

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="157807.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="173168.28"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="65139.52"/>	<input type="text" value="705375.74"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="238307.80"/>	<input type="text" value="863183.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61548.00"/>	<input type="text" value="686423.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="176759.80"/>	<input type="text" value="176759.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: / / To: / /

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).....	62743.00	619034.11
(ii) Unitemized	2396.52	84915.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	65139.52	703949.99
(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)	65139.52	703949.99
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	1425.75
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)).....▶	65139.52	705375.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	65139.52	705375.74

DETAILED SUMMARY PAGE
of Disbursements

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.....	17000.00	397000.00
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).....	44548.00	289423.75
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)) ..	61548.00	686423.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61548.00	686423.75

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)	65139.52	703949.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	65139.52	703949.99
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

**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)	PAGE 6 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brasier, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27360 Hickory Blvd
 City Bonita Springs State FL Zip Code 34134-8407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. - Board of Dir Occupation (for Individual) Director, Board of Directors
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 27 / 2023
Transaction ID : 17760631
 Amount of Each Receipt this Period 1666.68
 Memo Item
 2023 Molina Employee PAC Contribution 3 of 3

B. Wolf, Dale, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Longbridge Road
 City Savannah State GA Zip Code 31410-1062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. - Board of Dir Occupation (for Individual) Member, Board of Directors
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 27 / 2023
Transaction ID : 17760633
 Amount of Each Receipt this Period 2500.00
 Memo Item
 2023 Molina Employee PAC Contribution 2 of 2

C. Des Jardins, Terrisca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2757 Walnut Ridge Drive
 City Ann Arbor State MI Zip Code 48103-2182
 FEC 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 ▼ 1050.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR1002418732838
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	4316.68
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 7 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Rosario, Angel, Louie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 Kelly Blvd
 City Staten Island State NY Zip Code 10314-6148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) Dir, Retention
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR1003131332838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. AMICK, BRYAN, O?Neal, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 213 Hilton Village Drive
 City Chapin State SC Zip Code 29036-7535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) AVP, Government Contracts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR1003637532838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Doyle, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 Brook Crossing
 City Marlborough State CT Zip Code 06447-1164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Valued Based Contracting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR1007378332838
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	580.00
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: (check only one)	PAGE 8 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Barlow, Jeffrey, Don, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477351832838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Gutierrez, Salvador, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477352632838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Zevnik, Timothy, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477352832838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	849.20
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: (check only one)	PAGE 9 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. David, Jocelyn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11321 Candor St
 City Cerritos State CA Zip Code 90703-6523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Payables
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477353932838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Gutierrez, Veronica, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10279 Stafford St
 City Rancho Cucamonga State CA Zip Code 91730-3045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Lead Analyst, Config Info Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477354232838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Brown, Dana, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 467 Harvey
 City Pontiac State MI Zip Code 48341-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Dir, Health Plan Quality Improvement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1235.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477354432838
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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: (check only one)	PAGE 10 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Lee, Laurel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23403 NE 21st St
 City Sammamish State WA Zip Code 98074-4417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) VP, Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477356632838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Monsen, Brian, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11024 Rodnia Circle
 City Sandy State UT Zip Code 84092-4616
 FEC 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 ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477357232838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Roberts, Elisabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3690 Hillside Ave
 City Norco State CA Zip Code 92860-1551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Mgr, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477358732838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 11 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Marcotte, Michele, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5850 Gloxinia Dr
 City Yorba Linda State CA Zip Code 92887-3313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Dir, Government Contracts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477359732838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Mock, Rhonda, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2672 Westview Dr
 City Lincoln State CA Zip Code 95648-8279
 FEC 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 ▼ 660.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477362432838
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. Mayers, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8309 Medeiros Way
 City Sacramento State CA Zip Code 95829-8164
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Government Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477366232838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	474.60
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: (check only one)	PAGE 12 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Poling, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 Isaac Tharp St
 City Pataskala State OH Zip Code 43062-2503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Sr Analyst, Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477366532838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Pagone, Domenico, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13412 Montecito
 City Tustin State CA Zip Code 92782-8802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Network Strategy & Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477368232838
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$5.00 Bi-Weekly)

C. Donigian, David, H, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12720 Elgin
 City Huntington Woods State MI Zip Code 48070-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Chief Medical Officer, Health Plan
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477368532838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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: (check only one)	PAGE 13 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Cole, Ami, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8527 Pond View Lane
 City Powell State OH Zip Code 43065-7235
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477369232838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Buckley, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Manzanita Court
 City Walnut Creek State CA Zip Code 94595-1319
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477369932838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Simkins, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4715 E. Shaw Street
 City Long Beach State CA Zip Code 90803-1724
 FEC 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 ▼ 4224.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477370332838
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.20
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: (check only one)	PAGE 14 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Appel, Karyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17611 Maidstone Ave
 City Artesia State CA Zip Code 90701-3821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Process Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 445.50

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477371232838
 Amount of Each Receipt this Period 40.50
 Memo Item
 P/R Deduction (\$20.25 Bi-Weekly)

B. Lockwood, Tonya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 Butternut Ave
 City Royal Oak State MI Zip Code 48073-3280
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477371832838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Draper, Yolonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24686 Almond Ave
 City Eastpointe State MI Zip Code 48021-4231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Appeals & Grievances
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477372932838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	505.10
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: (check only one)	PAGE 15 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Baker, Delores, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1212 Hammrick Lane
 City Johns Island State SC Zip Code 29455-3283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1844.25

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477373032838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Pena, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Amy Ln
 City Redondo Beach State CA Zip Code 90278-5278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477376432838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Matthews, Sophia, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 Tee Garden Way
 City Davenport State FL Zip Code 33896-7837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Facilities
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477377032838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	440.00
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: (check only one)	PAGE 16 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Tadros, Lois, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3318 Farmdale Dr
 City Sterling Heights State MI Zip Code 48314-2833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477377532838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Howard, Whitney, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18717 43rd Dr SE
 City Bothell State WA Zip Code 98012-7664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) AVP, Network Strategy & Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477378032838
 Amount of Each Receipt this Period 22.00
 Memo Item
 P/R Deduction (\$11.00 Bi-Weekly)

C. Schueren, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7711 E. Wingtip Way
 City Scottsdale State AZ Zip Code 85255-4689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477379432838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	302.00
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: (check only one)	PAGE 17 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mendoza, Yolanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5432 Hayter Ave
 City Lakewood State CA Zip Code 90712-1630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Analyst, Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477379832838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Murdoch, Chloe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Dir, Political Action
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477381432838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Bell, Del, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4224.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477381532838
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	484.00
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: (check only one)	PAGE 18 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Parinello, Dana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14215 Raven Dr.
 City San Antonio State TX Zip Code 78223-6032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Facilities
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477383832838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Mardesich, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1321 Pine Street
 City Santa Monica State CA Zip Code 90405-2611
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477384132838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Bloom, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4550 NW 102 Place
 City Doral State FL Zip Code 33178-2276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Florida, Inc. Occupation (for Individual) Chief Medical Officer, Health Plan
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477384232838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	424.60
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: (check only one)	PAGE 19 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Mallak, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8439 S. Fountain Ct
 City Franklin State WI Zip Code 53132-2712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Wisconsin, Inc. Occupation (for Individual) VP, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477385332838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Lynam, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4510 El Mar Drive #404
 City Lauderdale By The Sea State FL Zip Code 33308-3778
 FEC 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 ▼ 4224.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477385532838
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

C. Saelens Bartleson, Holly, , Ms,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5049 Ederton Pl
 City New Albany State OH Zip Code 43054-9460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Health Plan Government Contracts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477385732838
 Amount of Each Receipt this Period 41.68
 Memo Item
 P/R Deduction (\$20.84 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	505.68
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: (check only one)	PAGE 20 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Sowards, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1811 Arapaho Tr
 City Mesquite State TX Zip Code 75149-6676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Dir, Long Term Svcs & Supports
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477387432838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Boim, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12028 Young Manor Drive
 City Midlothian State VA Zip Code 23113-2027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Business Development
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3719.20

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477389132838
 Amount of Each Receipt this Period 344.64
 Memo Item
 P/R Deduction (\$172.32 Bi-Weekly)

C. Price, Leslie, Caron, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3530 SW 144 Avenue
 City Miramar State FL Zip Code 33027-3771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr HR Business Partner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477389432838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	454.64
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: (check only one)	PAGE 21 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tarter, Stanley, Keith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12011 Santa Luz Drive #102
 City Fort Myers State FL Zip Code 33913-8169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Sr Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **880.00**

Date of Receipt **10 / 31 / 2023**
Transaction ID : PR477389632838
 Amount of Each Receipt this Period **80.00**
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Mcglinnen, Heidi, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1299 Fountain Drive
 City Troy State MI Zip Code 48098-4421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) AVP, Growth & Comm Engagement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1100.00**

Date of Receipt **10 / 31 / 2023**
Transaction ID : PR477389932838
 Amount of Each Receipt this Period **100.00**
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Smyth, Cameron, McLean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24802 Cerezo Court
 City Santa Clarita State CA Zip Code 91321-2585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Gov Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4600.00**

Date of Receipt **10 / 31 / 2023**
Transaction ID : PR477390132838
 Amount of Each Receipt this Period **200.00**
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	380.00
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: (check only one)	PAGE 22 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Babcock, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 322 Cherry Street
 PO Box 246
 City Almont State MI Zip Code 48003-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Program Manager, HCS
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477392332838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Stokes, Tabitha, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1209 Highland Drive
 City Mansfield State TX Zip Code 76063-2979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Gov Affairs Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477393332838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Roberts, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12116 E. Coldwater Road
 City Columbiaville State MI Zip Code 48421-8809
 FEC 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 ▼ 858.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477394332838
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	178.00
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: (check only one)	PAGE 23 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Briles, John, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Christine Dr
 City Grosse Pointe Farms State MI Zip Code 48236-3722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Medical Director II, Behavioral Hlth
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477394532838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Atkinson, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 53516 Fairchild
 City Macomb State MI Zip Code 48042-3323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Sr Specialist, Govt Contracts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477394732838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Otley, Christopher, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Willowbrook Ct
 City Potomac State MD Zip Code 20854-2501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Controller
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477395532838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	250.00
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: (check only one)	PAGE 24 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Kurtz, Ronald, Douglas, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023		
Mailing Address 2033 Kinclair Drive			Transaction ID : PR477396332838		
City Pasadena	State CA	Zip Code 91107-1019	Amount of Each Receipt this Period 384.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) EVP, Chief of Staff	P/R Deduction (\$192.00 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4224.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Conn, Amy, M, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023		
Mailing Address 54 Sycamore Ridge Drive			Transaction ID : PR477396832838		
City Powell	State OH	Zip Code 43065-9459	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Molina Healthcare of Ohio, Inc.		Occupation (for Individual) VP, Network Mgmt & Ops	P/R Deduction (\$192.30 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4230.60			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stevens, William, John, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023		
Mailing Address 1167 N. 1150 E			Transaction ID : PR477398332838		
City American Fork	State UT	Zip Code 84003-3527	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Molina Healthcare of Utah, Inc.		Occupation (for Individual) VP, Healthcare Services	P/R Deduction (\$40.00 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 880.00			

