

**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

(Choose One)

(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)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Mayers, Michael, , ,

Signature of Treasurer

Mayers, Michael, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Molina Healthcare, Inc. PACReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
04		01		2026

 To:

M M	/	D D	/	Y Y Y Y Y
04		30		2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		394251.25
(b) Cash on Hand at Beginning of Reporting Period.....	149896.19	
(c) Total Receipts (from Line 19)	61153.10	271348.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	211049.29	665599.29
7. Total Disbursements (from Line 31).....	52587.65	507137.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	158461.64	158461.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

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).....	54868.58	219510.63
(ii) Unitemized	6284.52	51837.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61153.10	271348.04
(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)	61153.10	271348.04
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))	61153.10	271348.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61153.10	271348.04

DETAILED SUMMARY PAGE of Disbursements

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Page 4

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	415000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	3087.65	92137.65
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	52587.65	507137.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52587.65	507137.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	61153.10	271348.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61153.10	271348.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

Updated missing check 5191-B

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 103

(check only one)

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

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

A. Tenhouse, Amy, , ,

Mailing Address 628 S Taylor St

City
ArlingtonState
VAZip Code
22204-1449FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Government Affairs

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 / 24 / 2026**Transaction ID : 19635522**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

2026 PAC Contribution

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

B. Romney, Ronna, , ,

Mailing Address 3550 Mistletoe Lane

City
Longboat KeyState
FLZip Code
34228-4102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc. (default)Occupation (for Individual)
Member, 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 / 2026**Transaction ID : 4774859**

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

C. Wolf, Dale, , ,

Mailing Address 1 Longbridge Road

City
SavannahState
GAZip Code
31410-1062FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc. (default)Occupation (for Individual)
Member, 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 / 2026**Transaction ID : 4774889**

Amount of Each Receipt this Period

1250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Brasier, Barbara, , ,

Mailing Address 27360 Hickory Blvd

City
Bonita SpringsState
FLZip Code
34134-8407FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc. (default)Occupation (for Individual)
Director, 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 / 2026

Transaction ID : 8603565

Amount of Each Receipt this Period

1250.00

☐ Memo Item

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

B. Des Jardins, Terrisca, , ,

Mailing Address 2757 Walnut Ridge Drive

City
Ann ArborState
MIZip Code
48103-2182FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1002418739015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Barth, John, M., ,

Mailing Address 4832 Graceland Avenue

City
IndianapolisState
INZip Code
46208-3506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Market Development & Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1002616739015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

1834.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Brown, Qiana, , ,

Mailing Address 9006 Pacific St

City
OmahaState
NEZip Code
68114-5156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Nebraska, Inc.Occupation (for Individual)
AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR100332339015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Zhang, Jia, Xin, ,

Mailing Address 1240 Conservatory Lane

City
LouisvilleState
KYZip Code
40223-5716FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Kentucky, Inc.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1004213939015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Bastidas, Alex, Hugo, ,

Mailing Address 50 Cobblestone lane

City
MiddletownState
NYZip Code
10940-5091FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of New York, Inc.Occupation (for Individual)
Director, Sales & Retention

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1004552339015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

230.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Raleigh, Shaun, Michelle, ,

Mailing Address 5151 E Sternberg Rd

City
FruitportState
MIZip Code
49415-9741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, National Value-Based Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1004691039015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Doyle, Marcus, , ,

Mailing Address 61 Brook Crossing

City
MarlboroughState
CTZip Code
06447-1164FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, National Provider Engagement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1007378339015

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$80.00 Bi-Weekly)

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

C. Meier, John, D., ,

Mailing Address 220 West Front Street

City
PerrysburgState
OHZip Code
43551-1429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Ohio, Inc.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1007758539015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

560.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Copley, Jonathan, , ,

Mailing Address 7007 Windham Parkway

City
ProspectState
KYZip Code
40059-8821FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Medicaid Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR1009926939015**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Ikuta, Pamela, K., ,

Mailing Address 9932 Tilton Mine Road

City
ReddingState
CAZip Code
96001-8738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Clinical Services LLCOccupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR1010741239015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Sefcik, James, F., ,

Mailing Address 6112 DEDHAM LN

City
AustinState
TXZip Code
78739-1536FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Enterprise Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR1010746339015**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

564.60

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

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

FOR LINE NUMBER: PAGE 12 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Ray-Alexander, Joiel, , ,

Mailing Address 364 S Manning Blvd

City
Albany

State
NY

Zip Code
12208-1732

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR1011424539015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Petrie, Geoffrey, Lawrence, , ,

Mailing Address 595 Rabon Circle

City
Elgin

State
SC

Zip Code
29045-8948

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of South Carolina, I

Occupation (for Individual)
VP, Government Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

04 / 30 / 2026

Transaction ID : PR1013107039015

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

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

C. Fields, George, , ,

Mailing Address 225 Bay Shore Ave

City
Long Beach

State
CA

Zip Code
90803-3540

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
National Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR1014812639015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

776.90

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Hill, Amy, Suter, ,

Mailing Address 1110 NW 107th Circle

City
VancouverState
WAZip Code
98685-5089FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Network Strategy & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1014894439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Walsh, Martha, M, ,

Mailing Address 2015 Devonshire Road

City
Ann ArborState
MIZip Code
48104-4057FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
Project Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1015052239015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Geyer, Jeffrey, , ,

Mailing Address 10587 NW 69Th St

City
ParklandState
FLZip Code
33076-2979FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Investor Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1015054339015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

849.20

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Cavner, Michelle, , ,

Mailing Address 3085 E Cardinal Court

City
ChandlerState
AZZip Code
85286-5713FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1053598339015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. McCoy, Juliette, K., ,

Mailing Address 9705 TAPATIO DR NW

City
AlbuquerqueState
NMZip Code
87114-3608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of New Mexico, Inc.Occupation (for Individual)
Director, Population Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1054240839015

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

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

C. Narducci, Suellen, L., ,

Mailing Address 512 Cabrera CT

City
Las VegasState
NVZip Code
89138-2009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Nevada, Inc.Occupation (for Individual)
VP, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1067936539015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

574.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Hinsdale, William, , ,

Mailing Address 3420 W. Palmira Ave

City
TampaState
FLZip Code
33629-7015FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare of Florida, Inc.Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR1071767139015**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Frey, Daniel, , ,

Mailing Address 1812 Asbury Ave

City
EvanstonState
ILZip Code
60201-3504FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Regional State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR1071804839015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Clark, Tarance, Smith, ,

Mailing Address 100 Winchester Loop

City
MadisonState
MSZip Code
39110-6644FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR1076270239015**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

480.00

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

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

FOR LINE NUMBER: PAGE 16 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Groover, Tannia, Denise, ,

Mailing Address 3 Sleeping Colt Pl

City
Spring

State
TX

Zip Code
77389-7885

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
HR Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR1076554339015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Purvis, Marla, , ,

Mailing Address 3071 Prestwyck Haven Dr

City
Duluth

State
GA

Zip Code
30097-6208

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR1088031239015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Woodard, James, Michael, ,

Mailing Address 2009 Woodrow Street

City
Durham

State
NC

Zip Code
27705-3227

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

04 / 30 / 2026

Transaction ID : PR1088419139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

664.60

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

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

FOR LINE NUMBER: PAGE 17 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Greenberg, Carmen, , ,

Mailing Address 17 Verdin Drive

City
New City

State
NY

Zip Code
10956-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Whole Health of New York, Inc.

Occupation (for Individual)
Director, Sales & Retention

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1089310139015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Livingston, David, , ,

Mailing Address 209 S Woodcreek Rd

City
Madison

State
MS

Zip Code
39110-6636

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1089880139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Davis, Brett, , ,

Mailing Address 1906 Corinth Dr

City
Sun Prairie

State
WI

Zip Code
53590-3513

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR1096010939015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

869.20

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

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

FOR LINE NUMBER: PAGE 18 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Barlow, Jeffrey, Don, ,

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 (for Individual)
Molina Healthcare, Inc.

