

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Molina Healthcare, Inc. PAC

ADDRESS (number and street) 200 Oceangate Suite 100 Long Beach CA 90802

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00430256

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on [MM/DD/YYYY] in the State of []

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [MM/DD/YYYY] in the State of []

5. Covering Period 04 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Mayers

Signature of Treasurer Michael Mayers [Electronically Filed] Date 05 / 29 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="82936.69"/>	<input type="text" value="82936.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="103944.43"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="53865.73"/>	<input type="text" value="116439.12"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="157810.16"/>	<input type="text" value="199375.81"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="52024.29"/>	<input type="text" value="93589.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="105785.87"/>	<input type="text" value="105785.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	42812.36	91400.79
(ii) Unitemized	11053.37	25038.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	53865.73	116439.12
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	53865.73	116439.12
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	53865.73	116439.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53865.73	116439.12

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	228.00	793.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	228.00	793.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49811.00	86811.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	135.29	135.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	135.29	135.29
29. Other Disbursements	1850.00	5850.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52024.29	93589.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52024.29	93589.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	53865.73	116439.12
34. Total Contribution Refunds (from Line 28(d))	135.29	135.29
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53730.44	116303.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	228.00	793.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	228.00	793.65

**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)	PAGE 6 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Peter G Adler

Mailing Address 5402 Lake Washington Blvd NE
Unit H

City Kirkland State WA Zip Code 98033-7332

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of WA Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
768.00

Date of Receipt
06 / 20 / 2014
Transaction ID : C2781322

Amount of Each Receipt this Period
768.00

* Payroll Deduction: \$192.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. April Alexander

Mailing Address 2127 California St. NW
#103

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
409.00

Date of Receipt
06 / 20 / 2014
Transaction ID : C2781102

Amount of Each Receipt this Period
234.00

* Payroll Deduction: \$39.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Karyn Appel

Mailing Address 17611 Maidstone Ave

City Artesia State CA Zip Code 90701-3821

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of CA Occupation Manager Member Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
263.25

Date of Receipt
06 / 20 / 2014
Transaction ID : C2781040

Amount of Each Receipt this Period
121.50

* Payroll Deduction: \$20.25 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1123.50
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Constance Banks

Mailing Address 5609 Blacks Road SW

City Pataskala State OH Zip Code 43062

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of OH Occupation Health Care worker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781144

Amount of Each Receipt this Period
125.04

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Jeff D. Barlow

Mailing Address 3731 El Ricon Way

City Sacramento State CA Zip Code 95864-2918

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781056

Amount of Each Receipt this Period
1153.86

* Payroll Deduction: \$192.31 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Craig Bass

Mailing Address 5973 Shady Oaks Drive

City Frisco State TX Zip Code 75035

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of TX Occupation Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1677.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781123

Amount of Each Receipt this Period
774.00

* Payroll Deduction: \$129.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	2052.90
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 8 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Terry Phyllis Bayer

Mailing Address 274 Argonne Ave

City Long Beach State CA Zip Code 90803-1763

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Chief Operating Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.03**

Date of Receipt **06 / 20 / 2014**

Transaction ID : C2781276

Amount of Each Receipt this Period **1153.86**

* Payroll Deduction: \$192.31 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Del R Bell

Mailing Address P.O. Box 536

City Eagle State ID Zip Code 83616

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Medicaid Solutions Occupation Healthcare Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt **06 / 20 / 2014**

Transaction ID : C2781148

Amount of Each Receipt this Period **210.00**

* Payroll Deduction: \$40.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Bryce Berg

Mailing Address 17301 Forbes Ln

City Huntington Beach State CA Zip Code 92649-4666

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare Inc Occupation Healthcare Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **877.00**

Date of Receipt **06 / 20 / 2014**

Transaction ID : C2781257

Amount of Each Receipt this Period **422.00**

* Payroll Deduction: \$97.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1785.86
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Amritpreet Bhugra

Mailing Address P.O. Box 9183

City Naperville State IL Zip Code 60567

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781259

Amount of Each Receipt this Period
120.00

* Payroll Deduction: \$20.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Glen Bogner

Mailing Address 414 Dellcrest Drive

City Forest Hill State MD Zip Code 21050

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1294.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781161

Amount of Each Receipt this Period
1003.22

* Payroll Deduction: \$41.67 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. David Boim

Mailing Address 12028 Young Manor Drive

City Midlothian State VA Zip Code 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781198

Amount of Each Receipt this Period
582.00

* Payroll Deduction: \$97.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1705.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Karen R Bounds
Full Name (Last, First, Middle Initial)
Mailing Address 1400 Sunset Rd SE
City Rio Rancho State NM Zip Code 87124-2629
FEC ID number of contributing federal political committee. **C**
Name of Employer Molina Healthcare of NM, Inc Occupation Healthcare Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781282
Amount of Each Receipt this Period **150.00**
* Payroll Deduction: \$25.00 bi-weekly payroll deduction

B. Shelby Brambach
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 14609
City Bothell State WA Zip Code 98082
FEC ID number of contributing federal political committee. **C**
Name of Employer Molina Healthcare of Washington Occupation Health Care Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781160
Amount of Each Receipt this Period **150.00**
* Payroll Deduction: \$25.00 bi-weekly payroll deduction

C. Terri Brown
Full Name (Last, First, Middle Initial)
Mailing Address 3201 NE 183rd Street Unit 1106
City Aventura State FL Zip Code 33160
FEC ID number of contributing federal political committee. **C**
Name of Employer Molina Healthcare Occupation Healthcare IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **04 / 30 / 2014**
Transaction ID : C2731457
Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... **2800.00**
TOTAL This Period (last page this line number only).....