SUBTOTAL of Receipts This Page (optional).....▶	848.60
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: (check only one)	PAGE 25 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mcgivern, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3257 Northampton Drive
 City Hilliard State OH Zip Code 43026-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Gov Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477400032838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Knowles, Eartha, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 E. 2nd St 304
 City Long Beach State CA Zip Code 90803-5169
 FEC 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 ▼ 264.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477448532838
 Amount of Each Receipt this Period 24.00
 Memo Item
 P/R Deduction (\$12.00 Bi-Weekly)

C. Ramirez, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4133 Melrose St Apt. B
 City Riverside State CA Zip Code 92504-2534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Configuration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477454532838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	448.60
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: (check only one)	PAGE 26 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Johnson, Deborah, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36574 Deerhurst Court
 City Westland State MI Zip Code 48185-6990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Delegation Oversight
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477471832838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Boggs, Codruta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 680 E Ridge Dr
 City Alpine State UT Zip Code 84004-1691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477489932838
 Amount of Each Receipt this Period 23.00
 Memo Item
 P/R Deduction (\$11.50 Bi-Weekly)

C. Sharp, Kyle, Erinn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477635732838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	83.00
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: (check only one)	PAGE 27 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Rosenthal, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sr Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477636232838
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

B. Eckstein, Bettina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1957 Caversham Way
 City Folsom State CA Zip Code 95630-6252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.88

Date of Receipt 10 / 31 / 2023
Transaction ID : PR477664132838
 Amount of Each Receipt this Period 23.08
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

C. Putman, Deanna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18636 Clarks Run Rd
 City Mount Sterling State OH Zip Code 43143-9203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Dir, Provider Relations HP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR496310032838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	133.08
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: (check only one)	PAGE 28 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kalin, Robert, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4618 Merwin St
 City Houston State TX Zip Code 77027-6718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) VP, Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR496923132838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Valdez, David, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4224.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR496923832838
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

C. Bryant, Brad, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8028 Saybrook Drive
 City Westerville State OH Zip Code 43082-7771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Dir, Provider Contracts HP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR496923932838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	474.00
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: (check only one)	PAGE 29 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ji, Yaohua, , ,

Mailing Address 15194 Jennerette Ln

City Woodbridge State VA Zip Code 22193-6200

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir Actuarial Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.50

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497250332838

Amount of Each Receipt this Period 38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Khan, Sayeed, , ,

Mailing Address 294 PARK AVENUE

City Long Beach State CA Zip Code 90803-1755

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 ▼ 1130.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497250632838

Amount of Each Receipt this Period 150.00

Memo Item

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

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Welton, Jill, N, ,

Mailing Address 2613 E Clover Park Ave

City Mead State WA Zip Code 99021-7007

FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497262032838

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	218.50
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: (check only one)	PAGE 30 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bugayong, Manuel, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497262332838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Bentzien-Purrington, Michelle, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2847 Paxton Rd
 City Shaker Heights State OH Zip Code 44120-1821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Long Term Services & Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497265732838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Martin, Isabel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15222 Flallon Ave.
 City Norwalk State CA Zip Code 90650-6427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Claims
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497268432838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	604.60
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: (check only one)	PAGE 31 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Legbandt, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10451 Calle Leon NW
 City Albuquerque State NM Zip Code 87114-3762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, IT Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 605.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497269432838
 Amount of Each Receipt this Period 55.00
 Memo Item
 P/R Deduction (\$27.50 Bi-Weekly)

B. Blackwell, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 583
 City Germantown State WI Zip Code 53022-0583
 FEC 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 ▼ 1320.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497274032838
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. Rodriguez, Norma, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Dir, Provider Data Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497275832838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	275.00
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: (check only one)	PAGE 32 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Valunjkar, Anand, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 59 Serenity
 City Irvine State CA Zip Code 92618-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 352.25

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497282332838
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

B. Anderson, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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, Core Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497286232838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Springer, Kristy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2410 St Rt 314
 City Fredericktown State OH Zip Code 43019-9416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Provider Contracts Manager HP - Comp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497288932838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	463.10
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: (check only one)	PAGE 33 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Argumedo, Ruth, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497289032838
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$150.00 Bi-Weekly)

B. Mannion, Anna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 364 Palermo Dr
 City Ballwin State MO Zip Code 63021-6448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Provider Data Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497293832838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Andrews, Carol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6010 16th Avenue South
 City Tampa State FL Zip Code 33619-5428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Florida, Inc. Occupation (for Individual) Mgr, Provider Relations HP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497297432838
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	478.00
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: (check only one)	PAGE 34 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Hill, John, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497297532838
Mailing Address 5479 Ainsley Drive			Amount of Each Receipt this Period 30.00
City Westerville	State OH	Zip Code 43082-9598	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of Ohio, Inc.		Occupation (for Individual) Supv, Care Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rabe, Adriana, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497304432838
Mailing Address 535 E. Benbow St			Amount of Each Receipt this Period 120.00
City Covina	State CA	Zip Code 91722-2905	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) AVP, IT Product Line Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Amy, John, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497307532838
Mailing Address 14662 Dartmouth Circle			Amount of Each Receipt this Period 20.00
City Tustin	State CA	Zip Code 92780-6606	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Architect, Info Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional).....▶	170.00
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: (check only one)	PAGE 35 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Cubit, Phillip, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Director, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497307832838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Parekh, Dharmin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) AVP, Data Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497308332838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. McDaniel, Monique, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4851 Pepperwood Ave
 City Long Beach State CA Zip Code 90808-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Provider Services Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497311632838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	300.00
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: (check only one)	PAGE 36 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bowman, Jennifer, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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, Strategy & Capture
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3394.10

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497318632838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Greene, Christopher, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497327532838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Monclus, Nelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Dir, Provider Data Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497338632838
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	919.20
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: (check only one)	PAGE 37 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gordon, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497363032838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Swalheim, Evan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3974 Walnut Ave
 City Long Beach State CA Zip Code 90807-3750
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497364132838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Hoang, Bao, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 665 Clarion Place
 City Claremont State CA Zip Code 91711-2930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Configuration
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497372432838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	534.60
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: (check only one)	PAGE 38 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Hobbs, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 Logan Drive
 City Kerens State TX Zip Code 75144-2814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Mgr, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497374132838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Ontiveroz, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2909 Darlington Drive
 City Highland Village State TX Zip Code 75077-7908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Clinical Appeals Nurse (RN)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497384532838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Walters, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Melanie Lane
 City Troy State MI Zip Code 48098-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Pharmacy Clinical Strategies
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497395332838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 39 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Harper, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1279 W 19th St
 City San Pedro State CA Zip Code 90731-3815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Analyst, Finance & Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497395832838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Clarke, Rhonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6593 Haven Maple Drive
 City West Jordan State UT Zip Code 84081-4162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Marketplace Sales Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497397132838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Young, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9012 s Ridge Bend CT
 City Sandy State UT Zip Code 84094-7717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Utah, Inc. Occupation (for Individual) AVP, Growth & Comm Engagement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497404632838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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: (check only one)	PAGE 40 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A. Williams, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3118 E Villa Knolls Dr.
 City Pasadena State CA Zip Code 91107-1539
 FEC 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 ▼ 2530.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497416332838
 Amount of Each Receipt this Period 230.00
 Memo Item
 P/R Deduction (\$115.00 Bi-Weekly)

B. Cruz, Jody, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5391 E La Pasada
 City Long Beach State CA Zip Code 90815-4342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497418232838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Pineda, Melinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14270 Loma Esmeralda
 City El Paso State TX Zip Code 79938-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497423432838
 Amount of Each Receipt this Period 23.00
 Memo Item
 P/R Deduction (\$11.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	453.00
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: (check only one)	PAGE 41 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Moody, Gwendolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13130 Fry Rd
 Apt 1122
 City Cypress State TX Zip Code 77433-3352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Senior Instructional Designer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497432132838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Gardner, Freda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497436632838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Hamm, Leonard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Chief Medical Officer, Product
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3769.10

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497444932838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	624.60
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: (check only one)	PAGE 42 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Atia, Theodora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5320 La Fiesta
 City Yorba Linda State CA Zip Code 92887-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497457632838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Schley, Natalie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38134 Sarnette
 City CLINTON TOWNSHIP State MI Zip Code 48036-4037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497458132838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Tseng, Wendy, Y, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5729 Hersholt Ave.
 City Lakewood State CA Zip Code 90712-2032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497466732838
 Amount of Each Receipt this Period 24.00
 Memo Item
 P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	94.00
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: (check only one)	PAGE 43 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wheeler, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7757 Arnold Palmer Way
 City Las Vegas State NV Zip Code 89149-6490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Growth Strategy & Proposal Develo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497474132838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Luxon, Sally, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Dir, Configuration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497474832838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Brower, Sandra, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5233 Red Coral Circle
 City Mount Dora State FL Zip Code 32757-8076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Florida, Inc. Occupation (for Individual) AVP, Quality Improv & Risk Adj
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497477332838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	320.00
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: (check only one)	PAGE 44 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hansen, Lynette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11172 Heather Grove Lane
 City South Jordan State UT Zip Code 84095-1516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Utah, Inc. Occupation (for Individual) AVP, Quality Improv & Risk Adj
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2310.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497493132838
 Amount of Each Receipt this Period 210.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

B. Stokes, Rebecca, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8307 Parry Path
 City Converse State TX Zip Code 78109-3281
 FEC 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 ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497498632838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Batista, Dania, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8101 SW 143RD STREET
 City Palmetto Bay State FL Zip Code 33158-1568
 FEC 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 ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497499132838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	340.00
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: (check only one)	PAGE 45 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lemelin, Donovan, Leo, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2031 Dakota Way
 City Prairie Du Sac State WI Zip Code 53578-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Reporting & Analytics
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 327.25

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497500332838
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

B. Pantula, Nagesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4522 Robinwood Circle
 City Irvine State CA Zip Code 92604-2341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Applications
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497501832838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Hendrickson, Brandon, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1942 N 1700 E
 City Lehi State UT Zip Code 84043-7479
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497510832838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	463.10
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: (check only one)	PAGE 46 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Adams, Fay, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497513932838
Mailing Address 1661 N Greenbrier Rd			Amount of Each Receipt this Period 100.00
City Long Beach	State CA	Zip Code 90815-3924	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Regional Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tayag, Leonor, V, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497518932838
Mailing Address 1458 N Heathdale Ave			Amount of Each Receipt this Period 30.00
City Covina	State CA	Zip Code 91722-1444	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Sr Analyst, Finance & Analytics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Deuber, Peggy, Sue, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497525032838
Mailing Address 1168 Creekside PL			Amount of Each Receipt this Period 20.00
City Reynoldsburg	State OH	Zip Code 43068-3214	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Dir, Member Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 47 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Steward, Danita, Semone, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2525 Shady Ridge Drive
 City Bedford State TX Zip Code 76021-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497527932838
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

B. Martinez, Blanca, Iradia, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3302 Ladoga Ave
 City Long Beach State CA Zip Code 90808-4129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497532632838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Crano, Paula, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13170 N. Iron Hawk Drive
 City Prescott State AZ Zip Code 86305-4887
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Projects
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 435.50

