

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 54

(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. Brower, Sandra, E, ,

Mailing Address 1455 NW 19th Street

City

Homestead

State

FL

Zip Code

33030-2812

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

AVP, Health Plan Quality Improvement

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : PR497477322268

Amount of Each Receipt this Period

150.00

☐ Memo Item

P/R Deduction (\$75.00 Bi-Weekly)

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

B. Hansen, Lynette, , ,

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 UT

Occupation (for Individual)

AVP, Quality Improvement

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : PR497493122268

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. Hendrickson, Brandon, S, ,

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 UT

Occupation (for Individual)

Plan President

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2020

Transaction ID : PR497510822268

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

734.60