

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

Molina Healthcare, Inc. PAC

ADDRESS (number and street) 200 Oceangate
Suite 100
Long Beach CA 90802

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00430256 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [04] / [01] / [2026] through [04] / [30] / [2026]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mayers, Michael, , ,

Signature of Treasurer *Mayers, Michael, , ,* Date [05] / [19] / [2026]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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="2026"/>		<input type="text" value="394251.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="149896.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="61153.10"/>	<input type="text" value="271348.04"/>
(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="211049.29"/>	<input type="text" value="665599.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="51587.65"/>	<input type="text" value="506137.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="159461.64"/>	<input type="text" value="159461.64"/>
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).....	54868.58	219510.63
(ii) Unitemized	6284.52	51837.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	61153.10	271348.04
(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)	61153.10	271348.04
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	0.00
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)).....▶	61153.10	271348.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	61153.10	271348.04

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.....	48500.00	414000.00
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).....	3087.65	92137.65
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)) ..	51587.65	506137.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	51587.65	506137.65

DETAILED SUMMARY PAGE
of Disbursements

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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)	61153.10	271348.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61153.10	271348.04
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 102
	<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. Tenhouse, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 628 S Taylor St
 City Arlington State VA Zip Code 22204-1449
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 24 / 2026**
Transaction ID : 1963522
 Amount of Each Receipt this Period 2500.00
 Memo Item
 2026 PAC Contribution

B. Romney, Ronna, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3550 Mistletoe Lane
 City Longboat Key State FL Zip Code 34228-4102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. (default) Occupation (for Individual) Member, Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : 4774859
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. 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. (default) Occupation (for Individual) Member, Board of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : 4774889
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 7 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. (default) Occupation (for Individual) Director, Board of Directors
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : 8603565
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. 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 ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR1002418739015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Barth, John, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4832 Graceland Avenue
 City Indianapolis State IN Zip Code 46208-3506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Market Development & Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR1002616739015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1834.60
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 8 OF 102
<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

A. Brown, Qiana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9006 Pacific St
 City Omaha State NE Zip Code 68114-5156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Nebraska, Inc. Occupation (for Individual) AVP, Health Plan Growth & Community
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR100332339015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Zhang, Jia, Xin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 Conservatory Lane
 City Louisville State KY Zip Code 40223-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Kentucky, Inc. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1004213939015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Bastidas, Alex, Hugo, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Cobblestone lane
 City Middletown State NY Zip Code 10940-5091
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) Director, Sales & Retention
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1004552339015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 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:	PAGE 9 OF 102
	(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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Raleigh, Shaun, Michelle, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5151 E Sternberg Rd
 City Fruitport State MI Zip Code 49415-9741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, National Value-Based Contracting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR1004691039015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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) AVP, National Provider Engagement
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR1007378339015
 Amount of Each Receipt this Period 160.00
 Memo Item
 P/R Deduction (\$80.00 Bi-Weekly)

C. Meier, John, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 220 West Front Street
 City Perrysburg State OH Zip Code 43551-1429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR1007758539015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	560.00
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 102
	<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. Copley, Jonathan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR1009926939015		
Mailing Address 7007 Windham Parkway			Amount of Each Receipt this Period 384.60		
City Prospect	State KY	Zip Code 40059-8821	<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) VP, Medicaid Operations			
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 B. Ikuta, Pamela, K., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR1010741239015		
Mailing Address 9932 Tilton Mine Road			Amount of Each Receipt this Period 80.00		
City Redding	State CA	Zip Code 96001-8738	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$40.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Clinical Services LLC		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sefcik, James, F., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR1010746339015		
Mailing Address 6112 DEDHAM LN			Amount of Each Receipt this Period 100.00		
City Austin	State TX	Zip Code 78739-1536	<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) AVP, Enterprise Integration			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 450.00			

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 11 OF 102
	<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

A. Ray-Alexander, Joiel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 364 S Manning Blvd
 City Albany State NY Zip Code 12208-1732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) AVP, Health Plan Growth & Community
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1011424539015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Petrie, Geoffrey, Lawrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 595 Rabon Circle
 City Elgin State SC Zip Code 29045-8948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) VP, Government Contracts
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 865.35

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1013107039015
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. Fields, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bay Shore Ave
 City Long Beach State CA Zip Code 90803-3540
 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1014812639015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	776.90
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 12 OF 102
	<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

A. Hill, Amy, Suter, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1110 NW 107th Circle
 City Vancouver State WA Zip Code 98685-5089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Network Strategy & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1014894439015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Walsh, Martha, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2015 Devonshire Road
 City Ann Arbor State MI Zip Code 48104-4057
 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 ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1015052239015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Geyer, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10587 NW 69Th St
 City Parkland State FL Zip Code 33076-2979
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Investor Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1015054339015
 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 13 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Cavner, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3085 E Cardinal Court
 City Chandler State AZ Zip Code 85286-5713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Health Plan Pharmacy Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1053598339015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. McCoy, Juliette, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9705 TAPATIO DR NW
 City Albuquerque State NM Zip Code 87114-3608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New Mexico, Inc. Occupation (for Individual) Director, Population Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1054240839015
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

C. Narducci, Suellen, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Cabrera CT
 City Las Vegas State NV Zip Code 89138-2009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Nevada, Inc. Occupation (for Individual) VP, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1067936539015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	574.60
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 14 OF 102
	<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	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Hinsdale, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3420 W. Palmira Ave
 City Tampa State FL Zip Code 33629-7015
 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 ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1071767139015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Frey, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1812 Asbury Ave
 City Evanston State IL Zip Code 60201-3504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Director, Regional State Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1071804839015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Clark, Tarance, Smith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Winchester Loop
 City Madison State MS Zip Code 39110-6644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1076270239015
 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 15 OF 102
	<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

