

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

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

FOR LINE NUMBER: PAGE 13 OF 38

(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. Ronning, Glenda, , ,

Mailing Address 1 Bonito Ave

City

Long Beach

State

CA

Zip Code

90802-5429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

Sr Corporate Recruiter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2018

Transaction ID : PR477384418240

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

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

B. Syiek, Mary, , ,

Mailing Address 6662 Gate Hill Cir

City

Huntington Beach

State

CA

Zip Code

92648-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

SVP, Provider and Member Engage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2018

Transaction ID : PR477384618240

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Charlebois, Ellen, , ,

Mailing Address 2030 Silverlake Blvd

City

Frankfort

State

KY

Zip Code

40601-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Molina Medicaid Solutions

Occupation (for Individual)

Dir, Implementation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2018

Transaction ID : PR477384818240

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

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

584.60

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