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497550032838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	230.00
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: (check only one)	PAGE 48 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tran, Mimos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 Carmine
 City Irvine State CA Zip Code 92618-0878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Pharmacist, Clinical/MTM
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497550432838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Patterson, Bethany, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P O Box 994
 City Sylva State NC Zip Code 28779-0994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Director, Clinical Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497552432838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Zastrow, Raymond, Jude, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11701 River Ridge Dr.
 City Mequon State WI Zip Code 53092-2755
 FEC 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 ▼ 4230.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR497554632838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	494.60
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: (check only one)	PAGE 49 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Anderson, Sharon, Kelly, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12611 37th Place NE
 City Lake Stevens State WA Zip Code 98258-8239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497575432838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Goodson, Folyan, Ife, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3252 Rancho Companero
 City Carlsbad State CA Zip Code 92009-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Medical Director II
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497582032838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Zigon, Patricia, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135B S Boca Bay Lane
 City Surf City State NC Zip Code 28445-7049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) AVP, Quality Improv & Risk Adj
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497585532838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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: (check only one)	PAGE 50 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Wolf, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5742 Washington St.
 City Downers Grove State IL Zip Code 60516-1311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497587332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Briones-Rivas, Edna, Eloisa, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Pueblo St
 City Mission State TX Zip Code 78572-4936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Mgr, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497599232838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Nater, Randy, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1517 Amador Ave
 City Ontario State CA Zip Code 91764-1401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Dir, Behavioral Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497608232838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	454.60
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: (check only one)	PAGE 51 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Griffith, Lucinda, Susan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 406 North Main St
PO Box 24

City Sugar Grove State OH Zip Code 43155-9500

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Mgr, Healthcare Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497615632838

Amount of Each Receipt this Period 40.00

Memo Item

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

B. Bogarty, Melinda, Miracle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34082 Frank Drive

City Sterling Heights State MI Zip Code 48312-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Employee Relations Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497631532838

Amount of Each Receipt this Period 20.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

C. Wilson, Dora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 258 Forest Trail

City Isle Of Palms State SC Zip Code 29451-2528

FEC ID number of contributing federal political committee. **C**

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497644332838

Amount of Each Receipt this Period 384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	444.60
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: (check only one)	PAGE 52 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Vinkler, David, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4138 Milford Ln
 City Aurora State IL Zip Code 60504-2107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) VP, Government Contracts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497663232838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Watts, Sandra, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21W221 Hemstead Road
 City Lombard State IL Zip Code 60148-5148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Member Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497673532838
 Amount of Each Receipt this Period 24.00
 Memo Item
 P/R Deduction (\$12.00 Bi-Weekly)

C. Mendes, Robert, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8432 Grand Messina Circle
 City Boynton Beach State FL Zip Code 33472-7104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Supv, Care Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497681032838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	134.00
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: (check only one)	PAGE 53 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mcmillan, Brandi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 Twin Creek Drive
 City Wylie State TX Zip Code 75098-6258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) AVP, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497687132838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Aiken, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2428 S. 4th St.
 City SPRINGFIELD State IL Zip Code 62703-3404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) Supv, Quality Interventions/QI Complia
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497709232838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Cattani, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1371 NE 42nd AVE
 City Homestead State FL Zip Code 33033-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Florida, Inc. Occupation (for Individual) AVP, Health Plan Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497750232838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	330.00
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: (check only one)	PAGE 54 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Akotia, Dennis, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 928 Garfield Ave
 City Bridgewater State NJ Zip Code 08807-1128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Operating Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3332.20

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497754432838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Haremza, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3131 Riverside Drive
 City Port Huron State MI Zip Code 48060-1874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.25

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497756332838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Velez Irizarry, Raul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Santa Juanita Calle Elmira WR10
 City Bayamon State PR Zip Code 00956-5049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Puerto Rico, Inc. Occupation (for Individual) Sr Analyst, Tech Config Info Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497756732838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	454.60
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: (check only one)	PAGE 55 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Rodakowski, Tom, , ,			Date of Receipt 10 / 31 / 2023 Transaction ID : PR497775832838
Mailing Address 905 Maya Ct			Amount of Each Receipt this Period 20.00
City Glen Ellyn	State IL	Zip Code 60137-2003	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of Illinois, Inc.		Occupation (for Individual) VP, Health Plan Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dickman, Ann, Marie, ,			Date of Receipt 10 / 31 / 2023 Transaction ID : PR497787632838
Mailing Address 108 Timberline Dr N			Amount of Each Receipt this Period 20.00
City Colleyville	State TX	Zip Code 76034-3509	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer (for Individual) Molina Clinical Services LLC		Occupation (for Individual) Clinical Appeals Nurse (RN)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Moore, Janett, , ,			Date of Receipt 10 / 31 / 2023 Transaction ID : PR497791932838
Mailing Address 2875 FM 2676			Amount of Each Receipt this Period 38.50
City Hondo	State TX	Zip Code 78861-6259	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$19.25 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Dir, Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 423.50	

SUBTOTAL of Receipts This Page (optional).....	78.50
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: (check only one)	PAGE 56 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Faroughi, Cheryl, Ann, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497793632838
Mailing Address 1442 Aniko Ave			Amount of Each Receipt this Period 60.00
City Lewis Center	State OH	Zip Code 43035-7918	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of Ohio, Inc.		Occupation (for Individual) VP, Health Plan Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Murphy, Linda, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497797232838
Mailing Address 6099 Sycamore St			Amount of Each Receipt this Period 20.00
City Greendale	State WI	Zip Code 53129-2628	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of Wisconsin, Inc.		Occupation (for Individual) Mgr, Healthcare Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Shrouds, Richard, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR497799632838
Mailing Address 1949 Village Crossing Drive			Amount of Each Receipt this Period 140.00
City Daniel Island	State SC	Zip Code 29492-8542	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of South Carolina, I		Occupation (for Individual) Chief Medical Officer, Health Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1540.00		

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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: (check only one)	PAGE 57 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Gunia, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2911 S California St
 City Milwaukee State WI Zip Code 53207-2436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Growth Strategy & Proposal Develo
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497831032838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Bermudez-rodriquez, Grisselle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2620 Voorhees Ave. Unit C
 City Redondo Beach State CA Zip Code 90278-2593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497843232838
 Amount of Each Receipt this Period 280.00
 Memo Item
 P/R Deduction (\$140.00 Bi-Weekly)

C. Simmons, LaDawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 711 Pennywell Ct
 City Columbia State SC Zip Code 29229-8439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) Dir, Government Contracts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497870532838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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: (check only one)	PAGE 58 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Eze, Emeka, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18001 Highland Ave
 City Homewood State IL Zip Code 60430-1800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497884532838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Parthasarathy, Vijay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 923 W Webster Ave
 City Chicago State IL Zip Code 60614-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Market CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497896532838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Eberle, Josiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6498 Montclair Drive
 City Troy State MI Zip Code 48085-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) AVP, Quality Improv & Risk Adj
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497905932838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.00
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: (check only one)	PAGE 59 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carpineto, Kathy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Mill Creek Rd
 City Lexington State SC Zip Code 29072-2313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497913832838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Smith, Danielle, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2820 Makou Trl
 City Waukesha State WI Zip Code 53189-6875
 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 ▼ 3700.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497916132838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Killebrew, Laura, Jean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2017 Water Crest Drive
 City Fleming Island State FL Zip Code 32003-7224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Lead Analyst, Business Quality
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 242.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497931432838
 Amount of Each Receipt this Period 22.00
 Memo Item
 P/R Deduction (\$11.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	242.00
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: (check only one)	PAGE 60 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Feliciano, Hector, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3947 Grand Lakeview Way
 City Land O Lakes State FL Zip Code 34638-3580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Florida, Inc. Occupation (for Individual) VP, Government Contracts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1767.50

Date of Receipt 10 / 31 / 2023
Transaction ID : PR497933832838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Owens, Karen, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3544 Grayton
 City Detroit State MI Zip Code 48224-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Sr Analyst, Business
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR498057732838
 Amount of Each Receipt this Period 19.00
 Memo Item
 P/R Deduction (\$9.50 Bi-Weekly)

C. Anderson, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15902 23rd Lane SE
 City Mill Creek State WA Zip Code 98012-5836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) Sr Specialist, Health Plan Com
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR498357332838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	249.00
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: (check only one)	PAGE 61 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Komski, Jennifer, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 E Everett Ave
 City Spokane State WA Zip Code 99217-6204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) Mgr, HCS Operations Support
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR498440732838
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. Brawner, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Upland Rd
 City Louisville State KY Zip Code 40206-2834
 FEC 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 ▼ 1320.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499018232838
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. Webb, Tammy, Morton, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2849 Doncaster Drive
 City Charleston State SC Zip Code 29414-6737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499019832838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	218.00
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: (check only one)	PAGE 62 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Powell, Charlene, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR499025632838
Mailing Address 6205 Frazier Drive			Amount of Each Receipt this Period 60.00
City Plano	State TX	Zip Code 75024-3099	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Program Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 660.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Abbott, Christopher, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR499320332838
Mailing Address 8298 Sugarman Dr			Amount of Each Receipt this Period 200.00
City La Jolla	State CA	Zip Code 92037-2221	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer (for Individual) Molina Clinical Services LLC		Occupation (for Individual) Medical Director II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Weaver, Palmer, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR499322332838
Mailing Address 1143 E Castle Dale Cir			Amount of Each Receipt this Period 38.50
City Sandy	State UT	Zip Code 84094-7320	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$19.25 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Dir, Health Plan Pharmacy Svcs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 327.25	

SUBTOTAL of Receipts This Page (optional).....	298.50
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: (check only one)	PAGE 63 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Luce, Marcus, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1115 NW 161st Pl
 City Beaverton State OR Zip Code 97006-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Sr Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499352032838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Alderete, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1150 W. River Lane
 City Santa Ana State CA Zip Code 92706-1526
 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 ▼ 1023.16

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499379532838
 Amount of Each Receipt this Period 153.86
 Memo Item
 P/R Deduction (\$76.93 Bi-Weekly)

C. Cangialosi, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3908 Bryan Ave NW
 City Albuquerque State NM Zip Code 87114-5212
 FEC 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 ▼ 250.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499425332838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	223.86
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: (check only one)	PAGE 64 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jones, Michael, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5475 Sunset Falls Dr
 City Apollo Beach State FL Zip Code 33572-3144
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499441132838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Babos, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21927 W. Talia Lane
 City Deer Park State IL Zip Code 60010-7258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Chief Medical Officer, Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499443532838
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$150.00 Bi-Weekly)