Occupation (for Individual)
EVP, Chief Legal Officer & Corporate S

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477351839015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Gutierrez, Salvador, A, ,

Mailing Address 6656 Mount Lowe Drive

City
Buena Park

State
CA

Zip Code
90620-4227

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477352639015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Zevnik, Timothy, C, ,

Mailing Address 22 1/2 North Portola

City
Laguna Beach

State
CA

Zip Code
92651-6707

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477352839015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

849.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Monsen, Brian, P, ,

Mailing Address 11024 Rodnia Circle

City
SandyState
UTZip Code
84092-4616FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare of Utah, Inc.Occupation (for Individual)
VP, Government Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR477357239015**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Roberts, Elisabeth, , ,

Mailing Address 3690 Hillside Ave

City
NorcoState
CAZip Code
92860-1551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare of CaliforniaOccupation (for Individual)
Manager, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR477358739015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Mock, Rhonda, S, ,

Mailing Address 2672 Westview Dr

City
LincolnState
CAZip Code
95648-8279FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Administrative Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR477362439015**

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

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

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Mayers, Michael, , ,

Mailing Address 8309 Medeiros Way

City
SacramentoState
CAZip Code
95829-8164FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
EVP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477366239015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Cole, Ami, , ,

Mailing Address 8527 Pond View Lane

City
PowellState
OHZip Code
43065-7235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Ohio, Inc.Occupation (for Individual)
SVP, Health Plans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477369239015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Buckley, Melissa, , ,

Mailing Address 51 Manzanita Court

City
Walnut CreekState
CAZip Code
94595-1319FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477369939015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

1153.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Kennedy, Deborah, Anne, ,

Mailing Address 4715 E. Shaw Street

City
Long BeachState
CAZip Code
90803-1724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, IT Applications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477370339015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

B. Lockwood, Tonya, , ,

Mailing Address 1110 Butternut Ave

City
Royal OakState
MIZip Code
48073-3280FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
VP, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477371839015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Draper, Yolonda, , ,

Mailing Address 24686 Almond Ave

City
EastpointeState
MIZip Code
48021-4231FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
Director, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477372939015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

848.60

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 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Schueren, Matthew, , ,

Mailing Address 260 Roca Roja Road

City
Sedona

State
AZ

Zip Code
86351-8989

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
CFO, Market

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR477379439015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Murdoch, Chloe, , ,

Mailing Address 2890 Londonderry Drive

City
Sacramento

State
CA

Zip Code
95827-1346

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Political Action Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR477381439015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Bell, Del, R, ,

Mailing Address 1531 Corolla Ct

City
Reunion

State
FL

Zip Code
34747-6741

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SVP, Corporate Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR477381539015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

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

664.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Mardesich, Christopher, , ,

Mailing Address 1321 Pine Street

City
Santa MonicaState
CAZip Code
90405-2611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477384139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Danley, Derek, , ,

Mailing Address 470 Shell Ridge Ln

City
Ponte VedraState
FLZip Code
32081-1065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Controller, Corporate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477385439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Lynam, Benjamin, , ,

Mailing Address 237 Shell Ridge Lane

City
Ponte VedraState
FLZip Code
32081-1064FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477385539015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

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

1153.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Sowards, Sandra, , ,

Mailing Address 1811 Arapaho Tr

City
MesquiteState
TXZip Code
75149-6676FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
Director, Long-Term Services & Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477387439015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Boim, David, , ,

Mailing Address 12028 Young Manor Drive

City
MidlothianState
VAZip Code
23113-2027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Market Development & Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477389139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Smyth, Cameron, McLean, ,

Mailing Address 24802 Cerezo Court

City
Santa ClaritaState
CAZip Code
91321-2585FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477390139015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

664.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Stokes, Tabitha, F., ,

Mailing Address 3400 Pembroke Pl

City
BedfordState
TXZip Code
76021-2932FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Government Affairs Operations Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477393339015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Roberts, Michelle, , ,

Mailing Address 12116 E. Coldwater Road

City
ColumbiavilleState
MIZip Code
48421-8809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
VP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477394339015

Amount of Each Receipt this Period

78.00

☐ Memo Item

P/R Deduction (\$39.00 Bi-Weekly)

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

C. Otley, Christopher, R., ,

Mailing Address 6 Willowbrook Ct

City
PotomacState
MDZip Code
20854-2501FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477395539015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

358.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Kurtz, Ronald, Douglas, ,

Mailing Address 2033 Kinclair Drive

City
PasadenaState
CAZip Code
91107-1019FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477396339015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

B. Conn, Amy, M, ,

Mailing Address 54 Sycamore Ridge Drive

City
PowellState
OHZip Code
43065-9459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, National Contracts & Strategic Par

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477396839015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Stevens, William, John, ,

Mailing Address 1167 N. 1150 E

City
American ForkState
UTZip Code
84003-3527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Utah, Inc.Occupation (for Individual)
VP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477398339015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

848.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Mcgivern, Kelly, , ,

Mailing Address 6608 Lantern View Drive #201

City

Jonestown

State

TX

Zip Code

78645-4545

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

VP, Government Affairs

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477400039015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Sharp, Kyle, Erinn, ,

Mailing Address 860 Lomita Street

City

El Segundo

State

CA

Zip Code

90245-2541

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

VP, Compliance

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477635739015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Rosenthal, John, , ,

Mailing Address P.O. Box 6535

City

Laguna Niguel

State

CA

Zip Code

92607-6535

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

Senior Assistant General Counsel

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR477636239015

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

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

524.60

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 28 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Valdez, David, A, ,

Mailing Address 1624 Clementson Dr

City
San Antonio

State
TX

Zip Code
78260-6284

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

MM / DD / YYYY
04 / 30 / 2026

Transaction ID : PR496923839015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

B. Khan, Sayeed, , ,

Mailing Address 7950 DISTILLERY RD

City
Belvidere

State
IL

Zip Code
61008-8736

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of California

Occupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

MM / DD / YYYY
04 / 30 / 2026

Transaction ID : PR497250639015

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

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

C. Bugayong, Manuel, A, ,

Mailing Address 6903 Van Leuven Lane

City
Highland

State
CA

Zip Code
92346-6293

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Information Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
04 / 30 / 2026

Transaction ID : PR497262339015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

734.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Bentzien-Purrlington, Michelle, Ann, ,

Mailing Address 2847 Paxton Rd

City
Shaker HeightsState
OHZip Code
44120-1821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Long-Term Services & Supports (I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497265739015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Legbandt, Joshua, , ,

Mailing Address 4505 Yucca Hills Ct NW

City
AlbuquerqueState
NMZip Code
87114-6013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, IT Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497269439015

Amount of Each Receipt this Period

55.00

☐ Memo Item

P/R Deduction (\$27.50 Bi-Weekly)

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

C. Blackwell, Kimberly, , ,

Mailing Address P.O. Box 583

City
GermantownState
WIZip Code
53022-0583FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Regional Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497274039015

Amount of Each Receipt this Period

130.00

☐ Memo Item

P/R Deduction (\$65.00 Bi-Weekly)

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

569.60

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 30 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Rodriguez, Norma, A, ,

Mailing Address 4847 N Darfield Ave

City
Covina

State
CA

Zip Code
91724-1611

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Director, Provider Data Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497275839015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Anderson, Jennifer, L, ,

Mailing Address 706 Cedar Creek Ln

City
Bellingham

State
WA

Zip Code
98229-1900

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Technical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497286239015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Argumado, Ruth, L, ,

Mailing Address 10264 Coral Lane

City
Moreno Valley

State
CA

Zip Code
92557-2875

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of California

Occupation (for Individual)
AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497289039015

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$150.00 Bi-Weekly)

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

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

784.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Mannion, Anna, , ,

Mailing Address 364 Palermo Dr

City
BallwinState
MOZip Code
63021-6448FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Provider Data Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497293839015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Andrews, Carol, , ,