A. Groover, Tannia, Denise, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Sleeping Colt Pl
 City Spring State TX Zip Code 77389-7885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) HR Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1076554339015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Purvis, Marla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3071 Prestwyck Haven Dr
 City Duluth State GA Zip Code 30097-6208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1088031239015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Woodard, James, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2009 Woodrow Street
 City Durham State NC Zip Code 27705-3227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 04 / 30 / 2026
Transaction ID : PR1088419139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 16 OF 102
	<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

A. Greenberg, Carmen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Verdin Drive
 City New City State NY Zip Code 10956-3707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senior Whole Health of New York, Inc. Occupation (for Individual) Director, Sales & Retention
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1089310139015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Livingston, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 S Woodcreek Rd
 City Madison State MS Zip Code 39110-6636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Mississippi, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1089880139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Davis, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1906 Corinth Dr
 City Sun Prairie State WI Zip Code 53590-3513
 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 ▼ 1538.40

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR1096010939015
 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 17 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477351839015
 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 ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477352639015
 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 ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477352839015
 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 18 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Mosen, 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 ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477357239015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. 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) Manager, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477358739015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. 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 ▼ 270.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477362439015
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 19 OF 102
	<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

A. 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) EVP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477366239015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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) SVP, Health Plans
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477369239015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477369939015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
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 102
	<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

A. Kennedy, Deborah, Anne, ,
 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 ▼ 1728.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR477370339015
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 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 ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR477371839015
 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 of Michigan, Inc. Occupation (for Individual) Director, Health Plan Operations
 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
 04 / 30 / 2026
Transaction ID : PR477372939015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

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 21 OF 102
	<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

A. Schueren, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 260 Roca Roja Road
 City Sedona State AZ Zip Code 86351-8989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) CFO, Market
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477379439015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 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) Political Action Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477381439015
 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 ▼ 1728.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477381539015
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	664.00
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 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477384139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Danley, Derek, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 470 Shell Ridge Ln
 City Ponte Vedra State FL Zip Code 32081-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Controller, Corporate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477385439015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Lynam, Benjamin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 237 Shell Ridge Lane
 City Ponte Vedra State FL Zip Code 32081-1064
 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 ▼ 1728.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477385539015
 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 23 OF 102
	<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) Director, Long-Term Services & Support
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477387439015
 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, Market Development & Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477389139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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, Government Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477390139015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 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 24 OF 102
	<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	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Stokes, Tabitha, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 Pembroke Pl
 City Bedford State TX Zip Code 76021-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Government Affairs Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477393339015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. 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 ▼ 351.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477394339015
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 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) Controller, Regional
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477395539015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	358.00
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 25 OF 102
	<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

A. Kurtz, Ronald, Douglas, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2033 Kinclair Drive
 City Pasadena State CA Zip Code 91107-1019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) EVP, Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477396339015
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

B. Conn, Amy, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Sycamore Ridge Drive
 City Powell State OH Zip Code 43065-9459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, National Contracts & Strategic Par
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477396839015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Stevens, William, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1167 N. 1150 E
 City American Fork State UT Zip Code 84003-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Utah, Inc. Occupation (for Individual) VP, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR477398339015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

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 26 OF 102
	<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

A. Mcgivern, Kelly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6608 Lantern View Drive #201
 City Jonestown State TX Zip Code 78645-4545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477400039015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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) VP, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477635739015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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) Senior Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR477636239015
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

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 27 OF 102
	<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

A. 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 ▼ 1728.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR496923839015
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

B. Khan, Sayeed, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7950 DISTILLERY RD
 City Belvidere State IL Zip Code 61008-8736
 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 ▼ 675.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497250639015
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

C. 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 ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497262339015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	734.00
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 28 OF 102
	<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

A. 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 & Supports (I
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497265739015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Legbandt, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 Yucca Hills Ct NW
 City Albuquerque State NM Zip Code 87114-6013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Director, IT Services
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 247.50

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497269439015
 Amount of Each Receipt this Period 55.00
 Memo Item
 P/R Deduction (\$27.50 Bi-Weekly)

C. 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 ▼ 585.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497274039015
 Amount of Each Receipt this Period 130.00
 Memo Item
 P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	569.60
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 29 OF 102
	<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

A. 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) Director, Provider Data Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497275839015
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$50.00 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, Technical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497286239015
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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, Health Plan Growth & Community
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497289039015
 Amount of Each Receipt this Period
 300.00
 Memo Item
 P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	784.60
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 30 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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) Director, Provider Data Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497293839015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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) Manager, Health Plan Provider Relator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497297439015
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

C. Rabe, Adriana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 535 E. Benbow St
 City Covina State CA Zip Code 91722-2905
 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 ▼ 540.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497304439015
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	310.00
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 31 OF 102
	<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

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) Competitive Intelligence & Market Anal
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497307839015
 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) VP, AI Engineering & Innovation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 945.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497308339015
 Amount of Each Receipt this Period 210.00
 Memo Item
 P/R Deduction (\$105.00 Bi-Weekly)

C. 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, National Marketing & Communicatic
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497318639015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	674.60
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 32 OF 102
	<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. 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 ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497327539015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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) Director, Provider Data Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497338639015
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497363039015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 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 33 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497364139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

