



**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="2016"/>		196350.54
(b) Cash on Hand at Beginning of Reporting Period.....	261049.46	
(c) Total Receipts (from Line 19) .....	31941.77	257150.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	292991.23	453500.68
7. Total Disbursements (from Line 31).....	76001.25	236510.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	216989.98	216989.98
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Molina Healthcare, Inc. PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 09 / 01 / 2016 To: M M / D D / Y Y Y Y 09 / 30 / 2016

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21449.92	179332.54
(ii) Unitemized .....	10491.85	77718.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	31941.77	257051.52
(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) .....	31941.77	257051.52
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	98.62
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)).....▶	31941.77	257150.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	31941.77	257150.14

**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.....	42750.00	189750.00
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	144.45
(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	144.45
29. Other Disbursements (Including Non-Federal Donations).....	33251.25	46616.25
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)) ..	76001.25	236510.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76001.25	236510.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	31941.77	257051.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	144.45
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31941.77	256907.07
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 87
	<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	

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. White, Joseph, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 Loma View Dr  
 City Altadena State CA Zip Code 91001-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Chief Accounting Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477351614207**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**B. 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) General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477351814207**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. Puente, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3828 W Land Park Dr.  
 City Sacramento State CA Zip Code 95822-1122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1843.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477352714207**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	963.24
<b>TOTAL</b> 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 87
	<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. 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) AVP, Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477352814207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Smith, Liana, Crista, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1317 South Pearl  
 City Compton State CA Zip Code 90221-4909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, IT Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477352914207**  
 Amount of Each Receipt this Period 22.00  
 Memo Item  
 P/R Deduction (\$11.00 Bi-Weekly)

**C. Gordon, Robert, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5793 Maxson Dr  
 City Cypress State CA Zip Code 90630-3247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP & Senior Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2280.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477353114207**  
 Amount of Each Receipt this Period 240.00  
 Memo Item  
 P/R Deduction (\$120.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	462.00
<b>TOTAL</b> 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 87
	<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. Molina, John, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 250 Roycroft Ave.  
 City Long Beach State CA Zip Code 90803-1717  
 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 ▼ 3653.89

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477353314207**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**B. Molina, Joseph, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1311 Chelten Way  
 City South Pasadena State CA Zip Code 91030-3911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Chairman of the Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.89

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477353414207**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. Zarza-Garrido, Joann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9550 Westbourne Court  
 City Cypress State CA Zip Code 90630-2760  
 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 ▼ 991.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477353714207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	847.24
<b>TOTAL</b> 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 9 OF 87
	<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. Lee, Laurel, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23403 NE 21st St  
 City Sammamish State WA Zip Code 98074-4417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WA Occupation (for Individual) Plan Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477356614207**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Van Scoten, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9550 S Equestrian Park Cr  
 City Sandy State UT Zip Code 84092-3290  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Broker Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477357114207**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Monsen, 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, Inc. Occupation (for Individual) AVP, Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477357214207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.50
<b>TOTAL</b> 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 10 OF 87
	(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. Calderon, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1548 S Broadmoor Ave  
 City West Covina State CA Zip Code 91790-4707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medical Management Inc Occupation (for Individual) Provider Services Rep II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477359314207**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$12.50 Bi-Weekly)

**B. Marcotte, Michele, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5850 Gloxinia Dr  
 City Yorba Linda State CA Zip Code 92887-3313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of CA PtPlan Occupation (for Individual) Dir Gov Contracts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477359714207**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. MacDonald, Karen, O, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 Randall Road  
 City Montecito State CA Zip Code 93108-2123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Performance Mgmt & Analyti  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2166.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477360214207**  
 Amount of Each Receipt this Period 228.00  
 Memo Item  
 P/R Deduction (\$114.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	283.00
<b>TOTAL</b> 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 87
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rigler, Tina, , ,</b>			Date of Receipt
Mailing Address 2735 Foothill SW			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City	State	Zip Code	<b>Transaction ID : PR477361514207</b>
Albuquerque	NM	87105-4963	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="80.00"/>
Name of Employer (for Individual) Molina Healthcare of NM		Occupation (for Individual) VP, Government Contracts	<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼		P/R Deduction (\$40.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="370.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bounds, Karen, R, ,</b>			Date of Receipt
Mailing Address 1400 Sunset Road SE			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City	State	Zip Code	<b>Transaction ID : PR477361914207</b>
Rio Rancho	NM	87124-2629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer (for Individual) Molina Healthcare of NM		Occupation (for Individual) Dir, Provider Services	<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼		P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="475.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bayer, Terry, P, ,</b>			Date of Receipt
Mailing Address 274 Argonne Avenue			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City	State	Zip Code	<b>Transaction ID : PR477362014207</b>
Long Beach	CA	90803-1763	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="384.62"/>
Name of Employer (for Individual) Molina Healthcare, Inc.		Occupation (for Individual) Chief Operating Officer Corp	<input type="checkbox"/> Memo Item
Receipt For:	Aggregate Year-to-Date ▼		P/R Deduction (\$192.31 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="text" value="3653.89"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="514.62"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 87
<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. 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) Mgr, Administrative Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477362414207**  
 Amount of Each Receipt this Period 41.68  
 Memo Item  
 P/R Deduction (\$20.84 Bi-Weekly)

**B. Hatton, Lisa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1280 Stone Ridge Ct  
 City Westerville State OH Zip Code 43081-3274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir Provider Member Ntwk Opns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477362714207**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Surdock, Christine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31741 Bretton  
 City Livonia State MI Zip Code 48152-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477363014207**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	486.28
<b>TOTAL</b> 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 87
	<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

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. Hamblin, Greg, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Ironwood  
 City Irvine State CA Zip Code 92604-3264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477363114207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. Forshee, James, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10314 Wake Robin Ln  
 City Grand Blanc State MI Zip Code 48439-9354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) VP Medical Affairs & CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 792.30

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477363414207**  
 Amount of Each Receipt this Period 292.30  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Standing, Thomas, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2609 Via Valdes  
 City Palos Verdes Estates State CA Zip Code 90274-2811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Medicare-Duals Support  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477363714207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.30  
**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 14 OF 87
	<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. Sweers, Kimberly, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46E Peninsula Center #320

City Rolling Hills Estates	State CA	Zip Code 90274-3506
-------------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) VP Provider & Member Srvc
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1461.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477363814207**

Amount of Each Receipt this Period  
153.84

Memo Item

P/R Deduction (\$76.92 Bi-Weekly)

**B. Gadalla, Wadie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10636 Danbury St

City Temple City	State CA	Zip Code 91780-2823
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) Lead Analyst, Finance
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477365414207**

Amount of Each Receipt this Period  
30.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

**C. Eubank, Troy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1823 Tremont Ave

City Fort Worth	State TX	Zip Code 76107-3944
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of TX	Occupation (for Individual) Dir, Government Contracts
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477365714207**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	243.84
<b>TOTAL</b> 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 87
<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) VP, Gov Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3653.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477366214207**

Amount of Each Receipt this Period  
384.62

Memo Item

P/R Deduction (\$192.31 Bi-Weekly)

**B. Marino, Janet, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 47780 American Way

City McKinney	State TX	Zip Code 75070
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of TX	Occupation (for Individual) VP, MHI Corporate
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477366314207**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

