

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

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

FOR LINE NUMBER: PAGE 21 OF 86

(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. Kidd, Carl, T, ,**

Mailing Address 12210 Oyster Cove Court

City  
Stafford

State  
TX

Zip Code  
77477-2268

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Healthcare of TX

Occupation (for Individual)  
VP, Government Contracts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : PR477391122777**

Amount of Each Receipt this Period

576.90

☐ Memo Item

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

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

**B. Rote, Anne, , ,**

Mailing Address 5519 Caruth Blvd

City  
Dallas

State  
TX

Zip Code  
75209-3529

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Healthcare of TX

Occupation (for Individual)  
Plan President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : PR477392622777**

Amount of Each Receipt this Period

576.90

☐ Memo Item

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

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

**C. Johnson, Scott, R, ,**

Mailing Address 518 Lac La Belle Drive

City  
Oconomowoc

State  
WI

Zip Code  
53066-1529

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 ▼

1840.30

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2020

**Transaction ID : PR477392722777**

Amount of Each Receipt this Period

501.90

☐ Memo Item

P/R Deduction (\$167.30 Bi-Weekly)

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

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

1655.70