**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)	PAGE 11 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) A. Gary S Call		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : C2781057
Mailing Address 10072 Rockview Dr		Amount of Each Receipt this Period 485.00
City Sandy	State UT	Zip Code 84092-4100
FEC ID number of contributing federal political committee. C		
Name of Employer Molina Healthcare, Inc.	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 485.00	* Payroll Deduction: \$97.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial) B. Richard W Chambers		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : C2781139
Mailing Address 1099 Azure Court		Amount of Each Receipt this Period 1349.04
City Palm Springs	State CA	Zip Code 92262
FEC ID number of contributing federal political committee. C		
Name of Employer Molina Healthcare of California	Occupation Health Care Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.04	* Payroll Deduction: \$224.84 i-weekly payroll deduction

Full Name (Last, First, Middle Initial) C. Ellen Charlebois		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : C2781192
Mailing Address 2030 Silverlake Blvd		Amount of Each Receipt this Period 234.00
City Frankfort	State KY	Zip Code 40601
FEC ID number of contributing federal political committee. C		
Name of Employer Molina Healthcare Inc	Occupation Healthcare Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 368.75	* Payroll Deduction: \$39.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	2068.04
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 12 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Amy Clubbs

Mailing Address 3740 Darby Knolls Blvd

City Hilliard State OH Zip Code 43026-7428

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of OH, Inc Occupation Healthcare Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **06 / 20 / 2014**

Transaction ID : C2781086

Amount of Each Receipt this Period **500.00**

* Payroll Deduction: \$50.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Kent Conrad

Mailing Address 818 A St., SE

City Washington State DC Zip Code 20003-1340

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare Inc Occupation Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **06 / 16 / 2014**

Transaction ID : C2761346

Amount of Each Receipt this Period **2500.00**

Full Name (Last, First, Middle Initial)
C. Berenice Nunez Constant

Mailing Address 1219 E 3rd Street, Apt 1

City Long Beach State CA Zip Code 90802

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **499.85**

Date of Receipt **06 / 20 / 2014**

Transaction ID : C2781112

Amount of Each Receipt this Period **230.70**

* Payroll Deduction: \$38.45 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	3230.70
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 13 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Daniel Cooperman
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 Culebra Road
 City Hillsborough State CA Zip Code 94010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare Occupation Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : C2731453
 Amount of Each Receipt this Period
 2500.00

B. Antonio Cruz
 Full Name (Last, First, Middle Initial)
 Mailing Address 2919 E Vista Street
 City Long Beach State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Healthcare Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781132
 Amount of Each Receipt this Period
 250.02
 * Payroll Deduction: \$41.67 bi-weekly payroll deduction

C. James Cruz
 Full Name (Last, First, Middle Initial)
 Mailing Address 217 W. Avenue Valencia
 City San Clemente State CA Zip Code 92672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of CA Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781118
 Amount of Each Receipt this Period
 150.00
 * Payroll Deduction: \$25.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	2900.02
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 14 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Derek Danley
 Full Name (Last, First, Middle Initial)
 Mailing Address 17401 Tidalview Ln
 City State Zip Code
 Huntington Beach CA 92649-6439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Molina Healthcare, Inc. Healthcare Administration
 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
 06 / 20 / 2014
Transaction ID : C2781303
 Amount of Each Receipt this Period
 400.00
 * Payroll Deduction: \$100.00 bi-weekly payroll deduction

B. Amy Dobberteen
 Full Name (Last, First, Middle Initial)
 Mailing Address 6616 Flaming Arrow Drive
 City State Zip Code
 Citrus Heights CA 95621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Molina Healthcare, Inc. Lawyer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781115
 Amount of Each Receipt this Period
 300.00
 * Payroll Deduction: \$50.00 bi-weekly payroll deduction

C. Troy Eubank
 Full Name (Last, First, Middle Initial)
 Mailing Address 1823 Tremont Ave
 City State Zip Code
 Fort Worth TX 76107-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Molina Healthcare of TX, Inc Healthcare Administration
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781047
 Amount of Each Receipt this Period
 180.00
 * Payroll Deduction: \$30.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	880.00
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. George Figueroa

Mailing Address 4426 E. Earll Drive

City Phoenix State AZ Zip Code 85018

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **585.00**

Date of Receipt
 06 / 20 / 2014
Transaction ID : C2781113

Amount of Each Receipt this Period
270.00

* Payroll Deduction: \$45.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Marjorie Finkelburg

Mailing Address 108 N. West Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare Inc Occupation Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **557.00**

Date of Receipt
 06 / 20 / 2014
Transaction ID : C2781099

Amount of Each Receipt this Period
270.00

* Payroll Deduction: \$45.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Wyatt French

Mailing Address 9619 Lyndonway Drive

City Richmond State VA Zip Code 23229

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Medicaid Solutions Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 06 / 20 / 2014
Transaction ID : C2781206

Amount of Each Receipt this Period
160.00

* Payroll Deduction: 30.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **700.00**

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

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)	PAGE 16 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Virginia Fuentes Rivera
 Full Name (Last, First, Middle Initial)
 Mailing Address 1592 Cottonwood Drive
 City Lewis Center State OH Zip Code 43035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare OH Occupation Managed Care Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781251
 Amount of Each Receipt this Period 125.04
 * Payroll Deduction: \$20.84 bi-weekly payroll deduction