Mailing Address 6010 16th Avenue South

City
TampaState
FLZip Code
33619-5428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Florida, Inc.Occupation (for Individual)
Manager, Health Plan Provider Relator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497297439015

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

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

C. Rabe, Adriana, , ,

Mailing Address 535 E. Benbow St

City
CovinaState
CAZip Code
91722-2905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, IT Product Line Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497304439015

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

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

310.00

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

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

FOR LINE NUMBER: PAGE 32 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Cubit, Phillip, , ,

Mailing Address 24540 Zuppardo Way

City
Moreno Valley

State
CA

Zip Code
92557-5135

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Competitive Intelligence & Market Anal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497307839015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Parekh, Dharmin, , ,

Mailing Address 114 Catspaw

City
Irvine

State
CA

Zip Code
92620-2252

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, AI Engineering & Innovation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497308339015

Amount of Each Receipt this Period

210.00

☐ Memo Item

P/R Deduction (\$105.00 Bi-Weekly)

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

C. Bowman, Jennifer, M, ,

Mailing Address 1210 Valorie Ct

City
Cedar Park

State
TX

Zip Code
78613-4023

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, National Marketing & Communicatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497318639015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

674.60

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

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

FOR LINE NUMBER: PAGE 33 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Greene, Christopher, B, ,

Mailing Address 12921 Majestic Oaks Drive

City
Austin

State
TX

Zip Code
78732-2005

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497327539015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Monclus, Nelly, , ,

Mailing Address 3695 Belle Glade Trail

City
Snellville

State
GA

Zip Code
30039-6783

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Director, Provider Data Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497338639015

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

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

C. Gordon, Erin, , ,

Mailing Address 712 Ice House Drive

City
Mountain Top

State
PA

Zip Code
18707-9618

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Pharmacy Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR497363039015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

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

584.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Swalheim, Evan, , ,

Mailing Address 3974 Walnut Ave

City
Long BeachState
CAZip Code
90807-3750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497364139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$0.00 Bi-Weekly)

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

B. Hoang, Bao, , ,

Mailing Address 665 Clarion Place

City
ClaremontState
CAZip Code
91711-2930FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497372439015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Hobbs, Lori, , ,

Mailing Address 310 Logan Drive

City
KerensState
TXZip Code
75144-2814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
Manager, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497374139015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

534.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Porter, Daron, S, ,

Mailing Address 1613 1st Street

City
DuarteState
CAZip Code
91010-1805FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497379339015

Amount of Each Receipt this Period

160.00

☐ Memo Item

P/R Deduction (\$80.00 Bi-Weekly)

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

B. Walters, Jennifer, , ,

Mailing Address 84 Melanie Lane

City
TroyState
MIZip Code
48098-1707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Pharmacy Clinical Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497395339015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Clarke, Rhonda, , ,

Mailing Address 6593 Haven Maple Drive

City
West JordanState
UTZip Code
84081-4162FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Sales Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497397139015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

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

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Young, Sheila, , ,

Mailing Address 9012 s Ridge Bend CT

City
SandyState
UTZip Code
84094-7717FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare of Utah, Inc.

Occupation (for Individual)

AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497404639015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Williams, Christopher, , ,

Mailing Address 3118 E Villa Knolls Dr.

City
PasadenaState
CAZip Code
91107-1539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

VP, Vendor Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497416339015

Amount of Each Receipt this Period

230.00

☐ Memo Item

P/R Deduction (\$115.00 Bi-Weekly)

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

C. Sancheti, Alok, , ,

Mailing Address 18506 Bainbrook CT

City
CerritosState
CAZip Code
90703-6300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

VP, Finance & Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497422639015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

530.00

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

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

FOR LINE NUMBER: PAGE 37 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Gardner, Freda, , ,

Mailing Address 22180 East Tufts Circle

City
Aurora

State
CO

Zip Code
80015-4732

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497436639015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Hamm, Leonard, , ,

Mailing Address 8134 W Greensleeves Way

City
Tucson

State
AZ

Zip Code
85743-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Clinical Services LLC

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497444939015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Luxon, Sally, , ,

Mailing Address 2301 Ellis Street

City
Bellingham

State
WA

Zip Code
98225-3824

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497474839015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

784.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Brower, Sandra, E, ,

Mailing Address 5233 Red Coral Circle

City
Mount DoraState
FLZip Code
32757-8076FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Florida, Inc.Occupation (for Individual)
AVP, Health Plan Quality & Risk Adjust

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497477339015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Hansen, Lynette, , ,

Mailing Address 11172 Heather Grove Lane

City
South JordanState
UTZip Code
84095-1516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Utah, Inc.Occupation (for Individual)
Quality Program Management & Perfor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497493139015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Stokes, Rebecca, S, ,

Mailing Address 8307 Parry Path

City
ConverseState
TXZip Code
78109-3281FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
AVP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497498639015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Batista, Dania, Michelle, ,

Mailing Address 8101 SW 143RD STREET

City
Palmetto BayState
FLZip Code
33158-1568FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Florida, Inc.Occupation (for Individual)
VP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497499139015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Lemelin, Donovan, Leo, ,

Mailing Address 2031 Dakota Way

City
Prairie Du SacState
WIZip Code
53578-2126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Reporting & Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497500339015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Hendrickson, Brandon, S, ,

Mailing Address 1942 N 1700 E

City
LehiState
UTZip Code
84043-7479FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Utah, Inc.Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497510839015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

564.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Adams, Fay, , ,

Mailing Address 1661 N Greenbrier Rd

City
Long BeachState
CAZip Code
90815-3924FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR497513939015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Deuber, Peggy, Sue, ,

Mailing Address 1168 Creekside PL

City
ReynoldsburgState
OHZip Code
43068-3214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Support Center Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR497525039015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Steward, Danita, Semone, ,

Mailing Address 2525 Shady Ridge Drive

City
BedfordState
TXZip Code
76021-4507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
Director, Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR497527939015

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

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

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

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Martinez, Blanca, Iradia, ,

Mailing Address 3302 Ladoga Ave

City
Long BeachState
CAZip Code
90808-4129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of CaliforniaOccupation (for Individual)
Director, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497532639015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Patterson, Bethany, J, ,

Mailing Address 520 Dark Ridge Rd

City
SylvaState
NCZip Code
28779-8926FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Clinical Services LLCOccupation (for Individual)
Director, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497552439015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Zastrow, Raymond, Jude, ,

Mailing Address 11701 River Ridge Dr.

City
MequonState
WIZip Code
53092-2755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Wisconsin, Inc.Occupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497554639015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

564.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Anderson, Sharon, Kelly, ,

Mailing Address 6141 Eva Marie Ln

City
BillingsState
MTZip Code
59101-6780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Washington, Inc.Occupation (for Individual)
Director, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR497575439015**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Goodson, Folayan, Ife, ,

Mailing Address 3252 Rancho Companero

City
CarlsbadState
CAZip Code
92009-2200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of CaliforniaOccupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR497582039015**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Briones-Rivas, Edna, Eloisa, ,

Mailing Address 820 Pueblo St

City
MissionState
TXZip Code
78572-4936FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
Director, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR497599239015**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Segars, John, F., ,

Mailing Address 367 Pluff Mud Alley

City
Mount PleasantState
SCZip Code
29464-8149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Payment Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497600239015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Mcmillan, Brandi, , ,

Mailing Address 904 Twin Creek Drive

City
WylieState
TXZip Code
75098-6258FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
VP, Network Strategy & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497687139015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Young, Cynthia, Steen, ,

Mailing Address 1360 Normandy Dr.

