

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

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

FOR LINE NUMBER: PAGE 48 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. Fowler, Terry, K, ,

Mailing Address 3344 S Rockwell St

City  
GilbertState  
AZZip Code  
85297-2148FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Clinical Services LLCOccupation (for Individual)  
Sr Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

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

Transaction ID : PR497788822777

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

B. Moore, Janett, , ,

Mailing Address 11926 Briarton Wells

City  
San AntonioState  
TXZip Code  
78254-5483FEC ID number of contributing  
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.75

Date of Receipt

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

Transaction ID : PR497791922777

Amount of Each Receipt this Period

57.75

☐ Memo Item

P/R Deduction (\$19.25 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 of OHOccupation (for Individual)  
VP, Health Plan Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID : PR497793622777

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

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

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

447.75