B. Angelo Giambrone
 Full Name (Last, First, Middle Initial)
 Mailing Address 1821 Park Street
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781145
 Amount of Each Receipt this Period 270.00
 * Payroll Deduction: \$45.00 bi-weekly payroll deduction

C. Mark Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Sychar Road
 City Mount Vernon State OH Zip Code 43050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of OH Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781208
 Amount of Each Receipt this Period 125.04
 * Payroll Deduction: \$20.84 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	520.08
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 17 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Harold N Gooch

Mailing Address 6511 S Canyon ranch Road

City State Zip Code
Salt Lake City UT 84121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare of Utah Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt
06 / 20 / 2014

Transaction ID : C2781193

Amount of Each Receipt this Period
115.50

* Payroll Deduction: \$19.25 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Peter M Gray

Mailing Address 9 Perleys Lane

City State Zip Code
Hallowell ME 04347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Medicaid Solutions Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
06 / 20 / 2014

Transaction ID : C2781233

Amount of Each Receipt this Period
300.00

* Payroll Deduction: \$50.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Laurie Greenberg

Mailing Address 27760 Woodland Grn

City State Zip Code
Boerne TX 78015-4956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare of Texas physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
06 / 20 / 2014

Transaction ID : C2781159

Amount of Each Receipt this Period
300.00

* Payroll Deduction: \$50.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	715.50
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 18 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial) A. Patricia Griffith		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 Transaction ID : C2731454
Mailing Address 944 Elyria Dr		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90065-3234
FEC ID number of contributing federal political committee. C		
Name of Employer Molina Healthcare, Inc.	Occupation Healthcare Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00	

Full Name (Last, First, Middle Initial) B. Patricia Griffith		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : C2781065
Mailing Address 944 Elyria Dr		Amount of Each Receipt this Period 66.00
City Los Angeles	State CA	Zip Code 90065-3234
FEC ID number of contributing federal political committee. C		
Name of Employer Molina Healthcare, Inc.	Occupation Healthcare Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.00	* Payroll Deduction: \$11.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial) C. Matthew James Lawrence Haag		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 Transaction ID : C2781151
Mailing Address 1238 Desoto Street		Amount of Each Receipt this Period 125.04
City Placentia	State CA	Zip Code 92870
FEC ID number of contributing federal political committee. C		
Name of Employer Molina Healthcare, Inc.	Occupation Healthcare Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.92	* Payroll Deduction: \$20.84 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	441.04
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 19 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Donnie Hanson

Mailing Address **PO Box 6734**
or **6731**

City **Ozona** State **FL** Zip Code **34660-6734**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Molina Healthcare of FL, Inc** Occupation **Healthcare Administration**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2014

Transaction ID : C2720284

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Catherine S Harvey

Mailing Address **3350 N Southport Ave**
Apt **1N**

City **Chicago** State **IL** Zip Code **60657-1253**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Molina Healthcare of IL** Occupation **Healthcare Administration**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781340

Amount of Each Receipt this Period
769.24

* Payroll Deduction: \$192.31 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Lisa Anne Hatton

Mailing Address **1280 Stone Ridge Ct**

City **Westerville** State **OH** Zip Code **43081-3274**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Molina Healthcare** Occupation **Enrollment Growth**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781249

Amount of Each Receipt this Period
180.00

* Payroll Deduction: \$30.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1449.24
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 20 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Kim Hedrick
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2715

City Corrales State NM Zip Code 87048

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of NM Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **06 / 20 / 2014**

Transaction ID : C2781217

Amount of Each Receipt this Period **300.00**

* Payroll Deduction: \$50.00 bi-weekly payroll deduction

B. Erin Hiley
Full Name (Last, First, Middle Initial)

Mailing Address 7003 1/2 W. Manchester Ave.,

City Los Angeles State CA Zip Code 90045

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Lawyer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **06 / 20 / 2014**

Transaction ID : C2781197

Amount of Each Receipt this Period **150.00**

* Payroll Deduction: \$25.00 bi-weekly payroll deduction

C. Richard Hopfer
Full Name (Last, First, Middle Initial)

Mailing Address 44 59th Place

City Long Beach State CA Zip Code 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **06 / 01 / 2014**

Transaction ID : C2744403

Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **650.00**

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

**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)	PAGE 21 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Richard Hopfer

Mailing Address 44 59th Place

City Long Beach State CA Zip Code 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781359

Amount of Each Receipt this Period
20.00

* Payroll Deduction: \$20.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. John P Jarvis

Mailing Address 5240 Knoxville Ave

City Lakewood State CA Zip Code 90713

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781211

Amount of Each Receipt this Period
115.50

* Payroll Deduction: \$19.25 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Kartik Jayaraman

Mailing Address 20 Savannah

City Irvine State CA Zip Code 92620

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781199

Amount of Each Receipt this Period
115.50

* Payroll Deduction: \$19.25 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	251.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 57
(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

A. Kathleen Diane Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Bacon Drive
 City Peoria State IL Zip Code 61614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of IL Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781237
 Amount of Each Receipt this Period 234.00
 * Payroll Deduction: \$39.00 bi-weekly payroll deduction

B. Patty Kehoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 6444 Esther Ave NE
 City Albuquerque State NM Zip Code 87109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of New Mexico Occupation Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781110
 Amount of Each Receipt this Period 150.00
 * Payroll Deduction: \$25.00 bi-weekly payroll deduction

C. Carl T Kidd
 Full Name (Last, First, Middle Initial)
 Mailing Address 12210 Oyster Cove Court
 City Stafford State TX Zip Code 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of TX Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781155
 Amount of Each Receipt this Period 234.00
 * Payroll Deduction: \$39.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 618.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Lillis Ann Koontz