**C. Clubbs, Amy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3740 Darby Knolls Blvd

City Hilliard	State OH	Zip Code 43026-7428
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) Regional VP
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477366814207**

Amount of Each Receipt this Period  
200.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	644.62
<b>TOTAL</b> 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 87
	<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. Smith, Carol, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 S Helberta Ave #b  
 City Redondo Beach State CA Zip Code 90277-3450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Business Architecture  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 358.80

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477366914207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. Siegel, Michael, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2008 Glencoe Ave  
 City Venice State CA Zip Code 90291-4007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of CA Occupation (for Individual) Medical Director, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477367414207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. McCoy, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7104 265th St. NW Unit 409  
 City Stanwood State WA Zip Code 98292-6250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477368114207**  
 Amount of Each Receipt this Period 41.68  
 Memo Item  
 P/R Deduction (\$20.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	219.68
<b>TOTAL</b> 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 17 OF 87
	(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. Pagone, Domenico, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13412 Montecito  
 City Tustin State CA Zip Code 92782-8802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Provider Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477368214207**  
 Amount of Each Receipt this Period 41.68  
 Memo Item  
 P/R Deduction (\$20.84 Bi-Weekly)

**B. Mancini, Kathie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4940 Heath Gate Dr  
 City New Albany State OH Zip Code 43054-9450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1976.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477368714207**  
 Amount of Each Receipt this Period 208.00  
 Memo Item  
 P/R Deduction (\$104.00 Bi-Weekly)

**C. Fuentes-Rivera, Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1592 Cottonwood Dr  
 City Lewis Center State OH Zip Code 43035-7928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of OH Occupation (for Individual) Plan Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477368914207**  
 Amount of Each Receipt this Period 41.68  
 Memo Item  
 P/R Deduction (\$20.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.36
<b>TOTAL</b> 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 87
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Simkins, Deborah, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016
Mailing Address 4715 E. Shaw Street			<b>Transaction ID : PR477370314207</b>
City Long Beach	State CA	Zip Code 90803-1724	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) VP, Office of CIO	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 ▼ 495.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Appel, Karyn, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016
Mailing Address 17611 Maidstone Ave			<b>Transaction ID : PR477371214207</b>
City Artesia	State CA	Zip Code 90701-3821	Amount of Each Receipt this Period 40.50
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) Dir, Enrollment	P/R Deduction (\$20.25 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.75		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gotmare, Nitin, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016
Mailing Address 2488 McCoy Drive			<b>Transaction ID : PR477371414207</b>
City Tustin	State CA	Zip Code 92782-1250	Amount of Each Receipt this Period 120.00
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) VP, Healthcare Systems & Svcs	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1050.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.50
<b>TOTAL</b> 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 87
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lockwood, Tonya, , ,</b>			Date of Receipt
Mailing Address 520 S Kenwood			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Royal Oak	State MI	Zip Code 48067-3995	<b>Transaction ID : PR477371814207</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer (for Individual) Molina Healthcare of MI		Occupation (for Individual) Plan Chief Operations Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>		P/R Deduction (\$30.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Baker, Delores, , ,</b>			Date of Receipt
Mailing Address 100 Deerfield Dr. Apt 103			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Charleston	State SC	Zip Code 29414-6814	<b>Transaction ID : PR477373014207</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="57.70"/>
Name of Employer (for Individual) Molina Healthcare of SC		Occupation (for Individual) Medical Director, Health Plan	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="548.15"/>		P/R Deduction (\$28.85 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kruger, Phillip, D, ,</b>			Date of Receipt
Mailing Address 702 Highland			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Clawson	State MI	Zip Code 48017-1483	<b>Transaction ID : PR477373214207</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="80.00"/>
Name of Employer (for Individual) Molina Healthcare of MI		Occupation (for Individual) Dir, Healthcare Analytics	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>		P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="197.70"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

**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 87
	<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. Benson, Linda, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3286 Latonia Rd  
 City Columbus State OH Zip Code 43232-5940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of OH Occupation (for Individual) Case Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477374714207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Rubino, Lisa, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5581 E Lonna Linda Dr  
 City Long Beach State CA Zip Code 90815-4425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr VP Medicare Duals & Exchange  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477374914207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Newberry, Mitchel, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6408 Canavio Rd NW  
 City Long Beach State CA Zip Code 90803  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477377114207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> 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 87
	<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. Constant, Berenice, Nunez, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3710 Los Feliz Blvd  
 Apt 25  
 City Los Angeles State CA Zip Code 90027-2425  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Director, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477377614207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. Iwanaga, Jimmy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21256 Sugarbush Cir  
 City Trabuco Canyon State CA Zip Code 92679-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477377814207**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Howard, Whitney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12028 38th Ave SE  
 City Everett State WA Zip Code 98208-5322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WA Occupation (for Individual) Dir, Provider Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 209.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477378014207**  
 Amount of Each Receipt this Period 22.00  
 Memo Item  
 P/R Deduction (\$11.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.50
<b>TOTAL</b> 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 87
	<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. Banks, Constance, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5609 Blacks Rd SW  
 City Pataskala State OH Zip Code 43062-7866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of OH Occupation (for Individual) Mgr, Provider Inquiry R&R  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477378614207**  
 Amount of Each Receipt this Period 41.68  
 Memo Item  
 P/R Deduction (\$20.84 Bi-Weekly)

**B. Figueroa, George, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4426 E Earll Drive  
 City Phoenix State AZ Zip Code 85018-7234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 855.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477378714207**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 P/R Deduction (\$45.00 Bi-Weekly)

**C. 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) AVP, Gov Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 798.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477378914207**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$42.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.68
<b>TOTAL</b> 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 87
<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. Barnett, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2872 Charter Blvd  
 City Troy State MI Zip Code 48083-1309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) Dir, Member Engagement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477379014207**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Preede, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4482 Shady Point Place  
 City Chantilly State VA Zip Code 20151-2243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Gov Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477379514207**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Pollack, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10952 Pine Lodge Trail  
 City Davie State FL Zip Code 33328-7319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr VP Health Plan Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2375.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477379614207**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	370.00
<b>TOTAL</b> 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 87
<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. Kehoe, Patty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6444 Esther Ave NE  
 City Albuquerque State NM Zip Code 87109-3654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of NM Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477380014207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Cable, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5775 Trinette  
 City Garden Grove State CA Zip Code 92845-2440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, IT Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477380214207**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. Quintana, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5107 SW 93rd Ave  
 City Cooper City State FL Zip Code 33328-4222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) Dir, Government Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477380514207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	198.50
<b>TOTAL</b> 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 87
<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. Borrajero, Maritza, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7503 SW 166 Court  
 City Miami State FL Zip Code 33193-3749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1180.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477380614207**  
 Amount of Each Receipt this Period 220.00  
 Memo Item  
 P/R Deduction (\$110.00 Bi-Weekly)

**B. Harris, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2942 Bloomfield Park Drive  
 City West Bloomfield State MI Zip Code 48323-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477380714207**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$150.00 Bi-Weekly)

**C. Calderon, Gloria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 E Thackery Ave  
 City West Covina State CA Zip Code 91790-4343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medical Management Inc Occupation (for Individual) President & Chief of Staff, MMM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477381014207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<b>TOTAL</b> 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 87
<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. Hulet, Dennis, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1324 Lake Roesiger Drive

