

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Molina Healthcare, Inc. PAC**

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

**A. Quinones, Ernest, E, ,**

Mailing Address 4314 N Greenbrier Rd

City  
Long Beach

State  
CA

Zip Code  
90808-1417

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 ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR477376721896**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

**B. Matthews, Sophia, M, ,**

Mailing Address 5018 Pennsbury Drive

City  
Davenport

State  
FL

Zip Code  
33896

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR477377021896**

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

**C. Iwanaga, Jimmy, , ,**

Mailing Address 21256 Sugarbush Cir

City  
Trabuco Canyon

State  
CA

Zip Code  
92679-3304

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Dir, Accounting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : PR477377821896**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

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

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

434.60