Mailing Address 16792 Talisman Lane
Apt 219

City Huntington Beach State CA Zip Code 92649

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Provider payments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
434.06

Date of Receipt
MM / DD / YYYY
05 / 23 / 2014

Transaction ID : **C2780621**

Amount of Each Receipt this Period
157.84

* Payroll Deduction: \$39.46 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Ronald D Kurtz

Mailing Address 1776 Kinneloa Canyon road

City Pasadena State CA Zip Code 91107

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2014

Transaction ID : **C2781222**

Amount of Each Receipt this Period
258.00

* Payroll Deduction: \$43.00bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Laurel A Lee

Mailing Address 23403 NE 21st St

City Sammamish State WA Zip Code 98074-4417

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of WA, Inc Occupation Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2014

Transaction ID : **C2781050**

Amount of Each Receipt this Period
180.00

* Payroll Deduction: \$30.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	595.84
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 24 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Todd Lemmis

Mailing Address 136 Cordova Walk

City State Zip Code
Long Beach CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare, Inc. Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
573.00

Date of Receipt
06 / 20 / 2014

Transaction ID : C2781175

Amount of Each Receipt this Period
300.00

* Payroll Deduction: \$50.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Thomas Robert Lindquist

Mailing Address 1774 Bergenfield Rd

City State Zip Code
Mount Pleasant SC 29466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare of South Carolina Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1170.00

Date of Receipt
06 / 20 / 2014

Transaction ID : C2781239

Amount of Each Receipt this Period
1170.00

* Payroll Deduction: \$195.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. James Loopeker

Mailing Address 826 West Bourne Drive

City State Zip Code
West Hollywood CA 90069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare of CA Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
06 / 20 / 2014

Transaction ID : C2781120

Amount of Each Receipt this Period
115.38

* Payroll Deduction: \$19.23 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1585.38
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 25 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Benjamin Lynam

Mailing Address 6781 Brentwood Drive

City State Zip Code
Huntington Beach CA 92648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare, Inc. Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781173

Amount of Each Receipt this Period
 115.50

* Payroll Deduction: \$19.25 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Karen O. Macdonald

Mailing Address 620 Randall Rd

City State Zip Code
Montecito CA 93108-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare, Inc. Chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1402.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781069

Amount of Each Receipt this Period
 674.00

* Payroll Deduction: \$114.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Kristine W MacRae

Mailing Address 3324 E. 1sr Street

City State Zip Code
Long Beach CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare, Inc. Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781180

Amount of Each Receipt this Period
 120.00

* Payroll Deduction: \$20.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	909.50
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 26 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Kathie Mancini
Full Name (Last, First, Middle Initial)
Mailing Address 4940 Heath Gate Dr
City New Albany State OH Zip Code 43054-9450
FEC ID number of contributing federal political committee. **C**
Name of Employer Molina Healthcare Occupation Healthcare Administration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1352.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781093
Amount of Each Receipt this Period 624.00
* Payroll Deduction: \$104.00 bi-weekly payroll deduction

B. Christopher Joseph Mardesich
Full Name (Last, First, Middle Initial)
Mailing Address 1321 Pine Street
City Santa Monica State CA Zip Code 90405
FEC ID number of contributing federal political committee. **C**
Name of Employer Molina Healthcare Occupation Lawyer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781258
Amount of Each Receipt this Period 150.00
* Payroll Deduction: \$25.00 bi-weekly payroll deduction

C. Janet L Marino
Full Name (Last, First, Middle Initial)
Mailing Address 7801 Great Divide Lane
City McKinney State TX Zip Code 75070
FEC ID number of contributing federal political committee. **C**
Name of Employer Molina Healthcare of TX Occupation Healthcare Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781150
Amount of Each Receipt this Period 180.00
* Payroll Deduction: \$30.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	954.00
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 27 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Paul D Marti
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 South Mill Street
 P.O. Box 464
 City Greenup State IL Zip Code 62428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of IL Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781279
 Amount of Each Receipt this Period 115.50
 * Payroll Deduction: \$19.25 bi-weekly payroll deduction

B. Michael Mayers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8309 Medeiros Way
 City Sacramento State CA Zip Code 95829-8164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Policy and Govt Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2440.41

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781070
 Amount of Each Receipt this Period 1153.86
 * Payroll Deduction: \$192.31 bi-weekly payroll deduction

c. Linda McCoy
 Full Name (Last, First, Middle Initial)
 Mailing Address 7115 287 Place NW
 City Stanwood State WA Zip Code 98292-4506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of WA, Inc Occupation Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.92

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781051
 Amount of Each Receipt this Period 125.04
 * Payroll Deduction: \$20.84 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1394.40
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 28 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Deborah Miller

Mailing Address 3622 Petaluma Ave

City Long Beach State CA Zip Code 90808

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of CA Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781200

Amount of Each Receipt this Period
120.00

* Payroll Deduction: \$20.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Rhonda S Mock

Mailing Address 2672 Westview Dr

City Lincoln State CA Zip Code 95648-8279

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781071

Amount of Each Receipt this Period
125.04

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. J Mario Molina

Mailing Address 1311 Chelten Way

City South Pasadena State CA Zip Code 91030

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2424.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : C2781072

Amount of Each Receipt this Period
1153.86

* Payroll Deduction: \$192.31 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1398.90
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 29 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. John C Molina