City Snohomish	State WA	Zip Code 98290-7541
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) AVP, Actuarial Svcs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477381114207**

Amount of Each Receipt this Period  
80.00

Memo Item

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

**B. Bell, Del, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 536

City Eagle	State ID	Zip Code 83616-0536
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Medicaid Solutions	Occupation (for Individual) VP, Regl Operations
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477381514207**

Amount of Each Receipt this Period  
80.00

Memo Item

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

**C. Bunch, David, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 28370 S Frost Rd  
Ste 44

City Livingston	State LA	Zip Code 70754-2612
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Medicaid Solutions	Occupation (for Individual) Analyst, Quality (MMS)
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477381714207**

Amount of Each Receipt this Period  
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	198.50
<b>TOTAL</b> 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 27 OF 87
	(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"/> 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gray, Peter, M, ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 9 Perleys Lane			<b>Transaction ID : PR477382014207</b>
City Hallowell	State ME	Zip Code 04347-1307	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 Medicaid Solutions		Occupation (for Individual) Dir, Account Mgmt	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 ▼ 950.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Brambach, Shelby, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 12432 57th Avenue SE			<b>Transaction ID : PR477382514207</b>
City Snohomish	State WA	Zip Code 98296-5205	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 WA		Occupation (for Individual) Healthcare Analyst I	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 ▼ 475.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Nichols, Norman, , ,</b>			Date of Receipt MM / DD / YYYY 09 / 30 / 2016
Mailing Address 17716 Eaglewood Dr			<b>Transaction ID : PR477382714207</b>
City Baton Rouge	State LA	Zip Code 70810-6557	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 Medicaid Solutions		Occupation (for Individual) MMS President	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 ▼ 950.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 28 OF 87
	(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. Dobberteen, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6616 Flaming Arrow Drive  
 City Citrus Heights State CA Zip Code 95621-4748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Marketplace Plan Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477383014207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Pingree, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8711 Shawnee Street  
 City Philadelphia State PA Zip Code 19118-3709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Gov Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1976.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477383114207**  
 Amount of Each Receipt this Period 208.00  
 Memo Item  
 P/R Deduction (\$104.00 Bi-Weekly)

**C. Cruz, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 Via Lucena  
 City San Clemente State CA Zip Code 92673-7045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of CA Occupation (for Individual) Chief Medical Officer, Health Plan  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477383214207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	358.00
<b>TOTAL</b> 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 87
<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. Loopeker, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 826 Westbourne Dr #E  
 City West Hollywood State CA Zip Code 90069-4612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477383414207**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. Berg, Bryce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17301 Forbes Ln  
 City Huntington Beach State CA Zip Code 92649-4666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Business Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1843.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477383714207**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. 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 ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477384114207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	332.46
<b>TOTAL</b> 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 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Bass, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5973 Shady Oaks Drive  
 City Frisco State TX Zip Code 75034-7228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Pathways LLC Occupation (for Individual) VP Molina Pathways  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2451.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477384314207**  
 Amount of Each Receipt this Period 258.00  
 Memo Item  
 P/R Deduction (\$129.00 Bi-Weekly)

**B. Ronning, Glenda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Bonito Ave  
 City Long Beach State CA Zip Code 90802-5429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Corporate Recruiter  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477384414207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Syiek, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Engagemen  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3667.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477384614207**  
 Amount of Each Receipt this Period 386.00  
 Memo Item  
 P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	724.00
<b>TOTAL</b> 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 87
	<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. Charlebois, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 ▼ 1035.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477384814207**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. Hopfer, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 59th Place  
 City Long Beach State CA Zip Code 90803-4422  
 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 ▼ 930.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477385014207**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 P/R Deduction (\$70.00 Bi-Weekly)

**C. Danley, Derek, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17401 Tidalview Lane  
 City Huntington Beach State CA Zip Code 92649-6439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Accounting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477385414207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	460.00
<b>TOTAL</b> 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 87
	<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. Lynam, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6781 Brentwood Drive  
 City Huntington Beach State CA Zip Code 92648-6654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Pricing & Performance Anal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477385514207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. Gooch, Harold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6511 S Canyon Ranch Road  
 City Salt Lake City State UT Zip Code 84121-6367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of UT Occupation (for Individual) Chief Medical Officer, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1170.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477385614207**  
 Amount of Each Receipt this Period 156.00  
 Memo Item  
 P/R Deduction (\$78.00 Bi-Weekly)

**C. Saelens Bartleson, Holly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5049 Ederton Pl  
 City New Albany State OH Zip Code 43054-9460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of OH Occupation (for Individual) VP, Government Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477385714207**  
 Amount of Each Receipt this Period 41.68  
 Memo Item  
 P/R Deduction (\$20.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	236.18
<b>TOTAL</b> 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 87
	<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. Peay, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2138 Stevely Avenue  
 City Long Beach State CA Zip Code 90815-3557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Info Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477386314207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. Tanner, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 S Calle Grande  
 City Orange State CA Zip Code 92869-4410  
 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 ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477387014207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. Lemmis, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 Cordova Walk  
 City Long Beach State CA Zip Code 90803-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP Human Resources  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1244.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477387214207**  
 Amount of Each Receipt this Period 198.00  
 Memo Item  
 P/R Deduction (\$99.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	276.50
<b>TOTAL</b> 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 87
	<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. Rydel, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27081 S Ridge Dr  
 City Mission Viejo State CA Zip Code 92692-5015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, IT Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477387514207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Greenberg, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27760 Woodland Green  
 City Boerne State TX Zip Code 78015-4956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) Chief Medical Officer, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477387614207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Lindberg, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19716 11th Avenue NW  
 City Shoreline State WA Zip Code 98177-2617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WA Occupation (for Individual) VP, Healthcare Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477387814207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> 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 35 OF 87
	(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. Fosdick, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 Sussex Lane  
 City Newport Beach State CA Zip Code 92660-4742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Marketplace  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1534.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477387914207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. English, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13131 Foley Road  
 City Fenton State MI Zip Code 48430-8408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) VP, Healthcare Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477388114207**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**C. Chambers, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 785 E Bogert Trl  
 City Palm Springs State CA Zip Code 92264-9611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) SVP, Policy & Advocacy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3506.64

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477388714207**  
 Amount of Each Receipt this Period 369.12  
 Memo Item  
 P/R Deduction (\$184.56 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	689.12
<b>TOTAL</b> 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 87
	<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. Miller, Deborah, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3622 Petaluma Avenue

City Long Beach	State CA	Zip Code 90808-2436
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of CA	Occupation (for Individual) Plan President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477389014207**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$20.00 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, Provider Network
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1843.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477389114207**

Amount of Each Receipt this Period  
194.00

Memo Item

P/R Deduction (\$97.00 Bi-Weekly)

**C. Parsons, Taft, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 995 Henley St

City Birmingham	State MI	Zip Code 48009-5611
--------------------	-------------	------------------------

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 ▼  
395.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477389714207**