B. 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) Director, Configuration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497372439015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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) Manager, Healthcare Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497374139015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 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 34 OF 102
	<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	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Porter, Daron, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1613 1st Street
 City Duarte State CA Zip Code 91010-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Supervisor, Applications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497379339015
 Amount of Each Receipt this Period 160.00
 Memo Item
 P/R Deduction (\$80.00 Bi-Weekly)

B. 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 Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497395339015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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) Director, Sales Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497397139015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 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 35 OF 102
	<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. Young, Sheila, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR497404639015
Mailing Address 9012 s Ridge Bend CT			Amount of Each Receipt this Period 200.00
City Sandy	State UT	Zip Code 84094-7717	<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 Utah, Inc.		Occupation (for Individual) AVP, Health Plan Growth & Community	
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 B. Williams, Christopher, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR497416339015
Mailing Address 3118 E Villa Knolls Dr.			Amount of Each Receipt this Period 230.00
City Pasadena	State CA	Zip Code 91107-1539	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$115.00 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) VP, Vendor Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sancheti, Alok, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR497422639015
Mailing Address 18506 Bainbrook CT			Amount of Each Receipt this Period 100.00
City Cerritos	State CA	Zip Code 90703-6300	<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) VP, Finance & Analytics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....▶	530.00
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 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497436639015
 Amount of Each Receipt this Period
 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497444939015
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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) AVP, Core Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497474839015
 Amount of Each Receipt this Period
 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	784.60
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 37 OF 102
	<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

A. 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, Health Plan Quality & Risk Adjust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497477339015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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) Quality Program Management & Perfor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497493139015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. 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 ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497498639015
 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 38 OF 102
	<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

A. 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 ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497499139015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. 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) AVP, Reporting & Analytics
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497500339015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497510839015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 39 OF 102
	<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

A. Adams, Fay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1661 N Greenbrier Rd
 City Long Beach State CA Zip Code 90815-3924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Controller, Regional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497513939015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Deuber, Peggy, Sue, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1168 Creekside PL
 City Reynoldsburg State OH Zip Code 43068-3214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Support Center Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497525039015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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) Director, Programs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497527939015
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 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 40 OF 102
	<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. Martinez, Blanca, Iradia, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR497532639015		
Mailing Address 3302 Ladoga Ave			Amount of Each Receipt this Period 100.00		
City Long Beach	State CA	Zip Code 90808-4129	<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 California		Occupation (for Individual) Director, Healthcare Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Patterson, Bethany, J, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR497552439015		
Mailing Address 520 Dark Ridge Rd			Amount of Each Receipt this Period 80.00		
City Sylva	State NC	Zip Code 28779-8926	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$40.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Clinical Services LLC		Occupation (for Individual) Director, Healthcare Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zastrow, Raymond, Jude, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR497554639015		
Mailing Address 11701 River Ridge Dr.			Amount of Each Receipt this Period 384.60		
City Mequon	State WI	Zip Code 53092-2755	<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 Wisconsin, 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 ▼ 1730.70			

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 41 OF 102
	<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. Anderson, Sharon, Kelly, ,

Mailing Address 6141 Eva Marie Ln

City Billings	State MT	Zip Code 59101-6780
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of Washington, Inc.	Occupation (for Individual) Director, Healthcare Services
--	--

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
 04 / 30 / 2026
Transaction ID : PR497575439015

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
B. Goodson, Folayan, Ife, ,

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
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497582039015

Amount of Each Receipt this Period
200.00

Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Briones-Rivas, Edna, Eloisa, ,

Mailing Address 820 Pueblo St

City Mission	State TX	Zip Code 78572-4936
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of Texas, Inc.	Occupation (for Individual) Director, Healthcare Services
---	--

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
 04 / 30 / 2026
Transaction ID : PR497599239015

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 42 OF 102
	<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	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Segars, John, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 367 Pluff Mud Alley
 City Mount Pleasant State SC Zip Code 29464-8149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Payment Integrity
 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
 04 / 30 / 2026
Transaction ID : PR497600239015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. 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) VP, Network Strategy & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR497687139015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Young, Cynthia, Steen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1360 Normandy Dr.
 City Newark State OH Zip Code 43055-9201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) AVP, Health Plan Growth & Community
 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
 04 / 30 / 2026
Transaction ID : PR497733739015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 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 43 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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, Medicare Segment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497754439015
 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) Director, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497756339015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Faroughi, Cheryl, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1442 Aniko Ave
 City Lewis Center State OH Zip Code 43035-7918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Member & Provider Support Center
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR497793639015
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 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 44 OF 102
	<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

A. Shrouds, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1949 Village Crossing Drive
 City Daniel Island State SC Zip Code 29492-8542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of South Carolina, I Occupation (for Individual) Chief Medical Officer, Health Plan
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497799639015
 Amount of Each Receipt this Period 140.00
 Memo Item
 P/R Deduction (\$70.00 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) Senior Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497843239015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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, Health Plan Quality & Risk Adjust
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR497905939015
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 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 45 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 310 S 3rd St
 City Pinehurst State ID Zip Code 83850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) Manager, Healthcare Services Operatio
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR498440739015
 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 2400 Mellwood Ave Apt 808
 City Louisville State KY Zip Code 40206-1065
 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 ▼ 540.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR499018239015
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. Abbott, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8298 Sugarman Dr
 City La Jolla State CA Zip Code 92037-2221
 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 ▼ 813.16

Date of Receipt 04 / 30 / 2026
Transaction ID : PR499320339015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	398.00
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 46 OF 102
	<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

A. 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 ▼ 1170.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR499379539015
 Amount of Each Receipt this Period 260.00
 Memo Item
 P/R Deduction (\$130.00 Bi-Weekly)

