

# **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 97

(check only one)

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

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

A. Syiek, Mary, , ,

Mailing Address 6662 Gate Hill Cir

City  
Huntington Beach

State  
CA

Zip Code  
92648-2109

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
SVP, Provider and Member Engagemer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2890.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2017

Transaction ID : PR477384616753

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

B. Charlebois, Ellen, , ,

Mailing Address 2030 Silverlake Blvd

City  
Frankfort

State  
KY

Zip Code  
40601-5306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Molina Medicaid Solutions

Occupation (for Individual)  
Dir, Implementation

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  
07 / 31 / 2017

Transaction ID : PR477384816753

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

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

C. Hopfer, Richard, , ,

Mailing Address 6424 E Ocean Blvd

City  
Long Beach

State  
CA

Zip Code  
90803-5651

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Chief Info Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2017

Transaction ID : PR477385016753

Amount of Each Receipt this Period

140.00

☐ Memo Item

P/R Deduction (\$70.00 Bi-Weekly)

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

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

644.60