

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

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

FOR LINE NUMBER: PAGE 104 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. Strait, Erin, M, ,

Mailing Address 1202 Peachcreek Rd

City
CentervilleState
OHZip Code
45458-3266FEC 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 ▼

440.00

Date of Receipt

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

Transaction ID : PR753115221896

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

B. Platek, Kelly, K, ,

Mailing Address 8534 W Center St

City
MilwaukeeState
WIZip Code
53222-4735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of WIOccupation (for Individual)
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : PR753117321896

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

C. Burke, Victoria, R, ,

Mailing Address 2529 Seven Kings Road

City
Virginia BeachState
VAZip Code
23456-7827FEC 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

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

Transaction ID : PR779164121896

Amount of Each Receipt this Period

576.90

☐ Memo Item

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

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

706.90

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