Mailing Address 5668 E Naples Cnl St

City Long Beach State CA Zip Code 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Financing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2499.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781073

Amount of Each Receipt this Period
 1153.86

* Payroll Deduction: \$192.31 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Brian P Monsen

Mailing Address 8023 Peregrine PI

City Sandy State UT Zip Code 84094-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Dir, Strategic Planning

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781074

Amount of Each Receipt this Period
 115.50

* Payroll Deduction: \$19.25 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Liatrice Munnerlyn

Mailing Address 3257 Payday Lane

City Columbus State OH Zip Code 43232

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of Ohio Occupation Health Care Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.92

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781137

Amount of Each Receipt this Period
 125.04

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1394.40
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 30 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Mitchel J Newberry

Mailing Address 23203 Cardigan Chase

City San Antonio State TX Zip Code 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of TX, Inc Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
06 / 20 / 2014
Transaction ID : **C2781049**

Amount of Each Receipt this Period
120.00

* Payroll Deduction: \$20.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Norman Nichols

Mailing Address 17716 Eaglewood Drive

City Baton Rouge State LA Zip Code 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Medicaid Solutions Occupation IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
06 / 20 / 2014
Transaction ID : **C2781121**

Amount of Each Receipt this Period
300.00

* Payroll Deduction: \$50.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. James Novello

Mailing Address 405 Castilian Way

City San Mateo State CA Zip Code 94402-2327

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of California, Inc. Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.92

Date of Receipt
06 / 20 / 2014
Transaction ID : **C2781075**

Amount of Each Receipt this Period
125.04

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 545.04

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

**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)	PAGE 31 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Christopher Raymond Otley

Mailing Address 431 Upshire Circle

City Gaithersburg State MD Zip Code 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare Occupation Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781241

Amount of Each Receipt this Period
234.00

* Payroll Deduction: \$39.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Domenico K Pagone

Mailing Address 13412 Montecito

City Tustin State CA Zip Code 92782-8802

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Dir Provider Contracts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781216

Amount of Each Receipt this Period
125.04

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Taft Parsons

Mailing Address 995 Henley St

City Birmingham State MI Zip Code 48009-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781210

Amount of Each Receipt this Period
125.04

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	484.08
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 32 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. David Pingree
 Full Name (Last, First, Middle Initial)
 Mailing Address 8711 Shawnee Street
 City Philadelphia State PA Zip Code 19118-3709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Healthcare administration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1352.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781124
 Amount of Each Receipt this Period **624.00**
 * Payroll Deduction: \$104.00 bi-weekly payroll deduction

B. David Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 10952 Pine Lodge Trail
 City Davie State FL Zip Code 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of FL Occupation Information Requested
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1175.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781146
 Amount of Each Receipt this Period **650.00**
 * Payroll Deduction: \$75.00 bi-weekly payroll deduction

C. Kenneth Preede
 Full Name (Last, First, Middle Initial)
 Mailing Address 13505 Point Pleasant Drive
 City Chantilly State VA Zip Code 20151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare Occupation Govt Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **390.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781107
 Amount of Each Receipt this Period **180.00**
 * Payroll Deduction: \$30.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	1454.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 33 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Ashley Marie Prentice
Full Name (Last, First, Middle Initial)

Mailing Address 1516 S. Wabash Ave., Unit 203

City Chicago State IL Zip Code 60605

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of NM Occupation Healthcare Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.25

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781205

Amount of Each Receipt this Period 115.50

* Payroll Deduction: \$19.25 bi-weekly payroll deduction

B. John Puento
Full Name (Last, First, Middle Initial)

Mailing Address 5 Silmark Ct

City Sacramento State CA Zip Code 95831-4823

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 766.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781077

Amount of Each Receipt this Period 472.00

* Payroll Deduction: \$97.00 bi-weekly payroll deduction

C. Michelle R Roan
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 111, 301 Jefferson St

City Toledo State IL Zip Code 62468

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of IL Occupation Healthcare Administration

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.92

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781147

Amount of Each Receipt this Period 125.04

* Payroll Deduction: \$20.84 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 712.54

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

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)	PAGE 34 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Robert L Robison
 Full Name (Last, First, Middle Initial)
 Mailing Address 3061 Waukeegan Ave
 City Lewis Center State OH Zip Code 43235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare Oh Occupation physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781106
 Amount of Each Receipt this Period 150.00
 * Payroll Deduction: \$25.00 bi-weekly payroll deduction

B. Anne Rote
 Full Name (Last, First, Middle Initial)
 Mailing Address 5519 Purdue
 City Dallas State TX Zip Code 75209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of TX Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781167
 Amount of Each Receipt this Period 240.00
 * Payroll Deduction: \$40.00 bi-weekly payroll deduction

C. Lisa A Rubino
 Full Name (Last, First, Middle Initial)
 Mailing Address 19415 Ironwood Ln
 City Huntington Beach State CA Zip Code 92648-5566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of CA, Inc Occupation Healthcare Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781253
 Amount of Each Receipt this Period 300.00
 * Payroll Deduction: \$50.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	690.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 35 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Holly Saelens Bartleson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5049 Ederton Pl
 City New Albany State OH Zip Code 43054-9460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of OH Occupation Healthcare Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.92**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781273
 Amount of Each Receipt this Period **125.04**
 * Payroll Deduction: \$20.84 bi-weekly payroll deduction

B. Diane Melinda Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1078 Bernalito Ct
 City Bernalillo State NM Zip Code 87004-6261
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of CA, Inc Occupation SMO Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781046
 Amount of Each Receipt this Period **150.00**
 * Payroll Deduction: \$25.00 bi-weekly payroll deduction

C. Richard Sanchez
 Full Name (Last, First, Middle Initial)
 Mailing Address 4901 N Avenida de Franeluh
 City Tucson State AZ Zip Code 85749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare Inc Occupation Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **273.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : C2781212
 Amount of Each Receipt this Period **126.00**
 * Payroll Deduction: \$21.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....	401.04
TOTAL This Period (last page this line number only).....	

