

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

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

**A. Wood, Julie, , ,**

Mailing Address 4604 164TH ST SW A

City  
Lynnwood

State  
WA

Zip Code  
98087-6806

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Analyst, Provider Configuratio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR510918821697**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

**B. Kromer, Lisa, Winkleman, ,**

Mailing Address 1084 Hills Plantation Drive

City  
Charleston

State  
SC

Zip Code  
29412-8341

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Healthcare of SC

Occupation (for Individual)  
Mgr, Quality Interventions

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR511048221697**

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

**C. Shasha, Brian, , ,**

Mailing Address 1038 Benedict Cir

City  
Corona

State  
CA

Zip Code  
92882-7312

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
AVP, Regional Medicare Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

11 / 30 / 2019

**Transaction ID : PR511049921697**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

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

270.00