C. Diaz, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10512 Brian Mooney
 City El Paso State TX Zip Code 79935-2811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Dir, Behavioral Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR499511332838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	714.60
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: (check only one)	PAGE 65 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Cos, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5216 Springdale Boulevard
 City Hilliard State OH Zip Code 43026-9232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Dir, Government Contracts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR499521432838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Crandell, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22571 Power Road
 City Farmington State MI Zip Code 48336-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) AVP, Government Contracts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR501934732838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Morgan, Sara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8006 W Winston Way
 City Franklin State WI Zip Code 53132-9019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Wisconsin, Inc. Occupation (for Individual) Mgr, Health Plan Behavioral Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 595.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR501940432838
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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: (check only one)	PAGE 66 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Pierce, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3255 E Bryce Lane
 City Phoenix State AZ Zip Code 85050-8256
 FEC 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 ▼ 3123.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR501949532838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Herman, John, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4322 Greenwood Lane
 City Grapevine State TX Zip Code 76051-6718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Finance & Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR501950532838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Canales, Sergio, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5364 Colony Hill Rd.
 City Fort Worth State TX Zip Code 76112-2819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Provider Contracts Manager HP - Core
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR502011332838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	494.60
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: (check only one)	PAGE 67 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Williams, Kelli, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7781 ROYAL PARK DR
 City Lewis Center State OH Zip Code 43035-6067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Supv, Care Review (RN)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR502340132838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Reeve, Jennifer, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Lora Lane
 City Homer State NY Zip Code 13077-9496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Pharmacy Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR502344132838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Unholz, Karen, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Dir, Health Plan Quality Improvement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR502345532838
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	160.00
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: (check only one)	PAGE 68 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Bailey Abadilla, Martha, Jean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR502347532838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Ruth, Rebecca, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2241 Conley Thompson Rd
 City Marion State OH Zip Code 43302-9532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR502349032838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Abdelwahed, Hossam, Saleh, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Sylvan
 City Irvine State CA Zip Code 92603-0202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Applications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR502351232838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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: (check only one)	PAGE 69 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gasper, Brandie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2715.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR507831032838
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Boose, Lawrence, Alvin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7920 Wilbur Avenue
 City Reseda State CA Zip Code 91335-1151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Digital Channel Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 847.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR509257932838
 Amount of Each Receipt this Period
 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. Zhang, Ning, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24020 22nd Ave W
 City Bothell State WA Zip Code 98021-9518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Lead Analyst, Tech Config Info Mgmt
 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
 10 / 31 / 2023
Transaction ID : PR509267132838
 Amount of Each Receipt this Period
 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	491.60
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: (check only one)	PAGE 70 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Gudz, Daniel, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 7165 Sheffield Way			Transaction ID : PR510918332838
City Waynesville	State OH	Zip Code 45068-8235	Amount of Each Receipt this Period 384.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) VP, Financial Planning & Analy	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4224.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wood, Julie, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 14301 Salal DR			Transaction ID : PR510918832838
City Edmonds	State WA	Zip Code 98026-3653	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Sr Analyst, Provider Configura	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kromer, Lisa, Winkleman, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 1084 Hills Plantation Drive			Transaction ID : PR511048232838
City Charleston	State SC	Zip Code 29412-8341	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare of South Carolina, I		Occupation (for Individual) Mgr, Healthcare Services	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 440.00		

SUBTOTAL of Receipts This Page (optional).....▶	464.00
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: (check only one)	PAGE 71 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DiSalvo, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5812 Baronscourt Way
 City Dublin State OH Zip Code 43016-6077
 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 ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR511053532838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Heldman, Robert, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) AVP, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR511079432838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Raftari, Rabia, Ghaussi, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3617 Valleyview Lane
 City West Bloomfield State MI Zip Code 48323-3363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Analyst, Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR511214232838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	260.00
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: (check only one)	PAGE 72 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Ruehle, David, Gregory, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 710 W Aster Pl
 City Santa Ana State CA Zip Code 92706-1166
 FEC 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 ▼ 340.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR511277232838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

B. Price, Theodore, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Elk Meadow
 City Clancy State MT Zip Code 59634-9695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Lead Engineer, Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR528193932838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Tranquilli, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7607 Range Rd
 City Alexandria State VA Zip Code 22306-2425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Gov Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR528794032838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	260.00
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: (check only one)	PAGE 73 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Chau, Diane, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR528796332838
Mailing Address 13037 Sundance Ave			Amount of Each Receipt this Period 40.00
City San Diego	State CA	Zip Code 92129-2308	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of California		Occupation (for Individual) Medical Director II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wilson, Michael, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR630170932838
Mailing Address 920 Broadway			Amount of Each Receipt this Period 384.60
City Alameda	State CA	Zip Code 94501-6332	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) CISO - Security Official	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1730.70	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hunter, Harold, W, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR695529132838
Mailing Address 28732 Mount Rose Road			Amount of Each Receipt this Period 30.00
City Rancho Palos Verdes	State CA	Zip Code 90275-1918	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Program Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional).....▶	454.60
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: (check only one)	PAGE 74 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Galatas, Bridget, , ,			Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 167 Cavanaugh Dr			Transaction ID : PR695530432838
City Madison	State MS	Zip Code 39110-6204	Amount of Each Receipt this Period 384.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc.		Occupation (for Individual) Plan President	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Keim, Mark, , ,			Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 61 Old South Road 574			Transaction ID : PR696021732838
City Nantucket	State MA	Zip Code 02554-2922	Amount of Each Receipt this Period 384.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Senior EVP, Chief Financial Officer	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4224.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zubretsky, Joseph, , ,			Date of Receipt MM / DD / YYYY 10 / 31 / 2023
Mailing Address 20 Nibang Avenue			Transaction ID : PR696438032838
City Old Saybrook	State CT	Zip Code 06475-3110	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) President and CEO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4230.60		

SUBTOTAL of Receipts This Page (optional).....▶	1152.60
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: (check only one)	PAGE 75 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Joiner, Thomas, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR696438132838
Mailing Address 422 Wimbledon Drive			Amount of Each Receipt this Period 384.60
City Brandon	State MS	Zip Code 39047-7339	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc.		Occupation (for Individual) Chief Medical Officer, Health Plan	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4230.60	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McGill, Latasha, M., , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR696690932838
Mailing Address 116 Bainbridge Crossing			Amount of Each Receipt this Period 50.00
City Canton	State MS	Zip Code 39046-6013	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) AVP, Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brazee, Danielle, , , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR696691032838
Mailing Address 17830 Cinnamon Ct			Amount of Each Receipt this Period 210.00
City Lockport	State IL	Zip Code 60441-4758	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$105.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of Illinois, Inc.		Occupation (for Individual) AVP, Growth & Comm Engagement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2245.00	

SUBTOTAL of Receipts This Page (optional).....▶	644.60
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: (check only one)	PAGE 76 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Chen, Nancy, I, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1823 Hill Drive
 City South Pasadena State CA Zip Code 91030-4023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) AVP, Provider Network Mgmt & Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR696692232838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Williams, Ruth, Laurie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 820 Northbay Drive
 City Madison State MS Zip Code 39110-8046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc. Occupation (for Individual) AVP, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 890.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR696692532838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Mulvin, Jeffrey, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 527 East First Street Apt. 104
 City Long Beach State CA Zip Code 90802-5097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Executive Security Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR742752832838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	220.00
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: (check only one)	PAGE 77 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hein, Elizabeth, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19225 Damson Rd N-1
 City Lynnwood State WA Zip Code 98036-4956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) Dir, Behavioral Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR742818232838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Arnold, Misty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6810 Blue Church Road
 City Sunbury State OH Zip Code 43074-9698
 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 ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR742818632838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Roever, Lorie, Jeanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5688 Wilcox Rd
 City Dublin State OH Zip Code 43016-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Advanced Practice Nursing
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 620.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR743741132838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	220.00
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: (check only one)	PAGE 78 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brownell, Shira, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR743742632838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Sivanish, Dorothy, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 East Vicksburg Place
 City Spokane State WA Zip Code 99208-5871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) Mgr, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR743743832838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Entringer, Pamela, Annette, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W170 S7950 Green St
 City Muskego State WI Zip Code 53150-8817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Wisconsin, Inc. Occupation (for Individual) Provider Relations Manager HP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR743751232838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	110.00
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: (check only one)	PAGE 79 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sweet, LaTonia, Rice, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 875 Right Angle Rd
 City Winchester State KY Zip Code 40391-7542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Sr Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR745413332838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Woys, James, Edwin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR745692632838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Lymuel, Keshia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2044 Heather Lane
 City Slidell State LA Zip Code 70461-4825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc. Occupation (for Individual) AVP, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR746069532838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	454.60
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: (check only one)	PAGE 80 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Letcher, Kelsey, A, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR746256532838		
Mailing Address 8905 Fairway Hill Drive			Amount of Each Receipt this Period 100.00		
City Austin	State TX	Zip Code 78750-3021	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$50.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Healthcare of Texas, Inc.		Occupation (for Individual) VP, Government Contracts			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Huang, Eric, Chuang-Han, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR746257332838		
Mailing Address 9886 Sturgeon Ave			Amount of Each Receipt this Period 200.00		
City Fountain Valley	State CA	Zip Code 92708-4619	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$100.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Healthcare of California		Occupation (for Individual) Sr Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kellum, Loleta, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR746262132838		
Mailing Address P.O. Box 910			Amount of Each Receipt this Period 40.00		
City Clinton	State MS	Zip Code 39060-0910	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc.		Occupation (for Individual) AVP, Quality Improv & Risk Adj			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 440.00			

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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: (check only one)	PAGE 81 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Barnes, Lovey, , ,			Date of Receipt MM / DD / YYYY 10 / 31 / 2023 Transaction ID : PR746489232838
Mailing Address 2312 Beach Haven Dr Apt 304			Amount of Each Receipt this Period 24.00
City Virginia Beach	State VA	Zip Code 23451-1253	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$12.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Dir, Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Ward, Heather, Ann, ,			Date of Receipt MM / DD / YYYY 10 / 31 / 2023 Transaction ID : PR746813132838
Mailing Address 2106 Club View Ct.			Amount of Each Receipt this Period 40.00
City Charleston	State SC	Zip Code 29412-8565	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of South Carolina, I		Occupation (for Individual) Supv, Care Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tiernan, Shane, , ,			Date of Receipt MM / DD / YYYY 10 / 31 / 2023 Transaction ID : PR749068732838
Mailing Address 3478 Canyon Estates Dr			Amount of Each Receipt this Period 30.00
City Bountiful	State UT	Zip Code 84010-3307	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Director, Fraud Waste and Abuse Vend	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 330.00		

SUBTOTAL of Receipts This Page (optional).....▶	94.00
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: (check only one)	PAGE 82 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lurie, Steve, Ross, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2313 Carnegie Lane
 Unit B
 City Redondo Beach State CA Zip Code 90278-3711
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR749337732838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Pandit, Amit, Anand, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2904 Military Ave
 City Los Angeles State CA Zip Code 90064-4024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Enterprise Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3050.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR749585832838
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$150.00 Bi-Weekly)

C. Desai, Amir, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Georgeff Road
 City Rolling Hills State CA Zip Code 90274-5270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) EVP, CIO & Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 31 / 2023
Transaction ID : PR751349632838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1069.20
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: (check only one)	PAGE 83 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Welton, Michael, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2300 W Armitage Ave
Unit 11

City Chicago State IL Zip Code 60647-4479

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) Dir, Government Contracts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 423.50

Date of Receipt 10 / 31 / 2023
Transaction ID : PR752535432838

Amount of Each Receipt this Period 38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

B. Hebert, Maurice, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Jefferson Dr

City Lexington State MA Zip Code 02420-1330

FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR752566132838

Amount of Each Receipt this Period 384.60

Memo Item

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

C. Ortiz, Joanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7737 Vale Drive

City Whittier State CA Zip Code 90602-1920

FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR752607032838

Amount of Each Receipt this Period 384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	807.70
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: (check only one)	PAGE 84 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Strait, Erin, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 Peachcreek Rd
 City Centerville State OH Zip Code 45458-3266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR753115232838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Agarwal, Ritu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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, IT Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR779102132838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Jackson, Brennon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 Lost Bridge Ln.
 City Pearland State TX Zip Code 77584-1875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Operations Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR779164032838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	564.60
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: (check only one)	PAGE 85 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jones, Richard, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Terry Brook Dr.
 City Terry State MS Zip Code 39170-5503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc. Occupation (for Individual) VP, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR779226632838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Hoffman, Sean, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Regional Dir State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835494732838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Cooper, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4848 West Mossley Bend Drive
 City Herriman State UT Zip Code 84096-2074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Healthcare Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 294.02