Amount of Each Receipt this Period  
41.68

Memo Item

P/R Deduction (\$20.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.68
<b>TOTAL</b> 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 87
	<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. McGlennen, Heidi, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1266 Tennyson Drive  
 City Troy State MI Zip Code 48083-5221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) AVP, Government Contracts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477389914207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. 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) AVP, Gov Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477390114207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Sylvester, Luis, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 307481  
 City St Thomas State VI Zip Code 00803-7481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medicaid Solutions Occupation (for Individual) Dir, Account Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477390214207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	256.00
<b>TOTAL</b> 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 87
<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. MacRae, Kristine, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 Argonne Avenue  
 City Long Beach State CA Zip Code 90803-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Projects (PMO)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477390714207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Fleischer, Constance, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 E. Vista St.  
 City Long Beach State CA Zip Code 90803-5812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Cont Mgmt & Sols Suppo  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 484.25

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477390814207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. Kidd, Carl, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12210 Oyster Cove Court  
 City Stafford State TX Zip Code 77477-2268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) VP, Government Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477391114207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	196.00
<b>TOTAL</b> 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 87
	<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. Taylor, Stacey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 133 Corona Ave #2

City Long Beach	State CA	Zip Code 90803-3390
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) Sr Corporate Recruiter
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.75

Date of Receipt  
09 / 30 / 2016  
**Transaction ID : PR477391414207**

Amount of Each Receipt this Period  
38.50

Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

**B. Sage, Anya, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7325 Bairnsdale street

City Wrightwood	State CA	Zip Code 92397
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Medical Management Inc	Occupation (for Individual) Program Manager
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  
09 / 30 / 2016  
**Transaction ID : PR477391714207**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**C. Springmeyer, Douglas, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8912 Shady Meadow Drive

City Sandy	State UT	Zip Code 84093-7002
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of UT	Occupation (for Individual) VP, Government Contracts
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
370.00

Date of Receipt  
09 / 30 / 2016  
**Transaction ID : PR477392114207**

Amount of Each Receipt this Period  
80.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	158.50
<b>TOTAL</b> 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 87
	<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	

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. Smith, June, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11225 19th Ave SE  
 Apt J203  
 City Everett State WA Zip Code 98208-5187  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WA Occupation (for Individual) Provider Contracts Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR477392414207**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 P/R Deduction (\$1.00 Bi-Weekly)

**B. Otero, Joseph, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4509 Copper Knoll Circle  
 City Lexington State KY Zip Code 40514-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medicaid Solutions Occupation (for Individual) Sr Project Manager, Technical  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR477392514207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Rote, Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5519 Caruth Blvd  
 City Dallas State TX Zip Code 75209-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR477392614207**  
 Amount of Each Receipt this Period 160.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.00
<b>TOTAL</b> 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 87
<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. Giambrone, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 Park Street  
 City Huntington Beach State CA Zip Code 92648-2734  
 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 ▼ 1035.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477392914207**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. Stokes, Tabitha, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5106 W. Pleasant Ridge Road  
 City Arlington State TX Zip Code 76016-6222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Political Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477393314207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. Wilson, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2102 Indian Creek  
 City Diamond Bar State CA Zip Code 91765-3345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477393414207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 87
	<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. Hughes, Johnny, Alexander, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8649 Aviary Woods Way  
 City Elk Grove State CA Zip Code 95624-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, Political Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 289.25

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477394614207**  
 Amount of Each Receipt this Period 13.00  
 Memo Item  
 P/R Deduction (\$6.50 Bi-Weekly)

**B. Venedicto, Jose, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10861 SW 93 Street  
 City Miami State FL Zip Code 33176-2647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) Mgr Interventions/HEDIS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477395114207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**C. Lindquist, Thomas, Robert, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2192 Beckenham Dr  
 City Mt Pleasant State SC Zip Code 29466-9067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of SC Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3705.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477395214207**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 P/R Deduction (\$195.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.50
<b>TOTAL</b> 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 87
	<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. Otley, Christopher, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 431 Upshire Circle  
 City Gaithersburg State MD Zip Code 20878-5238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1595.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477395514207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Narro, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2015 Monterey Road  
 City South Pasadena State CA Zip Code 91030-3937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medical Management Inc Occupation (for Individual) AVP, Community Outreach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477395614207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**C. Ledwell, Melissa, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8716 Fairlane Dr  
 City Olmsted Twp State OH Zip Code 44138-2121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of OH Occupation (for Individual) Supv, Care Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477396214207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	278.50
<b>TOTAL</b> 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 87
	<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. Kurtz, Ronald, Douglas, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1776 Kinneloa Canyon Rd.  
 City Pasadena State CA Zip Code 91107-1038  
 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 ▼ 817.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477396314207**  
 Amount of Each Receipt this Period 86.00  
 Memo Item  
 P/R Deduction (\$43.00 Bi-Weekly)

**B. Hamilton, Beverly, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 218 Harden Street  
 City Columbia State SC Zip Code 29205-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of SC Occupation (for Individual) Dir, Government Contracts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477396414207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Hedrick, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address POB 2715  
 City Corrales State NM Zip Code 87048-2715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of NM Occupation (for Individual) Plan Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1843.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477396514207**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 360.00  
**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 45 OF 87
<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. Perez, Edgard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1919 Sw 10th Street  
 City Miami State FL Zip Code 33135-5034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) Mgr, Quality Improvement Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477396614207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Jones, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1324 191st PI Se  
 City Bothell State WA Zip Code 98012-6846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WA Occupation (for Individual) Care Review Clinician II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477396714207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. 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 of OH Occupation (for Individual) VP, Network Mgmt & Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477396814207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> 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 87
	<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. Phillip Jr, Thomas, Clark, , Jr**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3746 Colonel Vanderhorst Circle  
 City Mount Pleasant State SC Zip Code 29466-8040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of SC Occupation (for Individual) VP, Finance & Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 957.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477397014207**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

**B. Jones, Kathleen, Diane, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2710 West Bacon Drive  
 City Peoria State IL Zip Code 61614-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) Dir, Health Plan Behavioral Health  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477397714207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. Harvey, Catherine, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 445 E Illinois St Apt 6403  
 City Chicago State IL Zip Code 60611-5373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1578.31

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477397814207**  
 Amount of Each Receipt this Period 154.00  
 Memo Item  
 P/R Deduction (\$77.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	382.00
<b>TOTAL</b> 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 87
	<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. Skelly, Marcia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5702 Valencia Park Blvd.

City Hilliard	State OH	Zip Code 43026-8788
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of OH	Occupation (for Individual) Case Manager
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477397914207**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. Richardson, Pamela, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20225 Bothell Everett Hwy no722

City Bothell	State WA	Zip Code 98012-8170
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of WA	Occupation (for Individual) HCS Auditor (RN)
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477398014207**

Amount of Each Receipt this Period  
40.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**C. Adler, Peter, G, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5402 Lake Washington BIVd NE  
Unit H

City Kirkland	State WA	Zip Code 98033-7332
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of WA	Occupation (for Individual) Plan President
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1843.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR477398214207**

Amount of Each Receipt this Period  
194.00

Memo Item

P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	274.00
<b>TOTAL</b> 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 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Tagaloa, Misi, Pouena, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 635 Cedar Avenue  
 City Long Beach State CA Zip Code 90802-1222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Lead Advocate Civic Engagement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477399514207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. MCGIVERN, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3257 Northampton Drive  
 City Hilliard State OH Zip Code 43026-2704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Dir State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477400014207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. INGRAM, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Camino Dimitrio  
 City Santa Fe State NM Zip Code 87508-9124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Public Policy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477400114207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> 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 87
<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. Zeiler, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 Meadow Ridge Dr  
 City Tallahassee State FL Zip Code 32312-1553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) VP, Government Contracts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477400914207**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$150.00 Bi-Weekly)