B. 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 Deve
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR499425339015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Cos, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2147 West Evergreen Avenue Unit 201
 City Chicago State IL Zip Code 60622-8828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Ohio, Inc. Occupation (for Individual) Director, Government Contracts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR499521439015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	390.00
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 102
	<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

A. 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) Manager, Behavioral Health
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR501940439015
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR501949539015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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) Director, Finance & Analytics
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR501950539015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

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 48 OF 102
	<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	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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) Manager, Pharmacy Policy
 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
 04 / 30 / 2026
Transaction ID : PR502344139015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. 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) Director, Health Plan Member & Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR502345539015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR502347539015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 49 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR507831039015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Gudz, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 White Cedar Way
 City Springboro State OH Zip Code 45066-7132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) CFO, Operational Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR510918339015
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

C. 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) VP, Market Development & Strategy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR511079439015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 50 OF 102
	<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

A. 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) AVP, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR528794039015
 Amount of Each Receipt this Period
 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Wilson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Broadway
 City Alameda State CA Zip Code 94501-6332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) CISO - Security Official
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR630170939015
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Keim, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Old Cedar Lane
 City Johns Island State SC Zip Code 29455-5658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Senior EVP, Chief Financial Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1728.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR696021739015
 Amount of Each Receipt this Period
 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	968.60
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 102
	<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

A. Zubretsky, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 Nibang Avenue
 City Old Saybrook State CT Zip Code 06475-3110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) President and CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR696438039015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Brazee, Danielle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17830 Cinnamon Ct
 City Lockport State IL Zip Code 60441-4758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) AVP, Health Plan Growth & Community
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 990.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR696691039015
 Amount of Each Receipt this Period 220.00
 Memo Item
 P/R Deduction (\$110.00 Bi-Weekly)

C. 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, Health Plan Growth & Community
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR696692539015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	704.60
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 102
	<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

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) Director, Behavioral Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR742818239015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Sangani, Geeta, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6896 Page Hollow Pl
 City Fayetteville State NY Zip Code 13066-9797
 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 ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR743739139015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Roever, Lorie, Jeanne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 Whitehead Ln
 City Land O Lakes State FL Zip Code 34638-7201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Clinical Operations
 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
 04 / 30 / 2026
Transaction ID : PR743741139015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 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 53 OF 102
	<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 ▼ 225.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR743742639015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR745692639015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Letcher, Kelsey, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8905 Fairway Hill Drive
 City Austin State TX Zip Code 78750-3021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Texas, Inc. Occupation (for Individual) COO, Health Plan
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR746256539015
 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:	PAGE 54 OF 102
	(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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Huang, Eric, Chuang-Han, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9886 Sturgeon Ave
 City Fountain Valley State CA Zip Code 92708-4619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Senior Medical Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR746257339015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Tiernan, Shane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3478 Canyon Estates Dr
 City Bountiful State UT Zip Code 84010-3307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Special Investigative Unit
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 675.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR749068739015
 Amount of Each Receipt this Period 150.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

C. Lurie, Steve, Ross, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2019 Harriman Lane Unit A
 City Redondo Beach State CA Zip Code 90278-4227
 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR749337739015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	734.60
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 102
	<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

A. 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, Artificial Intelligence Enablement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR749585839015
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$150.00 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 ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR752566139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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) AVP, Financial Planning & Analysis
 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
 04 / 30 / 2026
Transaction ID : PR753115239015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	764.60
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 56 OF 102
	<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. 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, Technical Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR779102139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Jackson, Brennon, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19285 Berclair Lane
 City Tarzana State CA Zip Code 91356-5009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Core Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR779164039015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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) Director, Regional State Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR835494739015
 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 57 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Dees, Jason, Barkley, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 14
 City New Albany State MS Zip Code 38652-0014
 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 ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR835563439015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 540.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR835669339015
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. 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) Senior Assistant General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR835669539015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 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 58 OF 102
	<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

A. Sandoval, Jennifer, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2512 Rio Orilla Ln NW
 City Albuquerque State NM Zip Code 87120-3180
 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 Management & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR835703539015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Stone, Elizabeth, Grussenmeyer, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8020 Rob Roy Ln
 City Granite Bay State CA Zip Code 95746-9336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Senior Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR835779839015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Utter, Julie, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5742 Sandhill Dr
 City Middleton State WI Zip Code 53562-5254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Wisconsin, Inc. Occupation (for Individual) AVP, Health Plan Quality & Risk Adjust
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR835780739015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	819.20
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 59 OF 102		
	<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

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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. Hooper, Barbara, Ann, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR835781639015		
Mailing Address 8626 Rockporte Court			Amount of Each Receipt this Period 50.00		
City Roseville	State CA	Zip Code 95747-6389	<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) VP, Core Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Easterday, Michael, E, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR837670039015		
Mailing Address 6748 Cinnamon Dr Sparks			Amount of Each Receipt this Period 100.00		
City Sparks	State NV	Zip Code 89436-6476	<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) VP, Market Development & Strategy			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rish, James, Alfred, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR840255339015		
Mailing Address 2858 Hosta Cove			Amount of Each Receipt this Period 77.00		
City Tupelo	State MS	Zip Code 38801-8184	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.50 Bi-Weekly)		
Name of Employer (for Individual) Molina Clinical Services LLC		Occupation (for Individual) National Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 346.50			

SUBTOTAL of Receipts This Page (optional).....▶	227.00
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 102
	<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