**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)	PAGE 36 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Zarina Shockley-Sparling
 Full Name (Last, First, Middle Initial)
 Mailing Address 14221 Fontana St
 City Leawood State KS Zip Code 66224-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Regional VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781079
 Amount of Each Receipt this Period 230.76
 * Payroll Deduction: \$38.46 bi-weekly payroll deduction

B. Michael M Siegel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2008 Glencoe Ave
 City Venice State CA Zip Code 90291-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781080
 Amount of Each Receipt this Period 300.00
 * Payroll Deduction: \$50.00 bi-weekly payroll deduction

C. Cameron McLean Smyth
 Full Name (Last, First, Middle Initial)
 Mailing Address 24802 Cerezo Court
 City Santa Clarita State CA Zip Code 91321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781129
 Amount of Each Receipt this Period 300.00
 * Payroll Deduction: \$50.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	830.76
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 37 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Doug Springmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8912 S Shady Meadow Dr
 City Sandy State UT Zip Code 84093-7002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare of Utah Occupation Health Care Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781264
 Amount of Each Receipt this Period 520.00
 * Payroll Deduction: \$60.00 bi-weekly payroll deduction

B. Thomas M. Standing
 Full Name (Last, First, Middle Initial)
 Mailing Address 148 S. Country Club Road
 City Glendora State CA Zip Code 91741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare Inc Occupation Healthcare Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781295
 Amount of Each Receipt this Period 150.00
 * Payroll Deduction: \$25.00 bi-weekly payroll deduction

C. Tabitha F Stokes
 Full Name (Last, First, Middle Initial)
 Mailing Address 5106 W Pleasant Ridge Road
 City Arlington State TX Zip Code 76016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781350
 Amount of Each Receipt this Period 150.00
 * Payroll Deduction: \$25.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 820.00
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 38 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Kimberly J. Sweers-Parker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 W Summerland St
 City Rancho Palos Verdes State CA Zip Code 90275-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781250
 Amount of Each Receipt this Period 461.52
 * Payroll Deduction: \$76.92 bi-weekly payroll deduction

B. Mary Syiek
 Full Name (Last, First, Middle Initial)
 Mailing Address 6662 Gate Hill Circle
 City Huntington Beach State CA Zip Code 92648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1222.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781122
 Amount of Each Receipt this Period 872.00
 * Payroll Deduction: \$50.00 bi-weekly payroll deduction

C. Luis A Sylvester
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 307481
 City St Thomas State VI Zip Code 00803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Molina Medicaid Solutions Occupation Healthcare Administration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 20 / 2014
Transaction ID : C2781275
 Amount of Each Receipt this Period 234.00
 * Payroll Deduction: \$39.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1567.52
TOTAL This Period (last page this line number only).....▶	

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)	PAGE 39 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. John Tanner

Mailing Address 144 S. Calle Grande

City Orange State CA Zip Code 92869

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc. Occupation Healthcare Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : C2781174

Amount of Each Receipt this Period
120.00

* Payroll Deduction: \$20.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Amy Tenhouse

Mailing Address 628 S. Taylor Street

City Arlington State VA Zip Code 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare Inc Occupation Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : C2781103

Amount of Each Receipt this Period
252.00

* Payroll Deduction: \$42.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Richard L Tompkins

Mailing Address 35465 Shade Tree Road

City Yucaipa State CA Zip Code 92399

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare of CA Occupation Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : C2781164

Amount of Each Receipt this Period
150.00

* Payroll Deduction: \$25.00 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	522.00
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 40 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)
A. Michelle Tranquilli

Mailing Address 1221 Michigan Court

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare, Inc. Government Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
339.00

Date of Receipt
06 / 20 / 2014
Transaction ID : C2781125

Amount of Each Receipt this Period
234.00

* Payroll Deduction: \$39.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Chad Westover

Mailing Address 9075 Canyon Gate Circle

City State Zip Code
Sandy UT 84093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare of UT Healthcare Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
890.00

Date of Receipt
06 / 20 / 2014
Transaction ID : C2781143

Amount of Each Receipt this Period
540.00

* Payroll Deduction: \$50.00 bi-weekly payroll deduction

Full Name (Last, First, Middle Initial)
C. Joseph W. White

Mailing Address 3521 Loma View Dr

City State Zip Code
Altadena CA 91001-3938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Molina Healthcare, Inc. Healthcare Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.03

Date of Receipt
06 / 20 / 2014
Transaction ID : C2781083

Amount of Each Receipt this Period
1153.86

* Payroll Deduction: \$192.31 bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1927.86
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 41 OF 57		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Full Name (Last, First, Middle Initial)
Joann Zarza-Garrido

Mailing Address 9550 Westbourne Ct

City Cypress	State CA	Zip Code 90630-2760
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc.	Occupation Compliance
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
890.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 30 / 2014
Transaction ID : C2731455

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joann Zarza-Garrido

Mailing Address 9550 Westbourne Ct

City Cypress	State CA	Zip Code 90630-2760
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Molina Healthcare, Inc.	Occupation Compliance
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
890.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014
Transaction ID : C2781084

