

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

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

FOR LINE NUMBER: PAGE 11 OF 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Rudshagen, Susan, , ,

Mailing Address 2101 E 21st St
 Unit 219

City
 Signal Hill

State
 CA

Zip Code
 90755-5973

FEC ID number of contributing
 federal political committee.

C

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

Occupation (for Individual)
 Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2019

Transaction ID : PR477370420422

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

B. Lockwood, Tonya, , ,

Mailing Address 520 S Kenwood

City
 Royal Oak

State
 MI

Zip Code
 48067-3995

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Molina Healthcare of MI

Occupation (for Individual)
 VP, Health Plan Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2019

Transaction ID : PR477371820422

Amount of Each Receipt this Period

292.30

☐ Memo Item

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

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

C. Quinones, Ernest, E, ,

Mailing Address 4314 N Greenbrier Rd

City
 Long Beach

State
 CA

Zip Code
 90808-1417

FEC ID number of contributing
 federal political committee.

C

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

Occupation (for Individual)
 VP, Core Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2019

Transaction ID : PR477376720422

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

756.90

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