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835496332838
 Amount of Each Receipt this Period 32.00
 Memo Item
 P/R Deduction (\$16.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	152.00
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 86 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Anderson, James, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7712 W 170th PI
 City Tinley Park State IL Zip Code 60477-4747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835514932838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Dees, Jason, Barkley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 426 Huntington Court
 City New Albany State MS Zip Code 38652-1912
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835563432838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Way, Jenny, Yann-Jen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1947 109th Ave NE
 City Bellevue State WA Zip Code 98004-2921
 FEC 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 ▼ 1320.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835669332838
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	554.60
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: (check only one)	PAGE 87 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Johnson, David, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Pacheco Creek Dr
 City Novato State CA Zip Code 94949-6633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835669532838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Sandoval, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8700 La Pradera Way NE
 City Albuquerque State NM Zip Code 87113-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New Mexico, Inc. Occupation (for Individual) VP, Network Strategy and Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3420.70

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835703532838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Hooper, Barbara, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8626 Rockporte Court
 City Roseville State CA Zip Code 95747-6389
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835781632838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	869.20
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: (check only one)	PAGE 88 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Dukette, Richard, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 Whitesboro Street
 City Yorkville State NY Zip Code 13495-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Appeals & Grievances
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR835782632838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Easterday, Michael, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6748 Cinnamon Dr Sparks
 City Sparks State NV Zip Code 89436-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR837670032838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Daniel, Kim, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5236 St Andrews Dr
 City Westerville State OH Zip Code 43082-7713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Operations Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR837708032838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	340.00
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: (check only one)	PAGE 89 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Martin, Reginald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 Chatsworth Ln
 City Lakeland State FL Zip Code 33812-3875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Operations Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR839442632838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Rish, James, Alfred, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2858 Hosta Cove
 City Tupelo State MS Zip Code 38801-8184
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) National Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 847.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR840255332838
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. Nelson, Samuel, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 dale dr
 City Greenwich State CT Zip Code 06831-5007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP Fin Plan & Analysis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR848443232838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	157.00
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: (check only one)	PAGE 90 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mathis, Paula, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8719 Pine Pl
 City Reynoldsburg State OH Zip Code 43068-3696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Dir, Quality Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR849041532838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Spaulding, Edgar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1476 W Hamilton Ave
 City San Pedro State CA Zip Code 90731-6000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Customer Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR849176332838
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. Quijano, Julio, Cesar, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3365 California Ave
 City El Monte State CA Zip Code 91731-3133
 FEC 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 ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR849290732838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.00
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: (check only one)	PAGE 91 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Therrian, Amanda, Gayle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8709 Parry Lane
 City Alexandria State VA Zip Code 22308-2440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Gov Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR849623332838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Kurtz, Debra, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Hollowtree Court
 City Coppell State TX Zip Code 75019-2969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR859966232838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Ven Swencey, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12106 Arkley Dr
 City Garden Grove State CA Zip Code 92840-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Financial Plng & Analysis
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR860095532838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.00
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: (check only one)	PAGE 92 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Miller, Terrica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4138 Butler Dr.
 City Chamblee State GA Zip Code 30341-1361
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR860276332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Paschal Dodgen, Laurinda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3912 Parador Dr.
 City Naperville State IL Zip Code 60564-3111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) AVP, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR860434332838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Reynolds, David, Thomas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1670 Peregrine Point Dr
 City Sarasota State FL Zip Code 34231-2331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) EVP, Regional Health Plans & COO, Me
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4224.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR867320732838
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	868.60
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: (check only one)	PAGE 93 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tropiano, Pamela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9060 McKinley Drive
 City Northfield State OH Zip Code 44067-1219
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR873122632838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Duckhorn, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 713 Bohannon Circle
 City Oswego State IL Zip Code 60543-6049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Clinical Data Acquisition
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR873122932838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Bamford, Jeremy, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6858 Turtlemound Rd
 City New Smyrna Beach State FL Zip Code 32169-5039
 FEC 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 ▼ 3123.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR890682132838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	799.20
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: (check only one)	PAGE 94 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Moore, Thomas, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 Brookwood Dr
 City Vicksburg State MS Zip Code 39183-8196
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR890682632838
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. Slaughter, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 716 lancelot drive
 City Florence State SC Zip Code 29505-3615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Program Director, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR890685732838
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. Federici, Kristen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2714 North Alder St
 City Tacoma State WA Zip Code 98407-6223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Dir State Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2023
Transaction ID : PR893130232838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	195.38
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 95 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Rosen, Kevin, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1534 Manasco Circle
 City Folsom State CA Zip Code 95630-7348
 FEC 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 ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR893135732838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Bacigalupi, Tauni, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1841 E Trenton Ave Apt C
 City Orange State CA Zip Code 92867-3955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Manager, Payment Integrity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR903139832838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Russo, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Greenfield Ave
 City Saratoga Springs State NY Zip Code 12866-1504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) EVP, Health Plans
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR903167032838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	494.60
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: (check only one)	PAGE 96 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sivori, John, P, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9312 Lancashire Ct
 City Elk Grove State CA Zip Code 95758-4762
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR903219932838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Allison, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14361 Olympic Dr
 City Farmers Branch State TX Zip Code 75234-3831
 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 ▼ 2750.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR903404932838
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

C. Osborn, Shannon, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1528 Lindby Dr.
 City Flower Mound State TX Zip Code 75028-3623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Operations Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR903406132838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	834.60
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: (check only one)	PAGE 97 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Arvia, Denise, Michele, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12434 Gemma Ln
 City Houston State TX Zip Code 77044-1572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Dir, Provider Relations HP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR903407832838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Menkowski, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Riverside Dr Apt 13F
 City New York State NY Zip Code 10024-6508
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR908817432838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Packard, Marnie, Suzanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 W Ranch Rd
 City Boise State ID Zip Code 83702-1448
 FEC 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 ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR908819232838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	514.60
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: (check only one)	PAGE 98 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sadler, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8907 Coltsfoot Trace
 City Prospect State KY Zip Code 40059-7674
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR913058832838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Park, Amy, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Treasure
 City Irvine State CA Zip Code 92602-1810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Market CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3519.10

Date of Receipt 10 / 31 / 2023
Transaction ID : PR913058932838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Chudzinski, Mark, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 319 N Wisner St
 City Park Ridge State IL Zip Code 60068-3551
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR916178132838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	969.20
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 99 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Tsai, Scott, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2380 Steven Dr
 City Corona State CA Zip Code 92879-7846
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Delegation Oversight Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR919054732838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Lowe, Kimberly, Michele, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 949 Aberdeen Ave NE D-211
 City Renton State WA Zip Code 98056-2897
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Mgr, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR920806132838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

C. Saavedra, Buffie, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Camino Alto
 City Sandia Park State NM Zip Code 87047-9368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New Mexico, Inc. Occupation (for Individual) Dir, Growth & Comm Engagement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 470.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR921281632838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	100.00
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: (check only one)	PAGE 100 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Navarro, Monica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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, MLTSS Center of Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 10 / 31 / 2023
Transaction ID : PR921362432838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Yates, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1135 West St
 City New Albany State IN Zip Code 47150-4868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) AVP, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR921362632838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Hagan, Colleen, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR921570932838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	664.60
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: (check only one)	PAGE 101 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Pakula, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4850 N Oakley Ave #1R
 City Chicago State IL Zip Code 60625-6950

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) Dir, Quality Improv & Risk Adj

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2023
Transaction ID : PR921571832838

Amount of Each Receipt this Period 76.92

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

B. Fowler, Jane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N21W24165 Garden Circle 9C
 City Pewaukee State WI Zip Code 53072-4681

FEC 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR922610232838

Amount of Each Receipt this Period 200.00

Memo Item

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

C. Valentine, Suzette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2669 Eagles Lake Rd
 City Virginia Beach State VA Zip Code 23456-8010

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) EVP, Integration, Transformation & Net

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 31 / 2023
Transaction ID : PR922725932838

Amount of Each Receipt this Period 384.60

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	661.52
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: (check only one)	PAGE 102 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Stone, Stephanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4424 Burgundy Dr
 City Louisville State KY Zip Code 40299-4070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) AVP, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR922727432838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Poetschke-Snider, Rebecca, Grace, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Evans Trail
 City Tipton State MI Zip Code 49287-9728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Medical Director II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR922780832838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Tamas, Rebecca, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 Willow Ave Unit 2
 City Louisville State KY Zip Code 40204-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Medical Director, Behavioral Health
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR922781232838
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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: (check only one)	PAGE 103 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hernandez, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5945 Lambert Bridge Ave
 City Las Vegas State NV Zip Code 89139-7588
 FEC 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 ▼ 1300.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR922783032838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Bell, Blake, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5366 Southern Valley Lp
 City Brooksville State FL Zip Code 34601-6558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Dir State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926006232838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Pfeifer, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2799 Mount Read Blvd
 City Rochester State NY Zip Code 14616-4850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) Dir, Quality Improvement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.25

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926006632838
 Amount of Each Receipt this Period 38.50
 Memo Item
 P/R Deduction (\$19.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	318.50
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: (check only one)	PAGE 104 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Weber, Stephen, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 Lees Crossing Rd
 City Johnsonville State NY Zip Code 12094-1808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Disaster Recovery
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926007332838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Faust, Lisa, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14712 Coral Berry Dr
 City Tampa State FL Zip Code 33626-2350
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926013332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Schierer, Timothy, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1174 8TH Ave
 City Graceville State FL Zip Code 32440-2418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Finance & Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926550532838
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	584.60
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: (check only one)	PAGE 105 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Long, Lori, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1260 NW Naito Parkway #705
 City Portland State OR Zip Code 97209-3154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926687032838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Bennett, Kimberly, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24121 Rosewood
 City Oak Park State MI Zip Code 48237-2271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Appeals & Grievances
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926687332838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Polston, Michael, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1314 Marquette Avenue #1303
 City Minneapolis State MN Zip Code 55403-4112
 FEC 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926775232838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	330.00
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: (check only one)	PAGE 106 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Beck, Robert, Andrew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11361 E Whitethorn Dr
 City Scottsdale State AZ Zip Code 85262-5682
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926824332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Basham, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) VP, Network Mgmt & Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2780.70

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926827832838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Agarwal, Sanjay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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, Inc. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1340.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926839132838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	969.20
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: (check only one)	PAGE 107 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sheridan, Kerry, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 763 Summertree Ln
 City Westerville State OH Zip Code 43081-5084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Risk & Quality Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926843832838
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

B. Ballou, Christopher, Buckingham, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 N Airy Hall Ct
 City Columbia State SC Zip Code 29209-0801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926902732838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Greenwood, Mark, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2888 N 870 W
 City Lehi State UT Zip Code 84043-3269
 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 ▼ 975.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926902832838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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: (check only one)	PAGE 108 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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

A. Weikel, Kathryn, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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, Quality Improv & Risk Adj
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR926920532838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Middleton, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 Sanibel Way
 City Melbourne Beach State FL Zip Code 32951-3487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Behavioral Health Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3519.10

