

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 118

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Wolf, Dale, , ,

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 ▼

4824.85

Date of Receipt

12 / 04 / 2019

Transaction ID : 13518824

Amount of Each Receipt this Period

4824.85

☐ Memo Item

Board of Director payment

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

B. Carruthers, Garrey, E., ,

Mailing Address 4405 Echo Canyon Road

City
Las Cruces

State
NM

Zip Code
88011-7523

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

12 / 05 / 2019

Transaction ID : 13518835

Amount of Each Receipt this Period

5000.00

☐ Memo Item

2019 Contribution

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

C. Burke, Victoria, R., ,

Mailing Address 2529 Seven Kings Road

City
Virginia Beach

State
VA

Zip Code
23456-7827

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Request for Proposal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

12 / 31 / 2019

Transaction ID : 13645632

Amount of Each Receipt this Period

0.00

☒ Memo Item

Refund(s) on Schedule B Totalling \$192.30 This
changes the YTD Total to \$2115.30

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

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

9824.85