City
NewarkState
OHZip Code
43055-9201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Ohio, Inc.Occupation (for Individual)
AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497733739015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

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

230.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Akotia, Dennis, S, ,

Mailing Address 928 Garfield Ave

City
BridgewaterState
NJZip Code
08807-1128FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Medicare Segment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497754439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Haremza, Lisa, , ,

Mailing Address 3131 Riverside Drive

City
Port HuronState
MIZip Code
48060-1874FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
Director, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497756339015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Faroughi, Cheryl, Ann, ,

Mailing Address 1442 Aniko Ave

City
Lewis CenterState
OHZip Code
43035-7918FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Member & Provider Support Center

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR497793639015

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

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

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

494.60

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Shrouds, Richard, , ,

Mailing Address 1949 Village Crossing Drive

City
Daniel IslandState
SCZip Code
29492-8542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of South Carolina, IOccupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : PR497799639015

Amount of Each Receipt this Period

140.00

☐ Memo Item

P/R Deduction (\$70.00 Bi-Weekly)

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

B. Bermudez-rodriguez, Grisselle, , ,

Mailing Address 2620 Voorhees Ave. Unit C

City
Redondo BeachState
CAZip Code
90278-2593FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Senior Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : PR497843239015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Eberle, Josiah, , ,

Mailing Address 6498 Montclair Drive

City
TroyState
MIZip Code
48085-1615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
AVP, Health Plan Quality & Risk Adjust

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : PR497905939015

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

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

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

564.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Komski, Jennifer, M., ,

Mailing Address 310 S 3rd St

City
PinehurstState
IDZip Code
83850FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare of Washington, Inc.Occupation (for Individual)
Manager, Healthcare Services Operatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR498440739015**

Amount of Each Receipt this Period

78.00

☐ Memo Item

P/R Deduction (\$39.00 Bi-Weekly)

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

B. Brawner, Laura, , ,Mailing Address 2400 Mellwood Ave
Apt 808City
LouisvilleState
KYZip Code
40206-1065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Program Director, PMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR499018239015**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

C. Abbott, Christopher, , ,

Mailing Address 8298 Sugarman Dr

City
La JollaState
CAZip Code
92037-2221FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Clinical Services LLCOccupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

813.16

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR499320339015**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

398.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Alderete, Eric, , ,

Mailing Address 1150 W. River Lane

City
Santa AnaState
CAZip Code
92706-1526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR499379539015

Amount of Each Receipt this Period

260.00

☐ Memo Item

P/R Deduction (\$130.00 Bi-Weekly)

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

B. Cangialosi, Jeffrey, , ,

Mailing Address 3908 Bryan Ave NW

City
AlbuquerqueState
NMZip Code
87114-5212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Growth Strategy & Proposal Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR499425339015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Cos, Katherine, , ,Mailing Address 2147 West Evergreen Avenue
Unit 201City
ChicagoState
ILZip Code
60622-8828FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Ohio, Inc.Occupation (for Individual)
Director, Government Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR499521439015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Morgan, Sara, , ,

Mailing Address 8006 W Winston Way

City
FranklinState
WIZip Code
53132-9019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare of Wisconsin, Inc.Occupation (for Individual)
Manager, Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR501940439015**

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

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

B. Pierce, Jack, , ,

Mailing Address 3255 E Bryce Lane

City
PhoenixState
AZZip Code
85050-8256FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Actuarial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR501949539015**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Herman, John, David, ,

Mailing Address 4322 Greenwood Lane

City
GrapevineState
TXZip Code
76051-6718FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Finance & Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR501950539015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

524.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Reeve, Jennifer, M, ,

Mailing Address 19 Lora Lane

City
HomerState
NYZip Code
13077-9496FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Manager, Pharmacy Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR502344139015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Unholz, Karen, Marie, ,

Mailing Address 3457 Hazelton Avenue

City

Rochester Hills

State

MI

Zip Code

48307-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
Director, Health Plan Member & Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR502345539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Bailey Abadilla, Martha, Jean, ,

Mailing Address 136 Shady Grove

City

Bulverde

State

TX

Zip Code

78163-3178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR502347539015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 50 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Gasper, Brandie, , ,

Mailing Address 2212 Rockefeller Ln #C

City
Redondo Beach

State
CA

Zip Code
90278-3705

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SVP, Deputy General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR507831039015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Gudz, Daniel, , ,

Mailing Address 675 White Cedar Way

City
Springboro

State
OH

Zip Code
45066-7132

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
CFO, Operational Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR510918339015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

C. Heldman, Robert, Christopher, ,

Mailing Address 110 Westwood Road

City
Columbus

State
OH

Zip Code
43214-3018

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Market Development & Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR511079439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

1153.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Tranquilli, Michelle, , ,

Mailing Address 7607 Range Rd

City
AlexandriaState
VAZip Code
22306-2425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR528794039015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Wilson, Michael, , ,

Mailing Address 920 Broadway

City
AlamedaState
CAZip Code
94501-6332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Chief Security Information Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR630170939015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Keim, Mark, , ,

Mailing Address 32 Old Cedar Lane

City
Johns IslandState
SCZip Code
29455-5658FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Senior EVP, Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR696021739015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

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

968.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Zubretsky, Joseph, , ,

Mailing Address 20 Nibang Avenue

City
Old SaybrookState
CTZip Code
06475-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR696438039015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Brazee, Danielle, , ,

Mailing Address 17830 Cinnamon Ct

City
LockportState
ILZip Code
60441-4758FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Illinois, Inc.Occupation (for Individual)
AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR696691039015

Amount of Each Receipt this Period

220.00

☐ Memo Item

P/R Deduction (\$110.00 Bi-Weekly)

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

C. Williams, Ruth, Laurie, ,

Mailing Address 820 Northbay Drive

City
MadisonState
MSZip Code
39110-8046FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Mississippi, Inc.Occupation (for Individual)
AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR696692539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

704.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Hein, Elizabeth, Lee, ,

Mailing Address 19225 Damson Rd N-1

City
LynnwoodState
WAZip Code
98036-4956FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Washington, Inc.Occupation (for Individual)
Director, Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR742818239015**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Sangani, Geeta, , ,

Mailing Address 6896 Page Hollow PI

City
FayettevilleState
NYZip Code
13066-9797FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR743739139015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Roever, Lorie, Jeanne, ,

Mailing Address 3111 Whitehead Ln

City
Land O LakesState
FLZip Code
34638-7201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR743741139015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

260.00

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

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

FOR LINE NUMBER: PAGE 54 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Brownell, Shira, ,

Mailing Address 309 Cypress Creek Road

City
Brandon

State
MS

Zip Code
39047-7659

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR743742639015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Woys, James, Edwin, ,

Mailing Address 3801 Mistico Ln

City
Franklin

State
TN

Zip Code
37064-9599

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Senior EVP, Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR745692639015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Letcher, Kelsey, A, ,

Mailing Address 8905 Fairway Hill Drive

City
Austin

State
TX

Zip Code
78750-3021

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
COO, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR746256539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

534.60

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

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

FOR LINE NUMBER: PAGE 55 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Huang, Eric, Chuang-Han, ,

Mailing Address 9886 Sturgeon Ave

City
Fountain Valley

State
CA

Zip Code
92708-4619

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of California

Occupation (for Individual)
Senior Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR746257339015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Tiernan, Shane, , ,

Mailing Address 3478 Canyon Estates Dr

City
Bountiful

State
UT

Zip Code
84010-3307

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Special Investigative Unit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR749068739015

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

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

C. Lurie, Steve, Ross, ,

Mailing Address 2019 Harriman Lane
Unit A

City
Redondo Beach

State
CA

Zip Code
90278-4227

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SVP, Customer Experience

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR749337739015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

734.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Pandit, Amit, Anand, ,

Mailing Address 2904 Military Ave

City
Los AngelesState
CAZip Code
90064-4024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Artificial Intelligence Enablement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR749585839015

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$150.00 Bi-Weekly)

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

B. Hebert, Maurice, S, ,

Mailing Address 35 Jefferson Dr

City
LexingtonState
MAZip Code
02420-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Chief Accounting Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR752566139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Strait, Erin, M, ,

Mailing Address 1202 Peachcreek Rd

City
CentervilleState
OHZip Code
45458-3266FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Financial Planning & Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR753115239015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

764.60

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 57 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Agarwal, Ritu, , ,