**B. Mandavgade, Satish, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4038 Cardiff Drive  
 City Cypress State CA Zip Code 90630-2766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Applications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477450114207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Haag, Matthew, James Lawrence, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1238 Desoto St  
 City Placentia State CA Zip Code 92870-3903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Mgr, IT Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.96

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477498114207**  
 Amount of Each Receipt this Period 41.68  
 Memo Item  
 P/R Deduction (\$20.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	421.68
<b>TOTAL</b> 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 87
	<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. Martin, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3438 Glen Carlyn Dr  
 City Falls Church State VA Zip Code 22041-3370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477498314207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. Jackson, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27346 Strawberry Lane Apt 304  
 City Farmington Hills State MI Zip Code 48334-5054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Supv, Member Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477498414207**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. Crumpler, Jane, Kiser, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 581 Regent Pl Ne  
 City Washington State DC Zip Code 20017-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir Grassroots & Pol Action  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477498614207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 87
	<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. McCormick, Deborah, Sue, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8271 N Port  
 City Grand Blanc State MI Zip Code 48439-8063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) AVP, Healthcare Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477498814207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Orrock, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9023 El Carrilo Ct  
 City Elk Grove State CA Zip Code 95624-2606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Dir State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477623614207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Coto, Ramon, Eduardo, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14021 Leaning Pine Drive  
 City Miami Lakes State FL Zip Code 33014-2510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) Plan Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477623714207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.00
<b>TOTAL</b> 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 87
	<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. Barzman, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 ORIZABA AVE  
 UNIT C  
 City Long Beach State CA Zip Code 90814-0816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Risk Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477635514207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Park, Burt, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 20th Pl  
 City Hermosa Beach State CA Zip Code 90254-3310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr Assistant General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477635614207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**C. Ghose, Mohit, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12288 Nantucket Place  
 City Seal Beach State CA Zip Code 90740-2772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of CA Occupation (for Individual) VP, Policy & Planning  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 693.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477635814207**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.50
<b>TOTAL</b> 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 87
	<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. Tucker, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12835 74 Ave N  
 City Seminole State FL Zip Code 33776-4002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, MLTSS Plan Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR477635914207**  
 Amount of Each Receipt this Period  
 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. Cauley, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1081 Long Beach #304  
 City Long Beach State CA Zip Code 90813-3318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Associate Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR477636014207**  
 Amount of Each Receipt this Period  
 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**C. Maxwell, Barbara, Jo, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 Fleece Flower Cove  
 City Austin State TX Zip Code 78735-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) AVP, Government Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR477664214207**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	177.00
<b>TOTAL</b> 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 54 OF 87
<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. Panepinto, Ruth, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2303 Circle Dr  
 City Morgantown State WV Zip Code 26505-2911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medicaid Solutions Occupation (for Individual) VP, Regl Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR477664314207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Gessesse, Mesrak, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16715 Iwa Road  
 City Apple Valley State CA Zip Code 92307-1462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir Provider Contracting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.50

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496309614207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**C. Corea, Rohan, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2088 Dawson Ave.  
 City Signal Hill State CA Zip Code 90755-5929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Applications  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496309814207**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	158.50
<b>TOTAL</b> 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 87
<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. Cook, Heather, Jacqueline, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2011 River Rd  
 City Granville State OH Zip Code 43023-9521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of OH Occupation (for Individual) Mgr, Healthcare Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496310114207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. Graham, Susan, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5709 Avenida Estoril  
 City Long Beach State CA Zip Code 90814-3216  
 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 ▼ 1001.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496922714207**  
 Amount of Each Receipt this Period 154.00  
 Memo Item  
 P/R Deduction (\$77.00 Bi-Weekly)

**C. Kalin, Robert, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4618 Merwin St  
 City Houston State TX Zip Code 77027-6718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) AVP, Market Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496923114207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	282.00
<b>TOTAL</b> 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 87
	<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. Darby, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5111 Manorhaven Lane  
 City Houston State TX Zip Code 77084-2392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) Mgr, Provider Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496923214207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. King, Jeffrey, Todd, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14601 SW 79th Street  
 City Miami State FL Zip Code 33183-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) VP, Healthcare Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496923314207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Koontz, Lillis, Ann, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63091 E Harmony Dr.  
 City Tucson State AZ Zip Code 85739-1859  
 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 ▼ 473.52

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496923414207**  
 Amount of Each Receipt this Period 78.92  
 Memo Item  
 P/R Deduction (\$39.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.92
<b>TOTAL</b> 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 87
	<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. Attaway, Carol, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Park Ave  
 City Long Beach State CA Zip Code 90803-1755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP and Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496923614207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. 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 TX Occupation (for Individual) Sr Medical Director, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 696.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496923814207**  
 Amount of Each Receipt this Period 116.00  
 Memo Item  
 P/R Deduction (\$58.00 Bi-Weekly)

**C. Del Rossi, Gabriel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Broadacre Court  
 City Mount Laurel State NJ Zip Code 08054-4702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medicaid Solutions Occupation (for Individual) AVP, Cost of Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR496924014207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	204.50
<b>TOTAL</b> 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 87
<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. Ji, Yaohua, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15194 Jennerette Ln  
 City Woodbridge State VA Zip Code 22193-6200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir Actuarial Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.75

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497250314207**  
 Amount of Each Receipt this Period 38.50  
 Memo Item  
 P/R Deduction (\$19.25 Bi-Weekly)

**B. Hurtado, Victor, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11403 Hayford Street  
 City Norwalk State CA Zip Code 90650-6309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Medicare - Duals Support  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497250414207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. McQuaig, John, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8163 Thurston Hall Blvd  
 City New Albany State OH Zip Code 43054-6001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Member Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497250514207**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	503.10
<b>TOTAL</b> 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 59 OF 87
	(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"/> 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. Khan, Sayeed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21800 MARYLEE STREET  
 UNIT 61  
 City WOODLAND HILLS State CA Zip Code 91367-4801  
 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 ▼ 275.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497250614207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. Patton, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1493 Mirabella Way  
 City Fruit Heights State UT Zip Code 84037-6776  
 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 ▼ 1100.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497250714207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Tyms, Anthony, Jermaine, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7109 Bountiful Grove Drive  
 City McKinney State TX Zip Code 75070-8607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) Dir, Provider Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497250914207**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 87
	<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. 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 CA Occupation (for Individual) AVP, Community Engagement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497289014207**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Wright, Margo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15820 291st Ave SE  
 City Monroe State WA Zip Code 98272-8909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 651.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497292214207**  
 Amount of Each Receipt this Period  
 186.00  
 Memo Item  
 P/R Deduction (\$93.00 Bi-Weekly)