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) Director, Health Plan Member & Commu
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR849041539015
 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) AVP, Customer Experience
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR849176339015
 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) Risk & Quality Performance Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR849290739015
 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 61 OF 102
	<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. Therrian, Amanda, Gayle, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR849623339015		
Mailing Address 8709 Parry Lane			Amount of Each Receipt this Period 200.00		
City Alexandria	State VA	Zip Code 22308-2440	<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) Director, Government Affairs			
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 B. Reynolds, David, Thomas, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR867320739015		
Mailing Address 1670 Peregrine Point Dr			Amount of Each Receipt this Period 384.00		
City Sarasota	State FL	Zip Code 34231-2331	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.00 Bi-Weekly)		
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) EVP, Health Plans & COO, Medicaid			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1728.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tropiano, Pamela, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR873122639015		
Mailing Address 9060 McKinley Drive			Amount of Each Receipt this Period 384.60		
City Northfield	State OH	Zip Code 44067-1219	<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 Ohio, Inc.		Occupation (for Individual) VP, Healthcare Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1730.70			

SUBTOTAL of Receipts This Page (optional).....▶	968.60
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 62 OF 102
	<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

A. Williams, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 Crested Butte Dr
 City White Lake State MI Zip Code 48383-2376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Michigan, Inc. Occupation (for Individual) AVP, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR887104439015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Mcardle, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7628 Polk St
 City Forest Park State IL Zip Code 60130-2230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Director, 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
 04 / 30 / 2026
Transaction ID : PR887762639015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 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 ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR890682139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 63 OF 102
	<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. 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) AVP, Program Management
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 346.14

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR890685739015
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. 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) Director, Regional State Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR893130239015
 Amount of Each Receipt this Period 120.00
 Memo Item
 P/R Deduction (\$60.00 Bi-Weekly)

C. Tong, Alan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1217 Goldenview Dr
 City Corona State CA Zip Code 92882-8730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Chief Digital Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR903193739015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	581.52
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 64 OF 102
	<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

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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR903219939015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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) AVP, Core Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR903406139015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR908817439015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 65 OF 102
	<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. Packard, Marnie, Suzanne, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR908819239015		
Mailing Address 1400 W Ranch Rd			Amount of Each Receipt this Period 100.00		
City Boise	State ID	Zip Code 83702-1448	<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 Utah, Inc.		Occupation (for Individual) VP, Market Leader			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Siepel, Cristina, Nieves, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR909910639015		
Mailing Address 203 La Paloma Unit A			Amount of Each Receipt this Period 384.60		
City San Clemente	State CA	Zip Code 92672-5115	<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) SVP, Human Resources			
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. Sadler, Ryan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026 Transaction ID : PR913058839015		
Mailing Address 8907 Coltsfoot Trace			Amount of Each Receipt this Period 384.60		
City Prospect	State KY	Zip Code 40059-7674	<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 Kentucky, Inc.		Occupation (for Individual) SVP, Health Plans			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1730.70			

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 66 OF 102
	<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

A. Saavedra, Buffie, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2904 Topeka SE
 City Albuquerque State NM Zip Code 87102-5146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Director, Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR921281639015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. 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, Cost of Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR921362439015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Hagan-Lackner, Colleen, Casey, ,
 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 ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR921570939015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 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 67 OF 102
	<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

A. Pakula, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10910 Robinhood St
 City Westchester State IL Zip Code 60154-4950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Illinois, Inc. Occupation (for Individual) Director, Quality Program Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 04 / 30 / 2026
Transaction ID : PR921571839015
 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 ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR922610239015
 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 70 Henry Hill Drive
 City Fairfield State VA Zip Code 24435-2242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) EVP, Integration & Transformation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR922725939015
 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 68 OF 102
	<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

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) VP, Healthcare Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR922727439015
 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
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR922780839015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Hernandez, Jacqueline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1909 S. 11th St Las Vegas St.
 City Las Vegas State NV Zip Code 89104
 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 ▼ 900.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR922783039015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 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 69 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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) AVP, Information Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR926007339015
 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 1555 Hillside Landing Dr.
 City Tarpon Springs State FL Zip Code 34688-5301
 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 ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR926013339015
 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) Director, Healthcare Analytics
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR926550539015
 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 70 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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) COO, Health Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR926827839015
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 of Nevada, Inc. Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR926839139015
 Amount of Each Receipt this Period
 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. Greenwood, Mark, Robert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6243 W. 10480 N.
 City Highland State UT Zip Code 84003-9292
 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 ▼ 1019.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR926902839015
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	684.60
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 71 OF 102
	<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

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, Health Plan Quality & Risk Adjust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR926920539015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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 ▼ 313.74

Date of Receipt 04 / 30 / 2026
Transaction ID : PR935828739015
 Amount of Each Receipt this Period 69.72
 Memo Item
 P/R Deduction (\$34.86 Bi-Weekly)

C. DAngelo, 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 ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR935852839015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	369.72
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 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Andrade, Minnie, , ,		Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR935866939015
Mailing Address 8256 W. Electra Lane		Amount of Each Receipt this Period 200.00
City Peoria	State AZ	Zip Code 85383-1698
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare of Arizona, Inc.	Occupation (for Individual) Plan President	P/R Deduction (\$100.00 Bi-Weekly)
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 B. Parris, Cheryl, Allison, ,		Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR935869839015
Mailing Address 64 Irving Avenue		Amount of Each Receipt this Period 76.92
City Freeport	State NY	Zip Code 11520-5907
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) AVP, Healthcare Services	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Sprunger, Joshua, , ,		Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR935873539015
Mailing Address 4110 E Sacaton St		Amount of Each Receipt this Period 150.00
City Phoenix	State AZ	Zip Code 85044-1817
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) AVP, Growth Strategy & Proposal Devel	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional).....▶	426.92
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 73 OF 102
	<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