Mailing Address 4712 Bulova St

City
Torrance

State
CA

Zip Code
90503-1468

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Technical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR779102139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Jackson, Brennon, L, ,

Mailing Address 19285 Berclair Lane

City
Tarzana

State
CA

Zip Code
91356-5009

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR779164039015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Hoffman, Sean, P, ,

Mailing Address 3800 Henshaw Road

City
West Sacramento

State
CA

Zip Code
95691-5473

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Director, Regional State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR835494739015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

664.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 58 OF 103
(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Dees, Jason, Barkley, ,

Mailing Address PO Box 14

City
New AlbanyState
MSZip Code
38652-0014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
EVP, Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR835563439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Way, Jenny, Yann-Jen, ,

Mailing Address 1947 109th Ave NE

City
BellevueState
WAZip Code
98004-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Washington, Inc.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR835669339015

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

C. Johnson, David, D, ,

Mailing Address 41 Pacheco Creek Dr

City
NovatoState
CAZip Code
94949-6633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Senior Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR835669539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

604.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Sandoval, Jennifer, L, ,

Mailing Address 2512 Rio Orilla Ln NW

City
AlbuquerqueState
NMZip Code
87120-3180FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of New Mexico, Inc.Occupation (for Individual)
VP, Network Management & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR835703539015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Stone, Elizabeth, Grussenmeyer, ,

Mailing Address 8020 Rob Roy Ln

City
Granite BayState
CAZip Code
95746-9336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Senior Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR835779839015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Utter, Julie, D, ,

Mailing Address 5742 Sandhill Dr

City
MiddletonState
WIZip Code
53562-5254FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Wisconsin, Inc.Occupation (for Individual)
AVP, Health Plan Quality & Risk Adjust

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR835780739015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

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

819.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Hooper, Barbara, Ann, ,

Mailing Address 8626 Rockporte Court

City
RosevilleState
CAZip Code
95747-6389FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR835781639015**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Easterday, Michael, E, ,

Mailing Address 6748 Cinnamon Dr Sparks

City
SparksState
NVZip Code
89436-6476FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Market Development & Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR837670039015**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Rish, James, Alfred, ,

Mailing Address 2858 Hosta Cove

City
TupeloState
MSZip Code
38801-8184FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Clinical Services LLCOccupation (for Individual)
National Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

346.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR840255339015**

Amount of Each Receipt this Period

77.00

☐ Memo Item

P/R Deduction (\$38.50 Bi-Weekly)

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

227.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 61 OF 103
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Mathis, Paula, D, ,

Mailing Address 8719 Pine Pl

City
ReynoldsburgState
OHZip Code
43068-3696FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Ohio, Inc.Occupation (for Individual)
Director, Health Plan Member & Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR849041539015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Spaulding, Edgar, , ,

Mailing Address 1476 W Hamilton Ave

City
San PedroState
CAZip Code
90731-6000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Customer Experience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR849176339015

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

C. Quijano, Julio, Cesar, ,

Mailing Address 3365 California Ave

City
El MonteState
CAZip Code
91731-3133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Risk & Quality Performance Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR849290739015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Therrian, Amanda, Gayle, ,

Mailing Address 8709 Parry Lane

City
AlexandriaState
VAZip Code
22308-2440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR849623339015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Reynolds, David, Thomas, ,

Mailing Address 1670 Peregrine Point Dr

City
SarasotaState
FLZip Code
34231-2331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
EVP, Health Plans & COO, Medicaid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR867320739015

Amount of Each Receipt this Period

384.00

☐ Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

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

C. Tropiano, Pamela, , ,

Mailing Address 9060 McKinley Drive

City
NorthfieldState
OHZip Code
44067-1219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Ohio, Inc.Occupation (for Individual)
VP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR873122639015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

968.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Williams, Justin, , ,

Mailing Address 2120 Crested Butte Dr

City
White LakeState
MIZip Code
48383-2376FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Michigan, Inc.Occupation (for Individual)
AVP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR887104439015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Mcardle, Erin, , ,

Mailing Address 7628 Polk St

City
Forest ParkState
ILZip Code
60130-2230FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR887762639015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Bamford, Jeremy, James, ,

Mailing Address 6858 Turtlemound Rd

City
New Smyrna BeachState
FLZip Code
32169-5039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Payment Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR890682139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

564.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Slaughter, Angela, , ,

Mailing Address 101 Patrick Dr

City
BeaufortState
SCZip Code
29902-5710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of South Carolina, IOccupation (for Individual)
Director, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR890685739015

Amount of Each Receipt this Period

76.92

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

B. Federici, Kristen, , ,

Mailing Address 2714 North Alder St

City
TacomaState
WAZip Code
98407-6223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Regional State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR893130239015

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

C. Tong, Alan, , ,

Mailing Address 1217 Goldenview Dr

City
CoronaState
CAZip Code
92882-8730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Chief Digital Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR903193739015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

581.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Sivori, John, P, ,

Mailing Address 9312 Lancashire Ct

City
Elk GroveState
CAZip Code
95758-4762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Pharmacy Benefit Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR903219939015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Osborn, Shannon, M, ,

Mailing Address 1528 Lindby Dr.

City
Flower MoundState
TXZip Code
75028-3623FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR903406139015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Menkowski, Mark, , ,Mailing Address 50 Riverside Dr
Apt 13FCity
New YorkState
NYZip Code
10024-6508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Mergers & Acquisitions

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR908817439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

969.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Packard, Marnie, Suzanne, ,

Mailing Address 1400 W Ranch Rd

City
BoiseState
IDZip Code
83702-1448FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Utah, Inc.Occupation (for Individual)
VP, Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR908819239015**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Siepel, Cristina, Nieves, ,Mailing Address 203 La Paloma
Unit A

City

San Clemente

State
CAZip Code
92672-5115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR909910639015**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Sadler, Ryan, , ,

Mailing Address 8907 Coltsfoot Trace

City

Prospect

State
KYZip Code
40059-7674FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Kentucky, Inc.Occupation (for Individual)
SVP, Health Plans

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR913058839015**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

869.20

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

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

FOR LINE NUMBER: PAGE 67 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Saavedra, Buffie, Ann, ,

Mailing Address 2904 Topeka SE

City
Albuquerque

State
NM

Zip Code
87102-5146

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Director, Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR921281639015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Navarro, Monica, , ,

Mailing Address 1066 Twin Branch Ln

City
Weston

State
FL

Zip Code
33326-2827

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Cost of Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR921362439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Hagan-Lackner, Colleen, Casey, ,

Mailing Address 14820 Huntridge Circle

City
Louisville

State
KY

Zip Code
40245-8474

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Government Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR921570939015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

514.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Pakula, Kathryn, , ,

Mailing Address 10910 Robinhood St

City
WestchesterState
ILZip Code
60154-4950FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Illinois, Inc.Occupation (for Individual)
Director, Quality Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR921571839015

Amount of Each Receipt this Period

76.92

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

B. Fowler, Jane, , ,Mailing Address N21W24165 Garden Circle
9CCity
PewaukeeState
WIZip Code
53072-4681FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR922610239015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Valentine, Suzette, , ,

Mailing Address 70 Henry Hill Drive

City
FairfieldState
VAZip Code
24435-2242FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
EVP, Integration & Transformation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR922725939015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

661.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Stone, Stephanie, , ,

Mailing Address 4424 Burgundy Dr

City
LouisvilleState
KYZip Code
40299-4070FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Kentucky, Inc.Occupation (for Individual)
VP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR922727439015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Poetschke-Snider, Rebecca, Grace, ,

Mailing Address 39 Evans Trail

City
TiptonState
MIZip Code
49287-9728FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Clinical Services LLCOccupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR922780839015

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Hernandez, Jacqueline, , ,

Mailing Address 1909 S. 11th St Las Vegas St.

City
Las VegasState
NVZip Code
89104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Enterprise Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR922783039015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Weber, Stephen, A, ,

Mailing Address 607 Lees Crossing Rd

City
JohnsonvilleState
NYZip Code
12094-1808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR926007339015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Faust, Lisa, R, ,

Mailing Address 1555 Hillside Landing Dr.

