

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

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

FOR LINE NUMBER: PAGE 26 OF 35

(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. Woys, James, Edwin, ,

Mailing Address PO Box 269

City
Fair OaksState
CAZip Code
95628-0269FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : PR745692620348

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Tran, Thomas, L, ,

Mailing Address 14638 Chatsworth Manor Circle

City
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 ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : PR746021920348

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. Lurie, Steve, Ross, ,

Mailing Address 1909 Plant Ave
#BCity
Redondo BeachState
CAZip Code
90278-1910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP and Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2019

Transaction ID : PR749337720348

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).....▶