

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 72

(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. Ronning, Glenda, , ,

Mailing Address 1 Bonito Ave

City
Long Beach

State
CA

Zip Code
90802-5429

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Sr Corporate Recruiter

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
05 / 31 / 2017

Transaction ID : PR477384416300

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. Syiek, Mary, , ,

Mailing Address 6662 Gate Hill Cir

City
Huntington Beach

State
CA

Zip Code
92648-2109

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SVP, Provider and Member Engagemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1928.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2017

Transaction ID : PR477384616300

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. Charlebois, Ellen, , ,

Mailing Address 2030 Silverlake Blvd

City
Frankfort

State
KY

Zip Code
40601-5306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Medicaid Solutions

Occupation (for Individual)
Dir, Implementation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2017

Transaction ID : PR477384816300

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