City
Tarpon SpringsState
FLZip Code
34688-5301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR926013339015**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Schierer, Timothy, David, ,

Mailing Address 1174 8TH Ave

City
GracevilleState
FLZip Code
32440-2418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Healthcare Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR926550539015**

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

584.60

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

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

FOR LINE NUMBER: PAGE 71 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Basham, Nicole, , ,

Mailing Address 75 Frys Oldburg

City
Bagdad

State
KY

Zip Code
40003-6035

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
COO, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

04 / 30 / 2026

Transaction ID : PR926827839015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Agarwal, Sanjay, , ,

Mailing Address 11070 N. Sierra Ranch Dr.

City
Davie

State
FL

Zip Code
33324-4282

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR926839139015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Greenwood, Mark, Robert, ,

Mailing Address 6243 W. 10480 N.

City
Highland

State
UT

Zip Code
84003-9292

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1019.20

Date of Receipt

04 / 30 / 2026

Transaction ID : PR926902839015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

684.60

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

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

FOR LINE NUMBER: PAGE 72 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Weikel, Kathryn, Michelle, ,

Mailing Address 5602 Chenoweth Run Road

City
Louisville

State
KY

Zip Code
40299-4249

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Health Plan Quality & Risk Adjust

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR926920539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Uhl, Erin, , ,

Mailing Address 8946 Pete Reisert Road

City
Palmyra

State
IN

Zip Code
47164-9503

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.74

Date of Receipt

04 / 30 / 2026

Transaction ID : PR935828739015

Amount of Each Receipt this Period

69.72

☐ Memo Item

P/R Deduction (\$34.86 Bi-Weekly)

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

C. DAngelo, Jack, , ,

Mailing Address 3 Carpender Rd.

City
New Brunswick

State
NJ

Zip Code
08901-1501

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

04 / 30 / 2026

Transaction ID : PR935852839015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

369.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 73 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Andrade, Minnie, , ,

Mailing Address 8256 W. Electra Lane

City
PeoriaState
AZZip Code
85383-1698FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Arizona, Inc.Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR935866939015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Parris, Cheryl, Allison, ,

Mailing Address 64 Irving Avenue

City
FreeportState
NYZip Code
11520-5907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Whole Health of New York, Inc.Occupation (for Individual)
AVP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR935869839015

Amount of Each Receipt this Period

76.92

☐ Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

C. Sprunger, Joshua, , ,

Mailing Address 4110 E Sacaton St

City
PhoenixState
AZZip Code
85044-1817FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Growth Strategy & Proposal Devel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR935873539015

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

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

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

426.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Reese, Dave, , ,

Mailing Address 1956 Cobblestone Dr

City
Heber CityState
UTZip Code
84032-3987FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR935879539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Mooney, Josiah, , ,

Mailing Address 2105 Parkway Pl.

City
TylerState
TXZip Code
75701-4754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Whole Health, LLCOccupation (for Individual)
AVP, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR935922039015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Jensen, Shanna, J, ,

Mailing Address 428 Hyland Drive

City
StoughtonState
WIZip Code
53589-1137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Management Group, LLCOccupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1384.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR935984339015

Amount of Each Receipt this Period

307.70

☐ Memo Item

P/R Deduction (\$153.85 Bi-Weekly)

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

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

607.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Berringer, Robert, , ,

Mailing Address 11653 Rutgers Drive

City
RichmondState
VAZip Code
23233-1685FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR936001939015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Bielo, Jessica, , ,

Mailing Address 9 South Ireland Place

City
AmityvilleState
NYZip Code
11701-3614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Whole Health of New York, Inc.Occupation (for Individual)
VP, Government Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR936003139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Armendariz, Irene, Almanza, ,

Mailing Address 411 Bella Montagna Circle

City
LakewayState
TXZip Code
78734-2666FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR936006339015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

684.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 103
(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Hernandez-Piloto, Dolores, , ,

Mailing Address 10017 N Miami Avenue

City
Miami ShoresState
FLZip Code
33150-1215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare of Florida, Inc.Occupation (for Individual)
Director, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR936019839015**

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Como, Anthony, Eric, ,

Mailing Address 260 Mingo Road

City
WexfordState
PAZip Code
15090-7556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Senior Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR936020339015**

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. McGuire, Margaret, A, ,

Mailing Address 5106 Romay Court

City
MadisonState
WIZip Code
53711-4335FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026**Transaction ID : PR936033039015**

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 77 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Starbucks, Jenny, , ,

Mailing Address 1183 E. Cedar St.

City
TempeState
AZZip Code
85281-6024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Arizona, Inc.Occupation (for Individual)
Director, Health Plan Quality & Risk A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR936038039015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Totten, Abbie, A, ,

Mailing Address 730 El Encino Way

City

Sacramento

State
CAZip Code
95864-5216FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of CaliforniaOccupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR936143039015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Fathi, Daniel, Jay, ,

Mailing Address 4210 1st Ave NW

City

Seattle

State
WAZip Code
98107-4302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Washington, Inc.Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 30 2026

Transaction ID : PR936924339015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

849.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Stocking, Sarah, Lynne, ,

Mailing Address 18600 Blue Skies Ct

City
LivoniaState
MIZip Code
48152-2678FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
National Risk & Quality Performance M

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR937185039015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Demase, Hillary, Rose, ,

Mailing Address 1038 State Route 4

City
NaselleState
WAZip Code
98638-8506FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR953045239015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Locke, James, , ,

Mailing Address 8810 Balcones Club Dr

City
AustinState
TXZip Code
78750-3006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
Director, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR956589439015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

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

260.00

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

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

FOR LINE NUMBER: PAGE 79 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Hambleton, Scott, L., ,

Mailing Address 174 Northshore Way

City
MadisonState
MSZip Code
39110-7177FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Mississippi, Inc.Occupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR957813839015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Coffey, Donald, Christopher, ,

Mailing Address 5808 Southwind Lane

City
McKinneyState
TXZip Code
75070-4869FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
SVP, Health Plans

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR958340039015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Silard, Kevin, Patrick, ,

Mailing Address 342 Severn Road

City
CrownsvilleState
MDZip Code
21032-1805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Regional State Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR958664039015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

684.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 103

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Brennan, Jerry, C., ,

Mailing Address 6999 Highgrove Lane

City
CrestwoodState
KYZip Code
40014-8620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Process Improvement & Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR958667839015

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

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

B. Sell Holdeman, Catherine, , ,

Mailing Address 2139 E Laurel

City
MesaState
AZZip Code
85213-2272FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Arizona, Inc.Occupation (for Individual)
AVP, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR959117539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

P/R Deduction (\$0.00 Bi-Weekly)

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

C. Dillingham, Charlie, , ,

Mailing Address 4016 Russellwood Dr.

City
NashvilleState
TNZip Code
37204-4028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Financial Reporting

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR959436039015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 103

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Hood, Susan, G., ,

Mailing Address 7909 Spring Run

City
North Richland HillsState
TXZip Code
76182-7351FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
AVP, Health Plan Quality & Risk Adjust

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR959628139015

Amount of Each Receipt this Period

86.00

☐ Memo Item

P/R Deduction (\$43.00 Bi-Weekly)

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

B. Fogarty, Ryan, B., ,

Mailing Address 34 Tague Rd.

City
TroyState
NYZip Code
12182-4405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of New York, Inc.Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR959872539015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Vermeer, Jennifer, H., ,

Mailing Address 604 Polk Blvd

City
Des MoinesState
IAZip Code
50312-2333FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Iowa, Inc.Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR959942639015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

670.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 103
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Gahagan, Kimberly, , ,

Mailing Address 3729 Royal Fortune Dr.