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935532732838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Maddy, Brian, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1114 Sherwood Lane #B-1
 City Nichols Hills State OK Zip Code 73116-6518
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935533032838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	869.20
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: (check only one)	PAGE 109 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Spencer, Brittany, Nicole, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 261 Callahan Rd.
 City West Liberty State KY Zip Code 41472-9650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Sr Rep, Provider Services
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935773632838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Bellafato, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1036 Highland Ave
 City Louisville State KY Zip Code 40204-1961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Project Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935797632838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Huntsman, Brenda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2710 West Mount Zion Road
 City Crestwood State KY Zip Code 40014-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Program Manager
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935801732838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	110.00
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 110 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Bell, Julia, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 5 Muirfield Place			Transaction ID : PR935802632838
City Louisville	State KY	Zip Code 40222-5074	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) VP, Marketing & Public Relatio	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4019.10		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bindner, Susan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 7102 Bowie Court			Transaction ID : PR935803432838
City Louisville	State KY	Zip Code 40219-2628	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Sr Specialist, Marketing Communication	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hanna, David, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023
Mailing Address 196 Woodwind Court			Transaction ID : PR935810732838
City Nicholasville	State KY	Zip Code 40356-9774	Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc.		Occupation (for Individual) Program Director, Healthcare Services	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1320.00		

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: (check only one)	PAGE 111 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Uhl, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 508.74

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935828732838
 Amount of Each Receipt this Period 69.72
 Memo Item
 P/R Deduction (\$34.86 Bi-Weekly)

B. Shinham, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Archer Dr
 City Bronxville State NY Zip Code 10708-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Whole Health of New York, Inc. Occupation (for Individual) COO, Health Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935841532838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Johnston, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10408 Hollyberry Dr
 City North Chesterfield State VA Zip Code 23237-3816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Virginia, LLC Occupation (for Individual) VP, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935842232838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	654.32
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: (check only one)	PAGE 112 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mcdonald, Lorraine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 112 Van Bomel Blvd
 City Oakdale State NY Zip Code 11769-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Clinical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935842832838
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. Taylor, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3011 Westmoreland Ct
 City Hopewell State VA Zip Code 23860-2065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Virginia, LLC Occupation (for Individual) Mgr, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935848732838
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

C. Johnson, Darrin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5412 Mac Alpine unit 1334
 City Glen Allen State VA Zip Code 23059-5574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Health Plans
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935851332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	513.06
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: (check only one)	PAGE 113 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. D'Angelo, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935852832838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Harshman, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Lockwood Drive
 City Jeannette State PA Zip Code 15644-3534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Virginia, LLC Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935852932838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Greer-Goodlow, Toni, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W174N9937 Meadow Creek Court
 City Germantown State WI Zip Code 53022-4638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Management Group, LLC Occupation (for Individual) Sr Mgr, IRIS Cons. Svcs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935854732838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	270.00
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: (check only one)	PAGE 114 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Olson, Michelle, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N2114 Irish Court
 City La Crosse State WI Zip Code 54601-2454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Management Group, LLC Occupation (for Individual) Sr Mgr, IRIS Cons. Svcs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935862832838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Andrade, Minnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8256 W. Electra Lane
 City Peoria State AZ Zip Code 85383-1698
 FEC 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935866932838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Coughlin, Gabrielle, Marie, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 Hillside Rd
 City North Andover State MA Zip Code 01845-5318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) AVP, Healthcare Services
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935868332838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	440.00
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: (check only one)	PAGE 115 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Parris, Cheryl, Allison, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Irving Avenue
 City Freeport State NY Zip Code 11520-5907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP Healthcare Services, MHI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935869832838
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. Reese, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1956 Cobblestone Dr
 City Heber City State UT Zip Code 84032-3987
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935879532838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Peterson, Anne Marie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 83 Frost Street
 City Plantsville State CT Zip Code 06479-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Strategy & Capture
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935880832838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	216.92
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: (check only one)	PAGE 116 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jackson, Danyelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Lafayette Ave. 4B
 City Brooklyn State NY Zip Code 11217-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Whole Health of New York, Inc. Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935896632838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Mooney, Josiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2015 Parkway Pl.
 City Tyler State TX Zip Code 75701-4752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Whole Health, LLC Occupation (for Individual) AVP, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935922032838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Unbehaun, Laurie, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 West Washington Street
 City Dodgeville State WI Zip Code 53533-1035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Management Group, LLC Occupation (for Individual) Mgr, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935931632838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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: (check only one)	PAGE 117 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Willborn, Melanie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 Sunrise Court
 City Belmont State WI Zip Code 53510-9632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Management Group, LLC Occupation (for Individual) Supv, IRIS Cons. Svcs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935967132838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Zavala, Alexandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15015 S. 40th Place
 City Phoenix State AZ Zip Code 85044-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Arizona, Inc. Occupation (for Individual) Dir, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935977232838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Jensen, Shanna, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 Hyland Drive
 City Stoughton State WI Zip Code 53589-1137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Management Group, LLC Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3384.70

Date of Receipt 10 / 31 / 2023
Transaction ID : PR935984332838
 Amount of Each Receipt this Period 307.70
 Memo Item
 P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	377.70
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 118 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Rodriguez, Suechet, , ,

Mailing Address **1614 UNION TURNPIKE
APT D2**

City **North Bergen** State **NJ** Zip Code **07047-2516**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Senior Whole Health of New York, Inc.** Occupation (for Individual) **Dir, 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
10		31		2023

Transaction ID : PR935984432838

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. Berringer, Robert, , ,

Mailing Address **11653 Rutgers Drive**

City **Richmond** State **VA** Zip Code **23233-1685**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **Molina Healthcare, Inc.** Occupation (for Individual) **Dir, Health Plan Pharmacy Svcs**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2023

Transaction ID : PR936001932838

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. Bielo, Jessica, , ,

Mailing Address **9 South Ireland Place**

City **Amityville** State **NY** Zip Code **11701-3614**

FEC 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 ▼ **1796.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2023

Transaction ID : PR936003132838

Amount of Each Receipt this Period

200.00

 Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	360.00
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: (check only one)	PAGE 119 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Armendariz, Irene, Almanza, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Bella Montagna Circle
 City Lakeway State TX Zip Code 78734-2666
 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 ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936006332838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Hernandez-Piloto, Dolores, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10017 N Miami Avenue
 City Miami Shores State FL Zip Code 33150-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Florida, Inc. Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936019832838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Como, Anthony, Eric, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 Mingo Road
 City Wexford State PA Zip Code 15090-7556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936020332838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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: (check only one)	PAGE 120 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. McGuire, Margaret, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5106 Romay Court
 City Madison State WI Zip Code 53711-4335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936033032838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Starbuck, Jenny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1183 E. Cedar St.
 City Tempe State AZ Zip Code 85281-6024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Arizona, Inc. Occupation (for Individual) Dir, Quality Improv & Risk Adj
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936038032838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Cambridge, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Madison St Apartment #217
 City Nashville State TN Zip Code 37208-3253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Projects (PMO)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936066432838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 121 OF 158
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Chen, Yucui, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14075 Ashton lane
 City Riverside State CA Zip Code 92508-8877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Clinical Services LLC Occupation (for Individual) Medical Director, Behavioral Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936141432838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. James, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222E Witherspoon Unit 806
 City Louisville State KY Zip Code 40202-1387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Chief Medical Officer, Health Plan
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2380.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936142232838
 Amount of Each Receipt this Period 280.00
 Memo Item
 P/R Deduction (\$140.00 Bi-Weekly)

C. Pierce, Demetria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2510 Crums Lane
 City Shively State KY Zip Code 40216-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Analyst, Config Info Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936142632838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	370.00
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: (check only one)	PAGE 122 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Totten, Abbie, A, ,			Date of Receipt 10 / 31 / 2023 Transaction ID : PR936143032838
Mailing Address 730 El Encino Way			Amount of Each Receipt this Period 384.60
City Sacramento	State CA	Zip Code 95864-5216	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Molina Healthcare of California		Occupation (for Individual) Plan President	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4230.60		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zinsmeyer, Emily, Caitlin, ,			Date of Receipt 10 / 31 / 2023 Transaction ID : PR936170532838
Mailing Address 8598 Lyons Landing Road			Amount of Each Receipt this Period 32.00
City Cicero	State NY	Zip Code 13039-8940	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Molina Clinical Services LLC		Occupation (for Individual) Pharmacist, Utilization Mgmt (UM)	P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Thomas, Andrea, , ,			Date of Receipt 10 / 31 / 2023 Transaction ID : PR936547332838
Mailing Address 145 Huntington Vw			Amount of Each Receipt this Period 100.00
City Brandon	State MS	Zip Code 39047-5130	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Molina Healthcare of Nevada, Inc.		Occupation (for Individual) Dir, Healthcare Services	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....	516.60
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: (check only one)	PAGE 123 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tomas, Philip, Jean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2514 Banyan Court
 City Ann Arbor State MI Zip Code 48103-7707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936924232838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Fathi, Daniel, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4210 1st Ave NW
 City Seattle State WA Zip Code 98107-4302
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR936924332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Demase, Hillary, Rose, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1038 State Route 4
 City Naselle State WA Zip Code 98638-8506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR953045232838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	564.60
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: (check only one)	PAGE 124 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Hovsepian, Anita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3358 Watermarket PL
 City Irvine State CA Zip Code 92612-5618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Analyst, Provider Configura
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR954927532838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Tolbert, Meghan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 150 W. Brambleton Ave #317P
 City Norfolk State VA Zip Code 23510-2018
 FEC 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 ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR955054632838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Stephenson, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Bogert Avenue
 City Ridgewood State NJ Zip Code 07450-2701
 FEC 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR956206432838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	494.60
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: (check only one)	PAGE 125 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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

A. Locke, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8810 Balcones Club Dr
 City Austin State TX Zip Code 78750-3006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR956589432838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Krocheski, Joseph, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Brook Ridge
 City West Simsbury State CT Zip Code 06092-2822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Investor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2850.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR956590132838
 Amount of Each Receipt this Period 380.00
 Memo Item
 P/R Deduction (\$190.00 Bi-Weekly)

C. Wicker, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7845 Waltz Street
 City Las Vegas State NV Zip Code 89123-0965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Whole Health, LLC Occupation (for Individual) Dir, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR957189832838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	500.00
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: (check only one)	PAGE 126 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Cho, Tammy, Pereira, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9753 Lazulite Ct.
 City Elk Grove State CA Zip Code 95624-4460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Appeals & Grievances
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 446.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR957190632838
 Amount of Each Receipt this Period 42.00
 Memo Item
 P/R Deduction (\$21.00 Bi-Weekly)

B. Hambleton, Scott, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 Northshore Way
 City Madison State MS Zip Code 39110-7177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR957813832838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Wilson, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15511 Salem Rd
 City Excelsior Springs State MO Zip Code 64024-8411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Provider Contracts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 339.15

Date of Receipt 10 / 31 / 2023
Transaction ID : PR958047032838
 Amount of Each Receipt this Period 39.90
 Memo Item
 P/R Deduction (\$19.95 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	281.90
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: (check only one)	PAGE 127 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Coffey, Donald, Christopher, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5808 Southwind Lane
 City McKinney State TX Zip Code 75070-4869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR958340032838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Ahwah, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2010 Velez Drive
 City Rancho Palos Verdes State CA Zip Code 90275-1426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Chief Technology Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR958598332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Silard, Kevin, Patrick, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 Severn Road
 City Crownsville State MD Zip Code 21032-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Dir State Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR958664032838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	869.20
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: (check only one)	PAGE 128 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sell Holdeman, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2139 E Laurel
 City Mesa State AZ Zip Code 85213-2272
 FEC 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 ▼ 1100.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959117532838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Dillingham, Charlie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4016 Russellwood Dr.
 City Nashville State TN Zip Code 37204-4028
 FEC 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 ▼ 800.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959436032838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Ireland, Scott, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1507 N. Cleveland Avenue #1S
 City Chicago State IL Zip Code 60610-3541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Core Ops Mbr & Prv Svcs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4019.10