**C. Bowne, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5135 Congemi Ct  
 City Rancho Cucamonga State CA Zip Code 91739-2156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Finance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497309214207**  
 Amount of Each Receipt this Period  
 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	363.00
<b>TOTAL</b> 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 61 OF 87
	(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"/> 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. Dundon, Brian, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 224 N Randolph Rd  
 City Fredericksburg State VA Zip Code 22405-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medicaid Solutions Occupation (for Individual) Principal Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497324514207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Monclus, Nelly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2788 White Oak Dr  
 City Decatur State GA Zip Code 30032-4344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Dir, Provider Configuration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497338614207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. Orleans, Andrea, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11756 36th Ave NE  
 City Seattle State WA Zip Code 98125-5635  
 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 ▼ 351.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497340714207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	256.00
<b>TOTAL</b> 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 87
	<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. Osburn, Robert, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1232 Broadmoor Circle

City Franklin	State TN	Zip Code 37067-8649
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Medicaid Solutions	Occupation (for Individual) AVP, Business Development
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
376.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR497356614207**

Amount of Each Receipt this Period  
107.70

Memo Item

P/R Deduction (\$53.85 Bi-Weekly)

**B. Williams, Gwendolyn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5150 County Road 43

City Clanton	State AL	Zip Code 35045-4840
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Medicaid Solutions	Occupation (for Individual) VP, Business Development
--	---

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
09		30		2016

**Transaction ID : PR497410914207**

Amount of Each Receipt this Period  
200.00

Memo Item

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

**C. Gardner, Freda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2352 Stallion Street

City Carrollton	State TX	Zip Code 75010-4965
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of TX	Occupation (for Individual) Medical Director, Health Plan
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR497436614207**

Amount of Each Receipt this Period  
200.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	507.70
<b>TOTAL</b> 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 87
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	11c
		<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. Hamm, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1660 Harbor Seal Drive  
 City Point Roberts State WA Zip Code 98281-8611  
 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 ▼ 240.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497444914207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Ponder, Wesley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2755 Planters View  
 City Missouri City State TX Zip Code 77459-4335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Broker Channel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497446014207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Park, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3801 E Pacific Coast Highway Apt 240  
 City Long Beach State CA Zip Code 90804-2043  
 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 ▼ 700.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497452914207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> 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 87
	<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. Gardner, Carl, John, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1825 Neptune Way

City Sacramento	State CA	Zip Code 95864-1726
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) Assistant General Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR497485914207**

Amount of Each Receipt this Period  
80.00

Memo Item

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

**B. Brillo, Joan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9760 E Vista Montanas

City Tucson	State AZ	Zip Code 85749-9480
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) Dir, Clinical Training
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
476.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

**Transaction ID : PR497486514207**

Amount of Each Receipt this Period  
136.00

Memo Item

P/R Deduction (\$68.00 Bi-Weekly)

**C. Carriaga, Adan, Antonio, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1335 15th S.NW

City Albuquerque	State NM	Zip Code 87104
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Healthcare of NM	Occupation (for Individual) Program Manager
--	--

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
09		30		2016

**Transaction ID : PR497506614207**

Amount of Each Receipt this Period  
80.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	296.00
<b>TOTAL</b> 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 87
<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. Hunter, Jeffrey, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 Fenway Road  
 City Columbus State OH Zip Code 43214-1409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of OH Occupation (for Individual) Chief Medical Officer, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497586914207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Schilling, Catherine, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 W. Wacker Drive Apt 4009  
 City Chicago State IL Zip Code 60601-1672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) VP, Healthcare Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497626214207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Garza, Mario, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5001 North 8th Street  
 City McAllen State TX Zip Code 78504-2813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) AVP, Market Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497640014207**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	276.92
<b>TOTAL</b> 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 87
	<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. Schoen, Benjamin, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 W Grand Ave  
 Apt 3H  
 City Chicago State IL Zip Code 60654-6934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) Plan Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497644914207**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Barker, Randy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18815 45th PI Ne  
 City Lake Forest Park State WA Zip Code 98155-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WA Occupation (for Individual) Plan Chief Operations Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497661314207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. Vinkler, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1905 Claremont Dr  
 City Springfield State IL Zip Code 62703-5208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) AVP, Government Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497663214207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<b>TOTAL</b> 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 87
	<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. Nunez, Felix, Leonardo, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 608 Pasqual Avenue  
 City San Gabriel State CA Zip Code 91775-2122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of CA Occupation (for Individual) Medical Director, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497678414207**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. Cortes-Soto, Gregorio A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Estancias De San Fernando 5th street C-32  
 City Carolina State PR Zip Code 00985  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of PR Occupation (for Individual) VP Medical Affairs & CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497706814207**  
 Amount of Each Receipt this Period  
 130.00  
 Memo Item  
 P/R Deduction (\$65.00 Bi-Weekly)

**C. Akotia, Dennis, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Park Ave  
 City River Forest State IL Zip Code 60305-2038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) VP, Finance & Analytics  
 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  
 09 / 30 / 2016  
**Transaction ID : PR497754414207**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> 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 87
<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. Gordon, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Gaviota Avenue  
 City Lakewood State CA Zip Code 90713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Enterprise Infrac Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497770914207**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. Baldwin, Larry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 644 S Rosalind Dr  
 City Orange State CA Zip Code 92869-5125  
 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 ▼ 210.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497824014207**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. Danieleley, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 Nieto Ave  
 City Long Beach State CA Zip Code 90803-5508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Marketplace Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497831314207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.00
<b>TOTAL</b> 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 69 OF 87
	(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. Grant, Dianna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4942 S Ellis Ave  
 City CHICAGO State IL Zip Code 60615-2708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) Chief Medical Officer, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497831814207**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. Foley, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 507 Bedlington Dr  
 City Rochester Hills State MI Zip Code 48307-3576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) Dir, Provider Contracts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497847414207**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Allen, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6811 Scenic Bay Dr  
 City Huntington Beach State CA Zip Code 92648-2619  
 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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2016  
**Transaction ID : PR497862614207**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 87
<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, Karl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5331 Sleepy Hollow Ln  
 City Nibley State UT Zip Code 84321-6878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of UT Occupation (for Individual) Medical Director Risk Adj  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.70

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497868814207**  
 Amount of Each Receipt this Period 84.60  
 Memo Item  
 P/R Deduction (\$42.30 Bi-Weekly)

**B. Lowden, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7771 NW 7 ST Unit 814  
 City Doral State FL Zip Code 33126-4014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Supervisor, Learning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497869414207**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. Wozniak, Rebecca, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 388 Ocean Blvd P 18  
 City Long Beach State CA Zip Code 90802-5282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medical Management Inc Occupation (for Individual) VP, Clinic Ops/New Initiatives  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2016  
**Transaction ID : PR497916014207**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	264.60
<b>TOTAL</b> This Period (last page this line number only).....	21449.92

**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. JULIA BROWNLEY FOR CONGRESS**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
**Brownley, Julia, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

**C** C00513077

**Transaction ID : 10837570**

Amount of Each Disbursement this Period

1000.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Bishop for Congress Committee**

Mailing Address PO BOX 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
**Bishop, Mike, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify)

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

**C** C00561001

**Transaction ID : 10837571**

Amount of Each Disbursement this Period

1000.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
**Buchanan, Vern, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

**C** C00412759

**Transaction ID : 10837572**

Amount of Each Disbursement this Period

1000.00

2016 General Election Contribution

Memo Item

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

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

3000.00

**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. JIM RENACCI FOR CONGRESS**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement  
2016 General Election Contribution

011

Category/  
Type

Candidate Name  
**Renacci, James, B., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