A. 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) CFO, Regional
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR935879539015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Mooney, Josiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2105 Parkway Pl.
 City Tyler State TX Zip Code 75701-4754
 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 ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR935922039015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$0.00 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 ▼ 1384.65

Date of Receipt 04 / 30 / 2026
Transaction ID : PR935984339015
 Amount of Each Receipt this Period 307.70
 Memo Item
 P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	607.70
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 74 OF 102		
	<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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Berringer, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Health Plan Pharmacy Services Directo
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR936001939015
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Bielo, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR936003139015
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR936006339015
 Amount of Each Receipt this Period
 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	684.60
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 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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) Director, Healthcare Services
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR936019839015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. 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) Senior Assistant General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR936020339015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. 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) Director, Finance
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR936033039015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 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 76 OF 102
	<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

A. 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) Director, Health Plan Quality & Risk A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR936038039015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Totten, Abbie, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 El Encino Way
 City Sacramento State CA Zip Code 95864-5216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR936143039015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR936924339015
 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 77 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Stocking, Sarah, Lynne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18600 Blue Skies Ct
 City Livonia State MI Zip Code 48152-2678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) National Risk & Quality Performance M:
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR937185039015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. 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) Director, Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR953045239015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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) Director, Health Plan Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR956589439015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 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 78 OF 102
	<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	

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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) Chief Medical Officer, Health Plan
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR957813839015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. 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) SVP, Health Plans
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR958340039015
 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) Director, Regional State Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR958664039015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	684.60
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 79 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Brennan, Jerry, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6999 Highgrove Lane
 City Crestwood State KY Zip Code 40014-8620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Process Improvement & Operation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR958667839015
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. 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 ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR959117539015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

C. 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 ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR959436039015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 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 80 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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, Health Plan Quality & Risk Adjust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 387.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR959628139015
 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 of New York, Inc. Occupation (for Individual) Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR959872539015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR959942639015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	670.60
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 81 OF 102
	<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. Gahagan, Kimberly, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR959942739015		
Mailing Address 3729 Royal Fortune Dr.			Amount of Each Receipt this Period 100.00		
City Las Vegas	State NV	Zip Code 89141-6124	<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 Nevada, Inc.		Occupation (for Individual) AVP, Health Plan Growth & Community			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brendel, William, Brian, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR960047939015		
Mailing Address 7821 N River Crossing			Amount of Each Receipt this Period 200.00		
City China Spring	State TX	Zip Code 76633-3052	<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 Texas, Inc.		Occupation (for Individual) Medical Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kuchlewski, Lori, A, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR969616939015		
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) Director, Reporting & Analytics			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 675.00			

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 102
	<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, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 Jefferson St
 City Franklin Square State NY Zip Code 11010-2443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Manager, Learning & Development
 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
 04 / 30 / 2026
Transaction ID : PR969761039015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Simmons, Alisa, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 74 Salem Rd
 City Rockville Centre State NY Zip Code 11570-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) AVP, Health Plan Quality & Risk Adjust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR969843339015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. 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) AVP, National Value-Based Contracting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR970345039015
 Amount of Each Receipt this Period 90.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	240.00
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 83 OF 102
	<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. Gildred, Tory, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026
Mailing Address 4328 Baker Ave NW			Transaction ID : PR970345339015
City Seattle	State WA	Zip Code 98107-4349	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Molina Healthcare of Washington, Inc.		Occupation (for Individual) AVP, Behavioral Health	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bacon, Debra, J., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026
Mailing Address 2013 N 1st Avenue			Transaction ID : PR970346539015
City Phoenix	State AZ	Zip Code 85003-1156	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) EVP, Medicaid	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 ▼ 1730.70		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Plaksin, Kathryn, Hall, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2026
Mailing Address 5386 Mesa Edge Court			Transaction ID : PR971447939015
City Las Vegas	State NV	Zip Code 89135-9140	Amount of Each Receipt this Period 100.00
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 Assistant General Counsel	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 ▼ 450.00		

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 84 OF 102
	<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. 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 ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR971697939015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Rosemond, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 Arcadia Ave Unit 4
 City Arcadia State CA Zip Code 91007-7063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) AVP, Provider Network Management &
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR974888839015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Stick, Erin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1548 Seafarer Ln
 City Virginia Beach State VA Zip Code 23454-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Core Operations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2026
Transaction ID : PR974953439015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 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 85 OF 102		
	<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

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Sylvander, Ronald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 North Martha Street
 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 ▼ 270.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR974959939015
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

B. 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 ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR974960339015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. Santana, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 229 Route 202 Apt. 1V
 City Pomona State NY Zip Code 10970-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of New York, Inc. Occupation (for Individual) Manager, Business Development & Ben
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR975578339015
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	504.60
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 86 OF 102
	<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