Amount of Each Receipt this Period
234.00

* Payroll Deduction: \$39.00 bi-weekly payroll deduction

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	734.00
TOTAL This Period (last page this line number only).....▶	42812.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. EastWestBank

Mailing Address 23737 Hawthorne Blvd

City Torrance State CA Zip Code 90505

Purpose of Disbursement
bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Transaction ID : D159817

Amount of Each Disbursement this Period

76.00

B. EastWestBank

Full Name (Last, First, Middle Initial)

Mailing Address 23737 Hawthorne Blvd

City Torrance State CA Zip Code 90505

Purpose of Disbursement
bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2014

Transaction ID : D159818

Amount of Each Disbursement this Period

76.00

C. EastWestBank

Full Name (Last, First, Middle Initial)

Mailing Address 23737 Hawthorne Blvd

City Torrance State CA Zip Code 90505

Purpose of Disbursement
bank fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : D159820

Amount of Each Disbursement this Period

76.00

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

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

228.00

228.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Friends of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
support re-elect

Candidate Name
Rep. Michelle Lujan Grisham

Office Sought: House Senate President
State: NM District: 01
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : D159297

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Garamendi for Congress

Mailing Address 1050 17th St, NW
Suite 590

City Washington State DC Zip Code 20037

Purpose of Disbursement
support re elect

Candidate Name
John Garamendi

Office Sought: House Senate President
State: CA District: 10
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : D159279

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
support re elect

Candidate Name
Joe Pitts

Office Sought: House Senate President
State: PA District: 16
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : D159827

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

4	5	0	0	.	0	0
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4	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
support re elect

Candidate Name
Mike Thompson

Office Sought: House
 Senate
 President
State: CA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

Transaction ID : D159824

Amount of Each Disbursement this Period

2000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. ALAN LOWENTHAL FOR CONGRESS

Mailing Address 6380 WILSHIRE BLVD., #1612

City LOS ANGELES State CA Zip Code 90048

Purpose of Disbursement
support re elect

Candidate Name
Rep. Alan Lowenthal

Office Sought: House
 Senate
 President
State: CA District: 47

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : D159811

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. JOHNSON FOR CONGRESS

Mailing Address P.O. BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement
support re-elect

Candidate Name
Rep. Bill Johnson

Office Sought: House
 Senate
 President
State: OH District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : D159299

Amount of Each Disbursement this Period

1000.00

Category/Type

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

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

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. WENSTRUP FOR CONGRESS

Mailing Address PO BOX 9551

City State Zip Code
CINCINNATI OH 45209

Purpose of Disbursement
support re elect

Candidate Name

Rep. Brad Wenstrup

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159804

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement
support re elect

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : D159833

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

City State Zip Code
CLEVELAND OH 44143

Purpose of Disbursement
support re elect

Candidate Name

Rep. David Joyce

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	4

Transaction ID : D159838

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City State Zip Code
SACRAMENTO CA 95812

Purpose of Disbursement
support re elect

Candidate Name

Rep. Doris Matsui

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159813

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City State Zip Code
SACRAMENTO CA 95812

Purpose of Disbursement
support re elect

Candidate Name

Rep. Doris Matsui

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : D159277

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DUNCAN D. HUNTER FOR CONGRESS

Mailing Address P.O. BOX 1545

City State Zip Code
EL CAJON CA 92022

Purpose of Disbursement
support re elect

Candidate Name

Rep. Duncan Hunter

Office Sought: House
 Senate
 President
State: CA District: 50

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : D159832

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
support re-elect

Candidate Name
Rep. Fred Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : D159287

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO Box 1091

City State Zip Code
Hood River OR 97031

Purpose of Disbursement
support re elect

Candidate Name
Rep. Greg Walden

Office Sought: House
 Senate
 President
State: OR District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : D159291

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. ROS-LEHTINEN FOR CONGRESS

Mailing Address PO BOX 522784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
support re elect

Candidate Name
Rep. Ileana Ros-Lehtinen

Office Sought: House
 Senate
 President
State: FL District: 27

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : D159834

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

5	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

5	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. JANICE HAHN FOR CONGRESS

Mailing Address 1379 PARK WESTERN DRIVE

City SAN PEDRO State CA Zip Code 90732

Purpose of Disbursement
support re elect

Candidate Name
Rep. Janice Hahn

Office Sought: House
 Senate
 President
State: CA District: 44

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : D159831

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JOE GARCIA FOR CONGRESS

Mailing Address PO BOX 330871

City MIAMI State FL Zip Code 33233

Purpose of Disbursement
support re-elect

Candidate Name
Rep. Joe Garcia

Office Sought: House
 Senate
 President
State: FL District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : D159285

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
support re-elect

Candidate Name
Rep. Joe L. Barton

Office Sought: House
 Senate
 President
State: TX District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : D159290

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Friends of Juan Vargas

Mailing Address 330 Encinitas Blvd
Ste 101

City Encinitas State CA Zip Code 92024-8705

Purpose of Disbursement
support re elect

Candidate Name
Rep. Juan Vargas

Office Sought: House Senate President
State: CA District: 51
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159815

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. MARIO DIAZ-BALART FOR CONGRESS

Mailing Address 8770 SW 72ND STREET

City MIAMI State FL Zip Code 33173

Purpose of Disbursement
support re-elect

Candidate Name
Rep. Mario Diaz-Balart

Office Sought: House Senate President
State: FL District: 25
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : D159278

