

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 70 OF 79

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Tran, Thomas, L, ,

Mailing Address 14638 Chatsworth Manor Circle

City  
TampaState  
FLZip Code  
33626-3304FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : PR746021921187

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Bohne, Jennifer, , ,

Mailing Address 69473 Meadowbrook Ln

City  
Bruce TwpState  
MIZip Code  
48065-4050FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Healthcare of MIOccupation (for Individual)  
Dir, Health Plan Long Term Svcs & Sup

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : PR746066321187

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

C. Letcher, Kelsey, A, ,

Mailing Address 8905 Fairway Hill Drive

City  
AustinState  
TXZip Code  
78750-3021FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Healthcare of TXOccupation (for Individual)  
AVP, Market Leader

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : PR746256521187

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

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

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

524.60