City
Las VegasState
NVZip Code
89141-6124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Nevada, Inc.Occupation (for Individual)
AVP, Health Plan Growth & Community

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR959942739015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Brendel, William, Brian, ,

Mailing Address 7821 N River Crossing

City
China SpringState
TXZip Code
76633-3052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR960047939015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. Kuchlewski, Lori, A, ,

Mailing Address 32 East Grove Street

City
MassapequaState
NYZip Code
11758-5429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Director, Reporting & Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR969616939015

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

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

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

450.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 OF 103

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Williams, Kathryn, , ,

Mailing Address 174 Jefferson St

City

Franklin Square

State

NY

Zip Code

11010-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

Manager, Learning & Development

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : PR969761039015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Simmons, Alisa, A, ,

Mailing Address 74 Salem Rd

City

Rockville Centre

State

NY

Zip Code

11570-1845

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare of New York, Inc.

Occupation (for Individual)

AVP, Health Plan Quality & Risk Adjust

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : PR969843339015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Lassiter, Christy, C., ,

Mailing Address 444 Empire Chester Highway

City

Empire

State

GA

Zip Code

31014-4804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

AVP, National Value-Based Contracting

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2026

Transaction ID : PR970345039015

Amount of Each Receipt this Period

90.00

☐ Memo Item

P/R Deduction (\$45.00 Bi-Weekly)

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

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

240.00

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

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

FOR LINE NUMBER: PAGE 84 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Gildred, Tory, , ,

Mailing Address 4328 Baker Ave NW

City
Seattle

State
WA

Zip Code
98107-4349

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
AVP, Behavioral Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR970345339015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

B. Bacon, Debra, J., ,

Mailing Address 2013 N 1st Avenue

City
Phoenix

State
AZ

Zip Code
85003-1156

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
EVP, Medicaid

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR970346539015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Plaksin, Kathryn, Hall, ,

Mailing Address 5386 Mesa Edge Court

City
Las Vegas

State
NV

Zip Code
89135-9140

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Senior Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR971447939015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

534.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Shaffer, Mark, B., ,

Mailing Address 430 Rockhill Dr.

City
San AntonioState
TXZip Code
78209-2317FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Texas, Inc.Occupation (for Individual)
VP, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR971697939015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

B. Rosemond, Kristin, , ,Mailing Address 1139 Arcadia Ave
Unit 4City
ArcadiaState
CAZip Code
91007-7063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of CaliforniaOccupation (for Individual)
AVP, Provider Network Management &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR974888839015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

C. Stick, Erin, , ,

Mailing Address 1548 Seafarer Ln

City
Virginia BeachState
VAZip Code
23454-1442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR974953439015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Sylvander, Ronald, , ,

Mailing Address 417 North Martha Street

City
LombardState
ILZip Code
60148-1717FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR974959939015

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

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

B. Chandramouli, Varsha, , ,

Mailing Address 1337 Turnberry Lane

City
MundeleinState
ILZip Code
60060-1023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Illinois, Inc.Occupation (for Individual)
Chief Medical Officer, Health Plan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR974960339015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Santana, Daniel, , ,Mailing Address 229 Route 202
Apt. 1VCity
PomonaState
NYZip Code
10970-2618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of New York, Inc.Occupation (for Individual)
Manager, Business Development & Ben

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR975578339015

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

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

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

504.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 103

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Tomba, Susan, M., ,

Mailing Address 7385 Parkstone Lane

City
Bloomfield HillsState
MIZip Code
48301-4028FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Financial Planning & Analysis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR976020739015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Ehrlich, Karen, B., ,

Mailing Address 1049 Glendevon Drive

City
AmblerState
PAZip Code
19002-1855FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
AVP, Information Governance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR980173239015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Hall, Tiffany, , ,

Mailing Address 9039 Clovercroft Preserve Dr

City
FranklinState
TNZip Code
37067-2549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Kentucky, Inc.Occupation (for Individual)
Senior Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR981234339015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Graham, William, J., ,

Mailing Address 38 Cypress St

City
MedfieldState
MAZip Code
02052-1910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Whole Health, LLCOccupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR981604139015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

B. Stroshine, Jennifer, L., ,

Mailing Address 90 Breezy PT

City
GadsdenState
ALZip Code
35901-7711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Nevada, Inc.Occupation (for Individual)
Advanced Practice Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR981607339015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Carroll, Anthony, Joseph, ,

Mailing Address 525 60th Street

City
Des MoinesState
IAZip Code
50312-1404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Iowa, Inc.Occupation (for Individual)
VP, Government Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR984441639015

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Burke, Paul, , ,

Mailing Address 42 Marlboro Road

City
WoburnState
MAZip Code
01801-3409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Senior Whole Health, LLCOccupation (for Individual)
Director, Health Plan Provider Contract

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR984445539015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Russell, Richard, Paul, ,

Mailing Address 7857 Boulder Ct

City

West Des Moines

State

IA

Zip Code

50266-2665

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Iowa, Inc.Occupation (for Individual)
VP, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR984543639015

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

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

C. Marston, Brian, , ,

Mailing Address 409 Kimberly Drive

City

West Burlington

State

IA

Zip Code

52655-1507

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Iowa, Inc.Occupation (for Individual)
AVP, Long-Term Services & Supports (L

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR984753239015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

372.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Newton, Tom, , ,

Mailing Address 1362 72nd Street

City
Windsor HeightsState
IAZip Code
50324-1310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Iowa, Inc.Occupation (for Individual)
VP, Network Management & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR984758439015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Powell-Voigt, Mary, Catherine, ,

Mailing Address 2504 West Jetton Ave

City
TampaState
FLZip Code
33629-5323FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
VP, Product Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR985621239015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Prime, Lauren, Elizabeth, ,

Mailing Address 1123 S 6th Ave W

City
NewtonState
IAZip Code
50208-3535FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR985775539015

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

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

564.60

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

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

FOR LINE NUMBER: PAGE 91 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Thevenot, Scott, A., ,

Mailing Address 38201 S. Lakeview Drive

City
Prairieville

State
LA

Zip Code
70769-8300

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Network Strategy & Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR985920439015

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

B. Dugan, Jason, , ,

Mailing Address 50 via Ceramica

City
San Clemente

State
CA

Zip Code
92673-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of California

Occupation (for Individual)
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR988659539015

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Baughman, Robert, J, ,

Mailing Address PO Box 3556

City
Incline Village

State
NV

Zip Code
89450-3556

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR988855739015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

484.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 103

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Beach, Jessica, Elizabeth, ,

Mailing Address 1109 Foxberry Ln

City
MaidenState
NCZip Code
28650FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of Washington, Inc.Occupation (for Individual)
Director, Health Equity & Cultural Com

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR989593239015

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Amara, Jennifer, , ,

Mailing Address 222 Griswold Dr

City
HartfordState
CTZip Code
06119-1023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
SVP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2026

Transaction ID : PR989594139015

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

464.60

54868.58

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 103

☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Rick W. Allen For Congress

Mailing Address P. O. Box 338

City
AugustaState
GAZip Code
30903

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Allen, Rick, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 12

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00504019

Transaction ID : 19628289

Amount of Each Disbursement this Period

2000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. People For Ben

Mailing Address PO Box 25371

City
AlbuquerqueState
NMZip Code
87125

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Lujan, Ben, Ray, Rep., Jr.

