

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

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

FOR LINE NUMBER: PAGE 30 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. Qureshi, Omar, , ,

Mailing Address 153 Prospect Avenue

City

Long Beach

State

CA

Zip Code

90803-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

AVP, Data Management

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 : PR745407622268

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

B. Woys, James, Edwin, ,

Mailing Address PO Box 269

City

Fair Oaks

State

CA

Zip Code

95628-0269

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

EVP, Health Plan Services

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 : PR745692622268

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. Tran, Thomas, L, ,

Mailing Address 14638 Chatsworth Manor Circle

City

Tampa

State

FL

Zip Code

33626-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

Chief Financial Officer Corp

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

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

Transaction ID : PR746021922268

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).....▶

969.20