

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 118

(check only one)

<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			

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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. Tran, Thomas, L, ,

Mailing Address 14638 Chatsworth Manor Circle

City
TampaState
FLZip Code
33626-3304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare, Inc.Occupation (for Individual)
Chief Financial Officer Corp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

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

Transaction ID : PR746021921896

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. Lymuel, Keshia, , ,

Mailing Address 2044 Heather Lane

City
SlidellState
LAZip Code
70461-4825FEC 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 ▼

560.00

Date of Receipt

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

Transaction ID : PR746069521896

Amount of Each Receipt this Period

80.00

☐ Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

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

C. Letcher, Kelsey, A, ,

Mailing Address 8905 Fairway Hill Drive

City
AustinState
TXZip Code
78750-3021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of TXOccupation (for Individual)
AVP, Market Leader

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
12		31		2019

Transaction ID : PR746256521896

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).....▶