 2026 Texas State General Election Contribution
Candidate Name: Burrows, Dustin, , TX Rep.,
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 02 / 25 / 2026
FEC Identification Number: C
Transaction ID : 19452110
Amount of Each Disbursement this Period: 5000.00
Memo Item: 2026 Texas State General Election Contribution

C.
Full Name (Last, First, Middle Initial)
Ohio Association of Health Plans PAC
Mailing Address 230 E Town Street
City: Columbus | State: OH | Zip Code: 43215
Purpose of Disbursement: 2026 Contribution
Candidate Name:
Category/Type: 011
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 02 / 25 / 2026
FEC Identification Number: C
Transaction ID : 19452281
Amount of Each Disbursement this Period: 2500.00
Memo Item: 2026 Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

TOTAL This Period (last page this line number only) ▶ 8850.00