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: NM

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00443689

Transaction ID : 19628290

Amount of Each Disbursement this Period

2500.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Freedom FundMailing Address 701 8th St. NW
Suite 500City
WashingtonState
DCZip Code
20001

Purpose of Disbursement

2026 Contribution

011

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00390674

Transaction ID : 19628296

Amount of Each Disbursement this Period

5000.00

☐ Memo Item 2026 Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►

9500.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Delbene For Congress

Mailing Address PO Box 477

City
KirklandState
WAZip Code
98083

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

DelBene, Suzan, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: WA

District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00459099

Transaction ID : 19628298

Amount of Each Disbursement this Period

2500.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For CongressMailing Address 19855 W. Outer Dr.
Suite 103 A-ECity
DearbornState
MIZip Code
48124

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Dingell, Debbie, Insley, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 12

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00558213

Transaction ID : 19628299

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Elizabeth Pannill Fletcher For CongressMailing Address 3262 Westheimer Rd
#636City
HoustonState
TXZip Code
77098

Purpose of Disbursement

2026 US General Election Contribution

011

Candidate Name

Fletcher, Elizabeth, Pannill, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 07

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00640045

Transaction ID : 19628300

Amount of Each Disbursement this Period

2500.00

☐ Memo Item 2026 US General Election Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►

6000.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Fry For Congress

Mailing Address PO Box 14641

City
Surfside BeachState
SCZip Code
29587

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Fry, Russell, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC

District: 07

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00786657

Transaction ID : 19628301

Amount of Each Disbursement this Period

1500.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Brian Jack For CongressMailing Address 225 Market Place Connector
Num 1055City
Peachtree CityState
GAZip Code
30269

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Jack, Brian, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: GA

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00872473

Transaction ID : 19628302

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Mike Kennedy For UtahMailing Address 55 N Merchant Street
#1324City
American ForkState
UTZip Code
84003

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Kennedy, Michael, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00864488

Transaction ID : 19628303

Amount of Each Disbursement this Period

2500.00

☐ Memo Item 2026 US Primary Election Contribution

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

5000.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Susie Lee For CongressMailing Address 5130 S Fort Apache Rd
Ste 215-382City
Las VegasState
NVZip Code
89148

Purpose of Disbursement

2026 US Primary Election Contributions

011

Category/
Type

Candidate Name

Lee, Susie, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00655613

Transaction ID : 19628304

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election
Contributions

Full Name (Last, First, Middle Initial)

B. Mannion For New York

Mailing Address PO Box 11131

City
SyracuseState
NYZip Code
13218

Purpose of Disbursement

2026 US Primary Election Contribution

011

Category/
Type

Candidate Name

Mannion, John, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: NY

District: 22

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00845461

Transaction ID : 19628305

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election
Contribution

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
SpringfieldState
MAZip Code
01108

Purpose of Disbursement

2026 US General Election Contribution

011

Category/
Type

Candidate Name

Neal, Richard, E., Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MA

District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00226522

Transaction ID : 19628306

Amount of Each Disbursement this Period

5000.00

☐ Memo Item 2026 US General Election
Contribution

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

7000.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Jimmy Panetta For Congress

Mailing Address PO Box 103

City
Carmel ValleyState
CAZip Code
93924

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Panetta, Jimmy, Varni, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 20

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00592154

Transaction ID : 19628307

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Scott Peters For Congress

Mailing Address PO Box 22074

City
San DiegoState
CAZip Code
92192

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Peters, Scott, Harvey, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 52

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00503110

Transaction ID : 19628308

Amount of Each Disbursement this Period

2500.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. August Pfluger For Congress

Mailing Address PO Box 3530

City
San AngeloState
TXZip Code
76902

Purpose of Disbursement

2026 US General Election Contribution

011

Candidate Name

Pfluger, August, , Rep., II

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX

District: 11

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00719294

Transaction ID : 19628309

Amount of Each Disbursement this Period

2500.00

☐ Memo Item 2026 US General Election Contribution

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

6000.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Kristen For Michigan

Mailing Address PO Box 854

City
Bay CityState
MIZip Code
48707

Purpose of Disbursement

2026 US General Election Contribution

011

Candidate Name

McDonald Rivet, Kristen, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00864207

Transaction ID : 19628310

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US General Election Contribution

Full Name (Last, First, Middle Initial)

B. Kristen For Michigan

Mailing Address PO Box 854

City
Bay CityState
MIZip Code
48707

Purpose of Disbursement

2026 Primary Election Contribution

011

Candidate Name

McDonald Rivet, Kristen, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: MI

District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00864207

Transaction ID : 19628311

Amount of Each Disbursement this Period

2000.00

☐ Memo Item 2026 Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Kristen For Michigan

Mailing Address PO Box 854

City
Bay CityState
MIZip Code
48707

Purpose of Disbursement

2026 US General Election Contribution

011

Candidate Name

McDonald Rivet, Kristen, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00864207

Transaction ID : 19628312

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US General Election Contribution**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Stand With Sanchez

Mailing Address PO Box 83142

City
GaithersburgState
MDZip Code
20883

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Sanchez, Linda, Teresa, Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 38

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00384057

Transaction ID : 19628313

Amount of Each Disbursement this Period

2000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Mailing Address PO Box 1318

City
DeerfieldState
ILZip Code
60015

Purpose of Disbursement

2026 US General Election Contribution

011

Candidate Name

Schneider, Bradley, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: IL

District: 10

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00495952

Transaction ID : 19628316

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US General Election Contribution

Full Name (Last, First, Middle Initial)

C. Scholten For Congress

Mailing Address P.O. Box 6233

City
Grand RapidsState
MIZip Code
49510

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Scholten, Hillary, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00711317

Transaction ID : 19628318

Amount of Each Disbursement this Period

2000.00

☐ Memo Item 2026 US Primary Election Contribution

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

5000.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Suozzi For Congress

Mailing Address PO Box 669

City
Glen CoveState
NYZip Code
11542

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Suozzi, Thomas, R., Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 03

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00607200

Transaction ID : 19628319

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Emilia Sykes For Congress

Mailing Address P.O. Box 1347

City
AkronState
OHZip Code
44309

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Sykes, Emilia, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: OH

District: 13

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00801274

Transaction ID : 19628321

Amount of Each Disbursement this Period

2000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Derek Tran For Congress

Mailing Address 10441 Stanford Avenue, #395

City
Garden GroveState
CAZip Code
92842

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Tran, Derek, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 45

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00851790

Transaction ID : 19628324

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election Contribution

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

4000.00

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Gabe Vasquez For Congress

Mailing Address Drawer L

City
MesillaState
NMZip Code
88046

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Vasquez, Gabe, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00789404

Transaction ID : 19628326

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Debbie Wasserman Schultz For Congress

Mailing Address 1071

Twin Branch Ln

City
WestonState
FLZip Code
33326

Purpose of Disbursement

2026 US Primary Election Contribution

011

Candidate Name

Wasserman-Schultz, Debbie, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify)

State: FL

District: 23

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00385773

Transaction ID : 19628327

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Kristen For Michigan

Mailing Address PO Box 854

City
Bay CityState
MIZip Code
48707

Purpose of Disbursement

2026 General Election Contribution

011

Candidate Name

McDonald Rivet, Kristen, , Rep.,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

FEC Identification Number

C C00864207

Transaction ID : 19684587

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 General Election Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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

49500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. North Carolina Democratic Party - House Caucus

Mailing Address 220 Hillsborough Street

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

City
RaleighState
NCZip Code
27603

FEC Identification Number

C

Transaction ID : 19628329

Amount of Each Disbursement this Period

500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

☐ Memo Item 2026 Contribution

Full Name (Last, First, Middle Initial)

B. NC HOUSE GOP

Mailing Address 1506 Hillsborough St

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

City
RaleighState
NCZip Code
27605

FEC Identification Number

C

Transaction ID : 19628330

Amount of Each Disbursement this Period

1000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

☐ Memo Item 2026 Contribution

Full Name (Last, First, Middle Initial)

C. North Carolina Democratic Party Senate Caucus

Mailing Address P.O. Box 28163

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6	

City
RaleighState
NCZip Code
27611

FEC Identification Number

C

Transaction ID : 19628331

Amount of Each Disbursement this Period

500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

☐ Memo Item 2026 Contribution**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. North Carolina Republican Senate Caucus

Mailing Address 1506 Hillsborough Street

City
RaleighState
NCZip Code
27605

Purpose of Disbursement

2026 Contribution

Candidate Name

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	2	6		

FEC Identification Number

C

Transaction ID : 19628332

Amount of Each Disbursement this Period

1000.00

☐ Memo Item 2026 Contribution
B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item
C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

3000.00