

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. 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 Engagemer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

01 / 31 / 2017

Transaction ID : PR477384615400

Amount of Each Receipt this Period

386.00

☐ Memo Item

P/R Deduction (\$193.00 Bi-Weekly)

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

B. Chambers, Richard, , ,

Mailing Address 785 E Bogert Trl

City
Palm Springs

State
CA

Zip Code
92264-9611

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SVP, Policy & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.12

Date of Receipt

01 / 31 / 2017

Transaction ID : PR477388715400

Amount of Each Receipt this Period

369.12

☐ Memo Item

P/R Deduction (\$184.56 Bi-Weekly)

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

C. Johnson, Scott, R, ,

Mailing Address N71W14757 Terriwood Dr.

City
Menomonee Falls

State
WI

Zip Code
53051-5191

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of WI

Occupation (for Individual)
Plan President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

01 / 31 / 2017

Transaction ID : PR477392715400

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)..... ►

1139.72