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) AVP, Financial Planning & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR976020739015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Ehrlich, Karen, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1049 Glendevon Drive
 City Ambler State PA Zip Code 19002-1855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Information Governance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR980173239015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 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) Senior Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR981234339015
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 87 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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 ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR981604139015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. Stroshine, Jennifer, L.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Breezy PT
 City Gadsden State AL Zip Code 35901-7711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Nevada, Inc. Occupation (for Individual) Advanced Practice Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR981607339015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Carroll, Anthony, Joseph, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 60th Street
 City Des Moines State IA Zip Code 50312-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Iowa, Inc. Occupation (for Individual) VP, Government Contracts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR984441639015
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	450.00
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 88 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Burke, Paul, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR984445539015
Mailing Address 42 Marlboro Road			Amount of Each Receipt this Period 80.00
City Woburn	State MA	Zip Code 01801-3409	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer (for Individual) Senior Whole Health, LLC		Occupation (for Individual) Director, Health Plan Provider Contract	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Russell, Richard, Paul, ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR984543639015
Mailing Address 7857 Boulder Ct			Amount of Each Receipt this Period 192.30
City West Des Moines	State IA	Zip Code 50266-2665	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$96.15 Bi-Weekly)
Name of Employer (for Individual) Molina Healthcare of Iowa, 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 ▼ 865.35		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Marston, Brian, , ,			Date of Receipt MM / DD / YYYY 04 / 30 / 2026 Transaction ID : PR984753239015
Mailing Address 409 Kimberly Drive			Amount of Each Receipt this Period 100.00
City West Burlington	State IA	Zip Code 52655-1507	<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 Iowa, Inc.		Occupation (for Individual) AVP, Long-Term Services & Supports (L	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional).....	372.30
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 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. 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 Management & Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR984758439015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. Powell-Voigt, Mary, Catherine, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2504 West Jetton Ave
 City Tampa State FL Zip Code 33629-5323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR985621239015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. Prime, Lauren, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1123 S 6th Ave W
 City Newton State IA Zip Code 50208-3535
 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 ▼ 450.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR985775539015
 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 90 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 & Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR985920439015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. Dugan, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 via Ceramica
 City San Clemente State CA Zip Code 92673-7012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of California Occupation (for Individual) Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 30 / 2026
Transaction ID : PR988659539015
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. Baughman, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3556
 City Incline Village State NV Zip Code 89450-3556
 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 ▼ 1730.70

Date of Receipt 04 / 30 / 2026
Transaction ID : PR988855739015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	484.60
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 91 OF 102
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Molina Healthcare, Inc. PAC

A. Beach, Jessica, Elizabeth, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1109 Foxberry Ln
 City Maiden State NC Zip Code 28650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare of Washington, Inc. Occupation (for Individual) Director, Health Equity & Cultural Com
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR989593239015
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Amara, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 Griswold Dr
 City Hartford State CT Zip Code 06119-1023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Human Resources
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **04 / 30 / 2026**
Transaction ID : PR989594139015
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	464.60
TOTAL This Period (last page this line number only).....	54868.58

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.

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Delbene For Congress

Mailing Address PO Box 477

City Kirkland

State WA

Zip Code 98083

Purpose of Disbursement 2026 US Primary Election Contribution

011

Candidate Name

DelBene, Suzan, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2026 [X] Primary [] General [] Other (specify) v

State: WA District: 01

Date of Disbursement

Date selection grid showing 04/28/2026

FEC Identification Number

C00459099

Transaction ID : 19628298

Amount of Each Disbursement this Period

2500.00

[] Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Debbie Dingell For Congress

Mailing Address 19855 W. Outer Dr. Suite 103 A-E

City Dearborn

State MI

Zip Code 48124

Purpose of Disbursement 2026 US Primary Election Contribution

011

Candidate Name

Dingell, Debbie, Insley, Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2026 [X] Primary [] General [] Other (specify) v

State: MI District: 12

Date of Disbursement

Date selection grid showing 04/28/2026

FEC Identification Number

C00558213

Transaction ID : 19628299

Amount of Each Disbursement this Period

1000.00

[] Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Elizabeth Pannill Fletcher For Congress

Mailing Address 3262 Westheimer Rd #636

City Houston

State TX

Zip Code 77098

Purpose of Disbursement 2026 US General Election Contribution

011

Candidate Name

Fletcher, Elizabeth, Pannill, Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2026 [] Primary [X] General [] Other (specify) v

State: TX District: 07

Date of Disbursement

Date selection grid showing 04/28/2026

FEC Identification Number

C00640045

Transaction ID : 19628300

Amount of Each Disbursement this Period

2500.00

[] Memo Item 2026 US General Election Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

6000.00

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.

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Susie Lee For Congress

Mailing Address 5130 S Fort Apache Rd Ste 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement 2026 US Primary Election Contributions

Candidate Name

Lee, Susie, , Rep.,

Office Sought: [X] House [] Senate [] President

State: NV District: 03

Disbursement For: 2026 [X] Primary [] General [] Other (specify) v

011 Category/Type

Date of Disbursement

Date grid showing 04/28/2026

FEC Identification Number

C00655613

Transaction ID : 19628304

Amount of Each Disbursement this Period

Amount grid showing 1000.00

[] Memo Item 2026 US Primary Election Contributions

Full Name (Last, First, Middle Initial)

B. Mannion For New York

Mailing Address PO Box 11131

City Syracuse State NY Zip Code 13218

Purpose of Disbursement 2026 US Primary Election Contribution

Candidate Name

Mannion, John, , Rep.,

Office Sought: [X] House [] Senate [] President

State: NY District: 22

Disbursement For: 2026 [X] Primary [] General [] Other (specify) v

011 Category/Type

Date of Disbursement

Date grid showing 04/28/2026

FEC Identification Number

C00845461

Transaction ID : 19628305

Amount of Each Disbursement this Period

Amount grid showing 1000.00

[] Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement 2026 US General Election Contribution

Candidate Name

Neal, Richard, E., Rep.,

Office Sought: [X] House [] Senate [] President

State: MA District: 01

Disbursement For: 2026 [] Primary [X] General [] Other (specify) v

011 Category/Type

Date of Disbursement

Date grid showing 04/28/2026

FEC Identification Number

C00226522

Transaction ID : 19628306

Amount of Each Disbursement this Period

Amount grid showing 5000.00

[] Memo Item 2026 US General Election Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