C C00466359

**Transaction ID : 10837573**

Amount of Each Disbursement this Period

1000.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Michelle**

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2016 General Election Contribution

011

Category/  
Type

Candidate Name  
**Lujan, Michelle, Grisham, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

C C00501254

**Transaction ID : 10837574**

Amount of Each Disbursement this Period

1000.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mullin For Congress**

Mailing Address PO Box 3681

City Muskogee State OK Zip Code 74402

Purpose of Disbursement  
US General Election Contribution

011

Category/  
Type

Candidate Name  
**Mullin, Markwayne, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

C C00498345

**Transaction ID : 10837575**

Amount of Each Disbursement this Period

1000.00

US General Election Contribution

Memo Item

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

3000.00

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

**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**

**A. Roger Williams For U S Congress Committee**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 91061

City Austin State TX Zip Code 78709

Purpose of Disbursement  
2016 General Election Contribution

Category/  
Type

Candidate Name  
**Williams, Roger, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: TX District: 25

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2016

FEC Identification Number

**Transaction ID : 10837576**  
Amount of Each Disbursement this Period

2016 General Election Contribution  
 Memo Item

**B. Rob Portman for US Senate**

Full Name (Last, First, Middle Initial)

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement  
US General Election Contribution

Category/  
Type

Candidate Name  
**Portman, Rob, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: OH District:

Date of Disbursement  
M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2016

FEC Identification Number

**Transaction ID : 10837577**  
Amount of Each Disbursement this Period

US General Election Contribution  
 Memo Item

**C. SAC PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2016 Contribution

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  
09 / 01 / 2016

FEC Identification Number

**Transaction ID : 10837597**  
Amount of Each Disbursement this Period

2016 Contribution  
 Memo Item

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

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



**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. Friends Of Jason Chaffetz**

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
**Chaffetz, Jason, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: UT District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** C00431684

**Transaction ID : 10840355**

Amount of Each Disbursement this Period

1000.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. RYAN FOR CONGRESS, INC.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
**Ryan, Paul, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** C00330894

**Transaction ID : 10840373**

Amount of Each Disbursement this Period

5000.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
**Guthrie, Brett, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** C00445023

**Transaction ID : 10840374**

Amount of Each Disbursement this Period

1500.00

2016 General Election Contribution

Memo Item

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

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

7500.00

**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. Hurd For Congress**

Mailing Address PO Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement  
2016 General Election Contribution

**011**  
Category/  
Type

Candidate Name  
**Hurd, Will, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: TX District: 23

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** C00545467

**Transaction ID : 10840375**

Amount of Each Disbursement this Period

1500.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. KIND FOR CONGRESS COMMITTEE**

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
2016 General Election Contribution

**011**  
Category/  
Type

Candidate Name  
**Kind, Ron, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: WI District: 03

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** C00312017

**Transaction ID : 10840382**

Amount of Each Disbursement this Period

2500.00

2016 General Election Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. LaHood For Congress**

Mailing Address P.O. Box 10735

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2016 General Election Contribution

**011**  
Category/  
Type

Candidate Name  
**LaHood, Darin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: IL District: 18

Date of Disbursement  
MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

**C** C00575050

**Transaction ID : 10840383**

Amount of Each Disbursement this Period

2500.00

2016 General Election Contribution

Memo Item

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

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

6500.00

**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**

**A. Moolenaar for Congress**

Full Name (Last, First, Middle Initial)  
Moolenaar, John, , Rep.,

Mailing Address Suite 100  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
Moolenaar, John, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: MI District: 04

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C00561530  
**Transaction ID : 10840384**  
Amount of Each Disbursement this Period: 2500.00  
2016 General Election Contribution

Memo Item

**B. ALAN LOWENTHAL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Lowenthal, Alan, , Rep.,

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement  
2016 General Election Contribution

Candidate Name  
Lowenthal, Alan, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 47

Date of Disbursement: 09 / 22 / 2016

FEC Identification Number: C00498212  
**Transaction ID : 10843466**  
Amount of Each Disbursement this Period: 5000.00  
2016 General Election Contribution

Memo Item

**C. Marco Rubio for Senate 2016**

Full Name (Last, First, Middle Initial)  
Rubio, Marco, ,

Mailing Address PO BOX 661537

City Miami State FL Zip Code 33266

Purpose of Disbursement  
2016 GENERAL CONTRIBUTION

Candidate Name  
Rubio, Marco, ,

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement: 09 / 29 / 2016

FEC Identification Number: C00620518  
**Transaction ID : 10845262**  
Amount of Each Disbursement this Period: 2500.00  
2016 GENERAL CONTRIBUTION

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	42750.00

**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. Reelect Greg Treat 2016**

Mailing Address 6101 NW 162nd Street

City Oklahoma City State OK Zip Code 73013

Purpose of Disbursement  
Greg Treat, STATE SENATE 47th OK

**011**  
Category/  
Type

Candidate Name  
**Treat, Greg, , OK Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

**C**  
**Transaction ID : 10837568**  
Amount of Each Disbursement this Period  
1000.00

Memo Item OK  
Greg Treat, STATE SENATE 47th

Full Name (Last, First, Middle Initial)  
**B. Citizens for Obhof**

Mailing Address 5206 Crown Pointe Drive

City Medina State OH Zip Code 44256

Purpose of Disbursement  
Larry Obhof, STATE HOUSE OH

**011**  
Category/  
Type

Candidate Name  
**Obhof, Larry, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

**C**  
**Transaction ID : 10837569**  
Amount of Each Disbursement this Period  
1000.00

Memo Item  
Larry Obhof, STATE HOUSE OH

Full Name (Last, First, Middle Initial)  
**C. Committee to Elect Fred Strahorn**

Mailing Address 223 Kenwood Avenue

City Dayton State OH Zip Code 45405

Purpose of Disbursement  
Fred Strahorn, STATE HOUSE 39th OH

**011**  
Category/  
Type

Candidate Name  
**Strahorn, Fred, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

**C**  
**Transaction ID : 10837579**  
Amount of Each Disbursement this Period  
750.00

Memo Item  
Fred Strahorn, STATE HOUSE 39th OH

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

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

2750.00

**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) <b>A. Citizens for Hottinger</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 894 Jonathan Ln		FEC Identification Number C [ ] <b>Transaction ID : 10837580</b>
City Newark	State OH	Zip Code 43055-1714
Purpose of Disbursement Jay Hottinger, STATE SENATE 71st OH		Amount of Each Disbursement this Period [ ] 750.00
Candidate Name <b>Hottinger, Jay, , Sen.,</b>		Memo Item <input type="checkbox"/> Jay Hottinger, STATE SENATE 71st OH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Hackett for Ohio</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 2050 Palouse Drive		FEC Identification Number C [ ] <b>Transaction ID : 10837581</b>
City London	State OH	Zip Code 43140
Purpose of Disbursement Bob Hackett, STATE SENATE 10th OH		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Hackett, Bob, D, Rep.,</b>		Memo Item <input type="checkbox"/> Bob Hackett, STATE SENATE 10th OH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Citizens for Bishoff</b>		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address Citizens for Bishoff		FEC Identification Number C [ ] <b>Transaction ID : 10837586</b>
City Blacklick	State OH	Zip Code 43004
Purpose of Disbursement Heather Bishoff, STATE HOUSE 20th OH		Amount of Each Disbursement this Period [ ] 500.00
Candidate Name <b>Bishoff, Heather, , Rep.,</b>		Memo Item <input type="checkbox"/> Heather Bishoff, STATE HOUSE 20th OH
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type 011	