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959436332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	584.60
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: (check only one)	PAGE 129 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Hood, Susan, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7909 Spring Run
 City North Richland Hills State TX Zip Code 76182-7351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) AVP, Quality Improv & Risk Adj
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 799.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959628132838
 Amount of Each Receipt this Period 86.00
 Memo Item
 P/R Deduction (\$43.00 Bi-Weekly)

B. Fogarty, Ryan, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 Tague Rd.
 City Troy State NY Zip Code 12182-4405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Medicare Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2125.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959872532838
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

C. Vermeer, Jennifer, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 604 Polk Blvd
 City Des Moines State IA Zip Code 50312-2333
 FEC 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 ▼ 1700.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959942632838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	536.00
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: (check only one)	PAGE 130 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Gahagan, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3729 Royal Fortune Dr.
 City Las Vegas State NV Zip Code 89141-6124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Nevada, Inc. Occupation (for Individual) AVP, Growth & Comm Engagement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959942732838
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. Covert, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 868
 City Boca Grande State FL Zip Code 33921-0868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, CFO HP Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR959942932838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Brendel, William, Brian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 401 N Chaparral St Apt 105
 City Corpus Christi State TX Zip Code 78401-1109
 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 ▼ 1700.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR960047932838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	440.00
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: (check only one)	PAGE 131 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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. Ollivierre, Victoria, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR969603232838		
Mailing Address 1130 Pelham Parkway South Apt 3F			Amount of Each Receipt this Period 20.00		
City Bronx	State NY	Zip Code 10461-1023	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$10.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Clinical Services LLC		Occupation (for Individual) Clinical Appeals Nurse (RN)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kuchlewski, Lori, A, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR969616932838		
Mailing Address 32 East Grove Street			Amount of Each Receipt this Period 150.00		
City Massapequa	State NY	Zip Code 11758-5429	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$75.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Dir, Reporting & Analytics			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 825.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Whiting, Kristie, Marie, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2023 Transaction ID : PR969633932838		
Mailing Address 6912 Rainbow Dr SE			Amount of Each Receipt this Period 200.00		
City Salem	State OR	Zip Code 97306-9535	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$100.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) AVP, Core Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2200.00			

SUBTOTAL of Receipts This Page (optional).....▶	370.00
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: (check only one)	PAGE 132 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jimenez, Socrates, Nathanael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 W. 42nd Street
 Apt. N29E
 City New York State NY Zip Code 10036-1975
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) VP, Market Growth & Retention
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3807.54

Date of Receipt 10 / 31 / 2023
Transaction ID : PR969845432838
 Amount of Each Receipt this Period 346.14
 Memo Item
 P/R Deduction (\$173.07 Bi-Weekly)

B. Lassiter, Christy, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Dir, Value-Based Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR970345032838
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

C. Gildred, Tory, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 550.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR970345332838
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	486.14
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: (check only one)	PAGE 133 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Bacon, Debra, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7241 E. Rustling Pass
 City Scottsdale State AZ Zip Code 85255-4743
 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 ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR970346532838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Waller, Regina, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 Heatherwoode Rd
 City Flint State MI Zip Code 48532-2336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) Mgr, Provider Relations HP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR970621732838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Kwon, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1512 Palisade Avenue
 City Fort Lee State NJ Zip Code 07024-5308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) VP, Network Mgmt & Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1220.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR970623532838
 Amount of Each Receipt this Period 10.00
 Memo Item
 P/R Deduction (\$5.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	424.60
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: (check only one)	PAGE 134 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Messina, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 511 Purdue Avenue
 City University City State MO Zip Code 63130-4134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Network Strategy & Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR971183132838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Shaffer, Mark, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Rockhill Dr.
 City San Antonio State TX Zip Code 78209-2317
 FEC 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 ▼ 300.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR971697932838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Nelson, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 Hartington Drive
 City Madison State AL Zip Code 35758-8203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Marketing & Public Relatio
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR974334432838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	584.60
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: (check only one)	PAGE 135 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Swanson, Carole, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19514 Marinda St
 City Omaha State NE Zip Code 68130-3753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR974741532838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. Bridges, Michellia, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 129 Chesapeake Ave
 P.O. Box 13951, Jackson, MS 39236
 City Brandon State MS Zip Code 39047-6192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Compliance Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR974958332838
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. Sylvander, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 N. Martha St.
 City Lombard State IL Zip Code 60148-1717
 FEC 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 ▼ 600.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR974959932838
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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: (check only one)	PAGE 136 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Chandramouli, Varsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1337 Turnberry Lane
 City Mundelein State IL Zip Code 60060-1023
 FEC 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 ▼ 3269.10

Date of Receipt 10 / 31 / 2023
Transaction ID : PR974960332838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Stern, Ron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 517 Black Bear Loop
 City Albuquerque State NM Zip Code 87122-1801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Market Leader
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 10 / 31 / 2023
Transaction ID : PR975360132838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Anaya, Carlos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6807 N 1st Lane
 City McAllen State TX Zip Code 78504-1922
 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 ▼ 1950.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR975565932838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	969.20
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: (check only one)	PAGE 137 OF 158
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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

A. Sconce, Cynthia, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5754 Poker Lane
 City Antelope State CA Zip Code 95843-3939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Appeals & Grievances
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 685.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR975575032838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Flores, Jenna, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25407 Mesa Run
 City San Antonio State TX Zip Code 78258-4813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Medicare Sales Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 415.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR975575432838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Baca, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9208 Stollwood Court
 City Granite Bay State CA Zip Code 95746-6753
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Pharm Ntwrk & PBM Rel Mgmnt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR975873132838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	360.00
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: (check only one)	PAGE 138 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tomba, Susan, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7385 Parkstone Lane
 City Bloomfield Hills State MI Zip Code 48301-4028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Fin Plan & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR976020732838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Dukes, Tracy, Lynn, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6018 TIMBERS DR
 City Georgetown State IN Zip Code 47122-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR980733632838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Hall, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9039 Clovercroft Preserve Dr
 City Franklin State TN Zip Code 37067-2549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Sr Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR981234332838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.00
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: (check only one)	PAGE 139 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Gollub, Carolyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Ladue Estates Drive
 City Saint Louis State MO Zip Code 63141-8322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Growth Strategy & Proposal Develo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 10 / 31 / 2023
Transaction ID : PR981450032838
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. Graham, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Cypress St
 City Medfield State MA Zip Code 02052-1910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Whole Health, LLC Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR981604132838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Albosta, Scott, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9612 Pepperwood Trail
 City Denton State TX Zip Code 76207-8629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) VP, Network Strategy and Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 10 / 31 / 2023
Transaction ID : PR984438832838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	661.52
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: (check only one)	PAGE 140 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Grant, Heather, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Filomena Court
 City Dix Hills State NY Zip Code 11746-4750
 FEC 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 ▼ 700.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR984445432838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Burke, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 Marlboro Road
 City Woburn State MA Zip Code 01801-3409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Whole Health, LLC Occupation (for Individual) Dir, Provider Contracts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR984445532838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Newton, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1362 72nd Street
 City Windsor Heights State IA Zip Code 50324-1310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Iowa, Inc. Occupation (for Individual) VP, Network Mgmt & Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR984758432838
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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: (check only one)	PAGE 141 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thevenot, Scott, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 and Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR985920432838
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Baughman, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 Spruce Park Dr Unit 324
 City Las Vegas State NV Zip Code 89135-1468
 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 ▼ 3846.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR988855732838
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Yeturu, Vasu, Reddy, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1570 SE Bell Dr
 City Waukee State IA Zip Code 50263-8673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Provider Data Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 31 / 2023
Transaction ID : PR989046832838
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	564.60
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: (check only one)	PAGE 142 OF 158
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Imbach, Michael, Scott, ,

Mailing Address 6903 W. Colehaven Lane #1

City Boise State ID Zip Code 83704-8551

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Account Rep, Medicare

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
 10 / 31 / 2023

Transaction ID : PR990152532838

Amount of Each Receipt this Period
 50.00

Memo Item

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

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

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	62743.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Aaron Bean For Congress

Mailing Address 2640a Mitcham Drive

City
Tallahassee

State
FL

Zip Code
32308

Purpose of Disbursement
2024 US Primary Election Contribution

011
Category/
Type

Candidate Name

Bean, Aaron, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2023			

FEC Identification Number

C C00816983

Transaction ID : 17756066

Amount of Each Disbursement this Period

1000.00

Memo Item 2024 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Tony Cardenas For Congress

Mailing Address PO Box 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2024 US Primary Election Contribution

011
Category/
Type

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2023			

FEC Identification Number

C C00498873

Transaction ID : 17756067

Amount of Each Disbursement this Period

1000.00

Memo Item 2024 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Lou Correa For Congress

Mailing Address 3230 Arena Blvd
Ste 245-416

City
Sacramento

State
CA

Zip Code
95834

Purpose of Disbursement
2024 US Primary Election Contribution

011
Category/
Type

Candidate Name

Correa, J. Luis, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2023			

FEC Identification Number

C C00578302

Transaction ID : 17756068

Amount of Each Disbursement this Period

1000.00

Memo Item 2024 US Primary Election Contribution

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

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

3000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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 (Last, First, Middle Initial)

A. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr. Suite 103 A-E

City Dearborn State MI Zip Code 48124

Purpose of Disbursement 2024 US Primary Election Contribution

Candidate Name Dingell, Debbie, Insley, Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: MI District: 12

011 Category/Type

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C00558213 Transaction ID : 17756069 Amount of Each Disbursement this Period 1000.00

[] Memo Item 2024 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement 2024 US Primary Election Contribution

Candidate Name Heinrich, Martin, T., Sen.,

Office Sought: [] House [X] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: NM District:

011 Category/Type

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C00434563 Transaction ID : 17756070 Amount of Each Disbursement this Period 2500.00

[] Memo Item 2024 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 9856 Archer Ln

City Dublin State OH Zip Code 43017

Purpose of Disbursement 2024 US Primary Election Contribution

Candidate Name Joyce, Dave, , Rep.,

Office Sought: [X] House [] Senate [] President Disbursement For: 2024 [X] Primary [] General [] Other (specify) State: OH District: 14

011 Category/Type

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C00527457 Transaction ID : 17756071 Amount of Each Disbursement this Period 1000.00

[] Memo Item 2024 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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 (Last, First, Middle Initial)

A. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City Flint

State MI

Zip Code 48501

Purpose of Disbursement 2024 US General Election Contribution

Category/Type 011

Candidate Name

Kildee, Dan, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

State: MI District: 05

Date of Disbursement

Date grid showing 10/23/2023

FEC Identification Number

FEC ID C00499947

Transaction ID : 17756073

Amount of Each Disbursement this Period

Amount grid showing 1000.00

[] Memo Item 2024 US General Election Contribution

Full Name (Last, First, Middle Initial)

B. Ted Lieu For Congress

Mailing Address 777 S. Figueroa St. Suite 4050

City Los Angeles

State CA

Zip Code 90017

Purpose of Disbursement 2024 US Primary Election Contribution

Category/Type 011

Candidate Name

Lieu, Ted, W., Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: CA District: 33

Date of Disbursement

Date grid showing 10/23/2023

FEC Identification Number

FEC ID C00556506

Transaction ID : 17756074

Amount of Each Disbursement this Period

Amount grid showing 1500.00

[] Memo Item 2024 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Magaziner For Congress

Mailing Address One Park Row, 5th Floor

City Providence

State RI

Zip Code 02903

Purpose of Disbursement 2024 US Primary Election Contribution

Category/Type 011

Candidate Name

Magaziner, Seth, , Rep.,

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

State: RI District: 02

Date of Disbursement

Date grid showing 10/23/2023

FEC Identification Number

FEC ID C00802504

Transaction ID : 17756075

Amount of Each Disbursement this Period

Amount grid showing 1000.00

[] Memo Item 2024 US Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional).....