Subtotal grid showing 7000.00

Total grid showing 7000.00

**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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Stand With Sanchez

Mailing Address PO Box 83142

City
Gaithersburg

State
MD

Zip Code
20883

Purpose of Disbursement
2026 US Primary Election Contribution

011
Category/
Type

Candidate Name
Sanchez, Linda, Teresa, Rep.,

Office Sought: House
 Senate
 President
State: CA District: 38

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2026

FEC Identification Number

C C00384057

Transaction ID : 19628313

Amount of Each Disbursement this Period

2000.00

Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Schneider For Congress

Mailing Address PO Box 1318

City
Deerfield

State
IL

Zip Code
60015

Purpose of Disbursement
2026 US General Election Contribution

011
Category/
Type

Candidate Name
Schneider, Bradley, , Rep.,

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2026

FEC Identification Number

C C00495952

Transaction ID : 19628316

Amount of Each Disbursement this Period

1000.00

Memo Item 2026 US General Election Contribution

Full Name (Last, First, Middle Initial)

C. Scholten For Congress

Mailing Address P.O. Box 6233

City
Grand Rapids

State
MI

Zip Code
49510

Purpose of Disbursement
2026 US Primary Election Contribution

011
Category/
Type

Candidate Name
Scholten, Hillary, , Rep.,

Office Sought: House
 Senate
 President
State: MI District: 03

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2026

FEC Identification Number

C C00711317

Transaction ID : 19628318

Amount of Each Disbursement this Period

2000.00

Memo Item 2026 US Primary Election Contribution

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

5000.00

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

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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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Suozzi For Congress

Mailing Address PO Box 669

City
Glen Cove

State
NY

Zip Code
11542

Purpose of Disbursement
2026 US Primary Election Contribution

011
Category/
Type

Candidate Name
Suozzi, Thomas, R., Rep.,

Office Sought: House
 Senate
 President
State: NY District: 03

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2026

FEC Identification Number

C C00607200

Transaction ID : 19628319

Amount of Each Disbursement this Period

1000.00

Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Emilia Sykes For Congress

Mailing Address P.O. Box 1347

City
Akron

State
OH

Zip Code
44309

Purpose of Disbursement
2026 US Primary Election Contribution

011
Category/
Type

Candidate Name
Sykes, Emilia, , Rep.,

Office Sought: House
 Senate
 President
State: OH District: 13

Disbursement For: 2026
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2026

FEC Identification Number

C C00801274

Transaction ID : 19628321

Amount of Each Disbursement this Period

2000.00

Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C. Derek Tran For Congress

Mailing Address 10441 Stanford Avenue, #395

City
Garden Grove

State
CA

Zip Code
92842

Purpose of Disbursement
2026 US Primary Election Contribution

011
Category/
Type

Candidate Name
Tran, Derek, , Rep.,

Office Sought: House
 Senate
 President
State: CA District: 45

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2026

FEC Identification Number

C C00851790

Transaction ID : 19628324

Amount of Each Disbursement this Period

1000.00

Memo Item 2026 US Primary Election Contribution

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

4000.00

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

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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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Gabe Vasquez For Congress

Mailing Address Drawer L

City
Mesilla

State
NM

Zip Code
88046

Purpose of Disbursement
2026 US Primary Election Contribution

011

Category/
Type

Candidate Name
Vasquez, Gabe, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: NM District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2026

FEC Identification Number

C C00789404

Transaction ID : 19628326

Amount of Each Disbursement this Period

1000.00

Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

B. Debbie Wasserman Schultz For Congress

Mailing Address 1071
Twin Branch Ln

City
Weston

State
FL

Zip Code
33326

Purpose of Disbursement
2026 US Primary Election Contribution

011

Category/
Type

Candidate Name
Wasserman-Schultz, Debbie, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2026

FEC Identification Number

C C00385773

Transaction ID : 19628327

Amount of Each Disbursement this Period

1000.00

Memo Item 2026 US Primary Election Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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 Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

2000.00

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

48500.00

**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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. North Carolina Democratic Party - House Caucus

Mailing Address 220 Hillsborough Street

City
Raleigh

State
NC

Zip Code
27603

Purpose of Disbursement
2026 Contribution

011

Category/
Type

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
0	4			2	8			2	0	2	6		

FEC Identification Number

C [REDACTED]

Transaction ID : 19628329

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item 2026 Contribution

Full Name (Last, First, Middle Initial)

B. NC HOUSE GOP

Mailing Address 1506 Hillsborough St

City
Raleigh

State
NC

Zip Code
27605

Purpose of Disbursement
2026 Contribution

011

Category/
Type

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
0	4			2	8			2	0	2	6		

FEC Identification Number

C [REDACTED]

Transaction ID : 19628330

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item 2026 Contribution

Full Name (Last, First, Middle Initial)

C. North Carolina Democratic Party Senate Caucus

Mailing Address P.O. Box 28163

City
Raleigh

State
NC

Zip Code
27611

Purpose of Disbursement
2026 Contribution

011

Category/
Type

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
0	4			2	8			2	0	2	6		

FEC Identification Number

C [REDACTED]

Transaction ID : 19628331

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item 2026 Contribution

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

[REDACTED] 2000.00

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

[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)

<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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. North Carolina Republican Senate Caucus

Mailing Address 1506 Hillsborough Street

City
Raleigh

State
NC

Zip Code
27605

Purpose of Disbursement
2026 Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2026

FEC Identification Number

Transaction ID : 19628332

Amount of Each Disbursement this Period

Memo Item 2026 Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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