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MARK POCAN FOR CONGRESS

Mailing Address PO BOX 327

City MADISON State WI Zip Code 53701

Purpose of Disbursement
support re elect

Candidate Name
Rep. Mark Pocan

Office Sought: House Senate President
State: WI District: 02
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159597

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
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3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF PATRICK MURPHY

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement
support re-elect

Candidate Name
Rep. Patrick Murphy

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : D159293

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. OLSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement
support re elect

Candidate Name
Rep. Pete Olson

Office Sought: House
 Senate
 President
State: TX District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2014

Transaction ID : D161738

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City WHEATON State IL Zip Code 60187

Purpose of Disbursement
support re elect

Candidate Name
Rep. Peter Roskam

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : D159805

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Mailing Address PO BOX 99567

Transaction ID : D159830

City State Zip Code
RALEIGH NC 27624

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
support reelect

Category/ Type

Candidate Name

Rep. Renee Ellmers

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. DELBENE FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Mailing Address PO BOX 487

Transaction ID : D159816

City State Zip Code
BOTHELL WA 98041

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
support re elect

Category/ Type

Candidate Name

Rep. Suzan DelBene

Office Sought: House
 Senate
 President
State: WA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Mailing Address PO BOX 391

Transaction ID : D159283

City State Zip Code
GENEVA NY 14456

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Purpose of Disbursement
support re elect

Category/ Type

Candidate Name

Rep. Tom Reed

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

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

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

2	5	0	0	0	0	0	0	0	0
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2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
support re elect

Candidate Name
Rep. Xavier Becerra

Office Sought: House
 Senate
 President
State: CA District: 31

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : **D159275**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement
support re elect

Candidate Name
Sen. John Cornyn

Office Sought: House
 Senate
 President
State: TX District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : **D159280**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR US SENATE

Mailing Address P.O. BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement
support re elect

Candidate Name
Sen. Michael D. Crapo

Office Sought: House
 Senate
 President
State: ID District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2014

Transaction ID : **D159289**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement support re elect

Candidate Name
Sen. Susan Collins

Office Sought: House Senate President
State: ME District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159807

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Ted Lieu for Congress

Mailing Address 6380 Wilshire Blvd Ste 1612

City Los Angeles State CA Zip Code 90048-5018

Purpose of Disbursement support election

Candidate Name
Ted Lieu

Office Sought: House Senate President
State: CA District: 33

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : D159814

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus State OH Zip Code 43231

Purpose of Disbursement support re elect

Candidate Name
Pat Tiberi

Office Sought: House Senate President
State: OH District: 12

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : D159825

Amount of Each Disbursement this Period

1	2	0	0	.	0	0
---	---	---	---	---	---	---

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

3	7	0	0	.	0	0
---	---	---	---	---	---	---

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

3	7	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City APPLETON State WI Zip Code 54912

Purpose of Disbursement support re elect

Candidate Name
Reid Ribble

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	4

Transaction ID : D159276

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Virgin Islanders for Plaskett

Mailing Address PO Box 26502

City Christiansted State VI Zip Code 00824-2502

Purpose of Disbursement support election

Candidate Name
Del. Stacey Plaskett

Office Sought: House
 Senate
 President
State: VI District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : D159826

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Wi Alliance of Health Insurers PAC

Mailing Address PO Box 308

City Madison State WI Zip Code 53701-0308

Purpose of Disbursement support independent PAC

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	4

Transaction ID : D153501

Amount of Each Disbursement this Period

1	1	1	1	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	1	1	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

4	9	8	1	1	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Michael Mayers

Mailing Address 8309 Medeiros Way

City Sacramento State CA Zip Code 95829-8164

Purpose of Disbursement
over funded 2013 contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : D157478

Amount of Each Disbursement this Period

59.62

Full Name (Last, First, Middle Initial)

B. J Mario Molina

Mailing Address 1311 Chelten Way

City South Pasadena State CA Zip Code 91030

Purpose of Disbursement
overfunded 2013 contributions

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : D157477

Amount of Each Disbursement this Period

75.61

Full Name (Last, First, Middle Initial)

C. John C Molina

Mailing Address 5668 E Naples Cnl St

City Long Beach State CA Zip Code 90803

Purpose of Disbursement
over funded 2013 contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : D157479

Amount of Each Disbursement this Period

0.06

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

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

135.29

135.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Sears

Mailing Address 6711 Monroe St.
Bldg 3 Suite D

City Sylvania State OH Zip Code 43560

Purpose of Disbursement
support re elect

Candidate Name
Barbara Sears

Office Sought: House
 Senate
 President
State: OH District: 46

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2014

Transaction ID : D159839

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Shannon Jones

Mailing Address 800 Valley View Point

City Springboro State OH Zip Code 45066

Purpose of Disbursement
support re elect

Candidate Name
Rep. Shannon Jones

Office Sought: House
 Senate
 President
State: OH District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : D159835

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Kris Jordan

Mailing Address 77 South High Street
OHHR

City Columbus State OH Zip Code 43215-6111

Purpose of Disbursement
SUPPORT RE ELECT

Candidate Name
Kris Jordan

Office Sought: House
 Senate
 President
State: OH District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : D159836

Amount of Each Disbursement this Period

500.00

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

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

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Rep. Peggy Lehner

Mailing Address 533 Lockerbie Lane

City Kettering State OH Zip Code 45429

Purpose of Disbursement
support re elect

Candidate Name
Peggy Lehner

Office Sought: House Senate President
State: OH District: 37

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : D159837

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

350.00

1850.00