Subtotal grid showing 3500.00

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

Total grid (empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. McCarthy Victory Fund

Mailing Address 439 New Jersey Avenue SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2023 Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2023					

FEC Identification Number

C [Redacted]

Transaction ID : 17756076

Amount of Each Disbursement this Period

2500.00

Memo Item 2023 Contribution

Full Name (Last, First, Middle Initial)

B. Greg Steube For Congress

Mailing Address 5317 Fruitville Rd
102

City
Sarasota

State
FL

Zip Code
34232-6402

Purpose of Disbursement
2024 US Primary Election Contribution

011
Category/
Type

Candidate Name

Steube, Greg, , Rep.,

Office Sought: House
 Senate
 President
State: FL District: 17

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2023					

FEC Identification Number

C C00671891

Transaction ID : 17756077

Amount of Each Disbursement this Period

2500.00

Memo Item 2024 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Marc Veasey Congressional Campaign Committee

Mailing Address PO Box 50084

City
Fort Worth

State
TX

Zip Code
76105

Purpose of Disbursement
2024 US Primary Election Contribution

011
Category/
Type

Candidate Name

Veasey, Marc, , Rep.,

Office Sought: House
 Senate
 President
State: TX District: 33

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2023					

FEC Identification Number

C C00506832

Transaction ID : 17756078

Amount of Each Disbursement this Period

1000.00

Memo Item 2024 US Primary Election Contribution

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

6000.00

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

17000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Kentucky House Democrats

Mailing Address 2112 Paige Court

City
Lexington

State
KY

Zip Code
40502

Purpose of Disbursement
2023 Contribution

011
Category/ Type

Candidate Name

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
10		19		2023

FEC Identification Number

C

Transaction ID : 17756065

Amount of Each Disbursement this Period

2000.00

Memo Item 2023 Contribution

Full Name (Last, First, Middle Initial)

B. Stephens for Ohio

Mailing Address 4679 Winterset Drive

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011
Category/ Type

Candidate Name

Stephens, Jason, , OH Rep.,

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
10		23		2023

FEC Identification Number

C

Transaction ID : 17756081

Amount of Each Disbursement this Period

5000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Abrams for Ohio

Mailing Address 92 Fawn Drive

City
Harrison

State
OH

Zip Code
45030

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011
Category/ Type

Candidate Name

Abrams, Cindy, , OH Rep.,

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
10		23		2023

FEC Identification Number

C

Transaction ID : 17756082

Amount of Each Disbursement this Period

500.00

Memo Item 2024 Ohio State Primary Election Contribution

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

7500.00

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

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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 (Last, First, Middle Initial)

A. Citizens for Lampton

Mailing Address 1326 Parkway Court

City: Beavercreek, State: OH, Zip Code: 45432

Purpose of Disbursement: 2024 Ohio State Primary Election Contribution

Candidate Name: Lampton, Brian, , OH Rep.,

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify)

Date of Disbursement: 10 / 23 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 17756083

Amount of Each Disbursement this Period: 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jon Cross

Mailing Address 8 N Main Street

City: Kenton, State: OH, Zip Code: 43326

Purpose of Disbursement: 2024 Ohio State Primary Election Contribution

Candidate Name: Cross, Jon, , OH Rep.,

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify)

Date of Disbursement: 10 / 23 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 17756084

Amount of Each Disbursement this Period: 4048.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Jay Edwards

Mailing Address 35950 Union Ridge Road

City: Albany, State: OH, Zip Code: 45710

Purpose of Disbursement: 2024 Ohio State Primary Election Contribution

Candidate Name: Edwards, Jay, , OH Rep.,

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify)

Date of Disbursement: 10 / 23 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 17756085

Amount of Each Disbursement this Period: 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

6048.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Al Cutrona for Ohio

Mailing Address 3755 Mercedes Place
Unit 9

City Canfield State OH Zip Code 44406

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

Candidate Name
Cutrona, Alessandro, , OH Rep.,

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
10		23		2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17756086

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. LaRe for Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

Candidate Name
LaRe, Jeff, , OH Rep.,

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
10		23		2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17756087

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Sara Carruthers

Mailing Address 601 Glenway Drive

City Hamilton State OH Zip Code 45013

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

Candidate Name
Carruthers, Sara, , OH Rep.,

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
10		23		2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17756088

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

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

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

[REDACTED] 2500.00

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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 (Last, First, Middle Initial)

A. Tracy Richardson for Ohio

Mailing Address 14360 Hinton Mill Road

City Marysville State OH Zip Code 43040

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Richardson, Tracy, . . . Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify)

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C Transaction ID : 17756089 Amount of Each Disbursement this Period 500.00 Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Bill Roemer

Mailing Address 3616 Southern Road

City Richfield State OH Zip Code 44286

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Roemer, Bill, , OH Rep., Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify)

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C Transaction ID : 17756090 Amount of Each Disbursement this Period 1000.00 Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Campaign to Elect James M. Hoops

Mailing Address 195 Old Creek Drive

City Napoleon State OH Zip Code 43545

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Hoops, James, M., Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify)

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C Transaction ID : 17756091 Amount of Each Disbursement this Period 1000.00 Memo Item 2024 Ohio State Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

Amount boxes for subtotal (2500.00) and total.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Tim Barhorst for Ohio

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

Category/
Type

Candidate Name
Barhorst, Tim, , OH Rep.,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

Transaction ID : 17756092
Amount of Each Disbursement this Period

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Callender for Ohio

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

Category/
Type

Candidate Name
Callender, Jamie, , OH Rep.,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

Transaction ID : 17756093
Amount of Each Disbursement this Period

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Swearingen

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

Category/
Type

Candidate Name
Swearingen, D.J., , OH Rep.,

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement
MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

Transaction ID : 17756094
Amount of Each Disbursement this Period

Memo Item 2024 Ohio State Primary Election Contribution

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Friends of Andrea White

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011
Category/
Type

Candidate Name
White, Andrea, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17756096

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Young for Ohio

Mailing Address 1121 Cedar Creek Circle

City Dayton State OH Zip Code 45459

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011
Category/
Type

Candidate Name
Young, Tom, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17756098

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Allison Russo

Mailing Address 1850 Tewksbury Road

City Columbus State OH Zip Code 43221

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011
Category/
Type

Candidate Name
Russo, Allison, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17756102

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

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

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

[REDACTED] 2500.00

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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 (Last, First, Middle Initial)

A. Friends of Bride Rose Sweeney

Mailing Address 23993 Fairlawn Drive

City North Olmsted State OH Zip Code 44070

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Sweeney, Bride, , OH Rep., Office Sought: House Disbursement For: Primary

State: District: Disbursement For: Other (specify) 2024 Ohio State Primary Election Contribution

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C Transaction ID : 17756105 Amount of Each Disbursement this Period 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Rachel Baker

Mailing Address 7807 Asbury Hills Drive

City Cincinnati State OH Zip Code 45255

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Baker, Rachel, , OH Rep., Office Sought: House Disbursement For: Primary

State: District: Disbursement For: Other (specify) 2024 Ohio State Primary Election Contribution

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C Transaction ID : 17756107 Amount of Each Disbursement this Period 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Beth Liston

Mailing Address 2193 Stratingham Drive

City Dublin State OH Zip Code 43016

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Liston, Beth, , OH Rep., Office Sought: House Disbursement For: Primary

State: District: Disbursement For: Other (specify) 2024 Ohio State Primary Election Contribution

Date of Disbursement 10 / 23 / 2023

FEC Identification Number C Transaction ID : 17756109 Amount of Each Disbursement this Period 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional) 3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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 (Last, First, Middle Initial)

A. Citizens for Blessing

Mailing Address 3378 Dolomar Drive

City Cincinnati State OH Zip Code 43065

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Blessing, Louis, , OH Sen., III

Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 10 / 23 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 17756110

Amount of Each Disbursement this Period

Amount field: 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Brenner for Ohio

Mailing Address 8824 Clearview Lake Court

City Powell State OH Zip Code 43065

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Brenner, Andrew, , OH Sen.,

Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 10 / 23 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 17756111

Amount of Each Disbursement this Period

Amount field: 500.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Jerry Cirino

Mailing Address 8075 North Orchard Road

City Concord State OH Zip Code 44077

Purpose of Disbursement 2024 Ohio State Primary Election Contribution Category/Type 011

Candidate Name Cirino, Jerry, , OH Sen.,

Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 10 / 23 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 17756112

Amount of Each Disbursement this Period

Amount field: 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

Subtotal field: 2500.00

Total field: (empty)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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

Form A: Citizens for Gavarone. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Hackett for Ohio. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Matt Huffman for Ohio. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 7000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Steve Huffman for Ohio

Mailing Address P.O. Box 739

City
Troy

State
OH

Zip Code
45373

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011
Category/
Type

Candidate Name
Huffman, Stephen, , OH Sen.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

C
Transaction ID : 17756116
Amount of Each Disbursement this Period
2500.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Friends of George Lang

Mailing Address 7727 Foxboro Drive

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011
Category/
Type

Candidate Name
Lang, George, , OH Sen.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

C
Transaction ID : 17756117
Amount of Each Disbursement this Period
1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for McColley

Mailing Address 15 Lemans Drive

City
Napoleon

State
OH

Zip Code
43545

Purpose of Disbursement
2024 Ohio State Primary Election

011
Category/
Type

Candidate Name
McColley, Robert, , OH Sen.,

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2023

FEC Identification Number

C
Transaction ID : 17756118
Amount of Each Disbursement this Period
1000.00

Memo Item 2024 Ohio State Primary Election

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

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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

Form A: Citizens for Schuring Committee. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Dr. Terry Johnson for Ohio. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Friends of Nickie Antonio. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 2000.00
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

A. Friends of Bill DeMora

Mailing Address 545 E Town Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011

Candidate Name

DeMora, William, . .

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 23 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17756122

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item 2024 Ohio State Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Angie King

Mailing Address 141 Pleasant Ridge Ave

City
Celina

State
OH

Zip Code
45822

Purpose of Disbursement
2024 OH State Primary Election Contribution

011

Candidate Name

King, Angela, , OH Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17759233

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item 2024 OH State Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Gail Pavliga for State Representative

Mailing Address 1965 New Milford Rd.

City
Atwater

State
OH

Zip Code
44201

Purpose of Disbursement
2024 Ohio State Primary Election Contribution

011

Candidate Name

Pavliga, Gail, , OH Rep., Dr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 17759235

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item 2024 Ohio State Primary Election Contribution

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

[REDACTED] 2000.00

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

[REDACTED] 44548.00