

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

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

FOR LINE NUMBER: PAGE 96 OF 125

(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 ▼

4615.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : PR746021921697

Amount of Each Receipt this Period

576.90

☐ Memo Item

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

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

B. Lymuel, Keshia, , ,

Mailing Address 2044 Heather Lane

City  
SlidellState  
LAZip Code  
70461-4825FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Healthcare, Inc.Occupation (for Individual)  
Dir, Fin Plan & Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : PR746069521697

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$40.00 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 ▼

780.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : PR746256521697

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

846.90

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