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

1750.00

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

**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. Boggs for Ohio**

Mailing Address 222 E. Town Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Kristin Boggs, STATE HOUSE 18th OH

011

Category/  
Type

Candidate Name  
**Boggs, Kristin, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 01 / 2016

FEC Identification Number

C  
**Transaction ID : 10837594**  
Amount of Each Disbursement this Period  
500.00

Memo Item Kristin Boggs, STATE HOUSE 18th OH

Full Name (Last, First, Middle Initial)

**B. Oelslager for Ohio Committee**

Mailing Address 6706 Lake Cable Ave NW

City North Canton State OH Zip Code 44720

Purpose of Disbursement  
Scott Oelslager, STATE SENATE 29th OH

011

Category/  
Type

Candidate Name  
**Oelslager, Scott, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C  
**Transaction ID : 10840347**  
Amount of Each Disbursement this Period  
1000.00

Memo Item Scott Oelslager, STATE SENATE 29th OH

Full Name (Last, First, Middle Initial)

**C. Friends of Ryan Smith**

Mailing Address Friends of Ryan Smith

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement  
Ryan Smith, STATE HOUSE 93rd OH

011

Category/  
Type

Candidate Name  
**Smith, Ryan, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C  
**Transaction ID : 10840350**  
Amount of Each Disbursement this Period  
1000.00

Memo Item Ryan Smith, STATE HOUSE 93rd OH

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

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

2500.00

**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**

**A. Committee to Elect Cliff Rosenberger**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Committee to Elect Cliff Rosenberg

MM / DD / YYYY  
09 / 15 / 2016

City: Clarksville State: OH Zip Code: 45113

FEC Identification Number

Purpose of Disbursement  
Cliff Rosenberger, STATE HOUSE 91st OH

C [ ]

Candidate Name  
**Rosenberger, Cliff, , Rep.,**

011  
Category/  
Type

Transaction ID : 10840351

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

[ ] Memo Item  
Cliff Rosenberger, STATE HOUSE 91st OH

1000.00

**B. Friends of Daniela Garcia Campaign**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 22 E 9th Street

MM / DD / YYYY  
09 / 15 / 2016

City: Holland State: MI Zip Code: 49423

FEC Identification Number

Purpose of Disbursement  
Daniela Garcia, STATE HOUSE 90th MI

C [ ]

Candidate Name  
**Garcia, Daniela, , MI Rep.,**

011  
Category/  
Type

Transaction ID : 10840352

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

[ ] Memo Item  
Daniela Garcia, STATE HOUSE 90th MI

1000.00

**C. Texans for Charles Schwertner**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address Texans for Charles Schwertner  
P.O. Box 2448

MM / DD / YYYY  
09 / 15 / 2016

City: Georgetown State: TX Zip Code: 78627-2448

FEC Identification Number

Purpose of Disbursement  
Charles Schwertner, STATE SENATE 5th TX

C [ ]

Candidate Name  
**Schwertner, Charles, , Sen.,**

011  
Category/  
Type

Transaction ID : 10840356

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

[ ] Memo Item  
Charles Schwertner, STATE SENATE 5th TX

1000.00

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

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

3000.00

[ ]

**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**

**A. Four Price Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 2606 S Lipscomb St

City Amarillo State TX Zip Code 79109-2332

Purpose of Disbursement  
Four Price, STATE HOUSE 87th TX

Candidate Name  
**Price, Four, , Rep.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C  
Transaction ID : 10840358  
Amount of Each Disbursement this Period: 1000.00  
Four Price, STATE HOUSE 87th  
 Memo Item TX

**B. Juan Hinojosa Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address 612 Nolana, suite 410

City McAllen State TX Zip Code 78504

Purpose of Disbursement  
Juan Hinojosa, STATE HOUSE 20th TX

Candidate Name  
**Hinojosa, Juan, , Rep.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C  
Transaction ID : 10840359  
Amount of Each Disbursement this Period: 1000.00  
Juan Hinojosa, STATE HOUSE 20th TX  
 Memo Item

**C. Campaign for Laura Cox for State Representative**

Full Name (Last, First, Middle Initial)  
Mailing Address 35039 Mungler Court

City Livonia State MI Zip Code 48153

Purpose of Disbursement  
Laura Cox, STATE HOUSE 19th MI

Candidate Name  
**Cox, Laura, , MI Rep.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 15 / 2016

FEC Identification Number: C  
Transaction ID : 10840364  
Amount of Each Disbursement this Period: 2000.00  
Laura Cox, STATE HOUSE 19th MI  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

**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. Chris Afendoulis for State House Campaign**

Mailing Address 240 Edgehill Ave SE

City Grand Rapids State MI Zip Code 49546

Purpose of Disbursement  
Chris Afendoulis, STATE HOUSE 73rd MI

011

Category/  
Type

Candidate Name  
**Afendoulis, Chris, , MI Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C [ ]

Transaction ID : 10840368

Amount of Each Disbursement this Period

[ ] 3000.00

Memo Item Chris Afendoulis, STATE HOUSE 73rd MI

Full Name (Last, First, Middle Initial)

**B. Ohio House Republican Organizational Committee**

Mailing Address 217 3rd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C [ ]

Transaction ID : 10840376

Amount of Each Disbursement this Period

[ ] 2500.00

2016 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. CTE Tim Greimel Campaign**

Mailing Address PO BOX 14105

City Lansing State MI Zip Code 48901

Purpose of Disbursement  
Tim Greimel, STATE HOUSE 29th MI

011

Category/  
Type

Candidate Name  
**Greimel, Tim, , MI Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C [ ]

Transaction ID : 10840385

Amount of Each Disbursement this Period

[ ] 2250.00

Memo Item Tim Greimel, STATE HOUSE 29th MI

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

[ ] 7750.00

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

[ ]

**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. Friends of Joe Schiavoni for State Senate**

Mailing Address 87 Westchester Drive

City Youngstown State OH Zip Code 44515

Purpose of Disbursement  
Joe Schiavoni, STATE SENATE 33rd OH

**011**  
Category/  
Type

Candidate Name  
**Schiavoni, Joe, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10840386**  
Amount of Each Disbursement this Period

Memo Item Joe Schiavoni, STATE SENATE 33rd OH

Full Name (Last, First, Middle Initial)

**B. Mike McCready for State Representative Campaign**

Mailing Address 1011 South Adams Road

City Birmingham State MI Zip Code 48009

Purpose of Disbursement  
Michael McCready, STATE HOUSE 40th MI

**011**  
Category/  
Type

Candidate Name  
**McCready, Michael, , MI Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10840387**  
Amount of Each Disbursement this Period

Memo Item Michael McCready, STATE HOUSE 40th MI

Full Name (Last, First, Middle Initial)

**C. Friends of Lou Gentile**

Mailing Address 500 Luray Drive

City Wintersville State OH Zip Code 43953

Purpose of Disbursement  
Lou Gentile, STATE SENATE 30th OH

**011**  
Category/  
Type

Candidate Name  
**Gentile, Lou, , OH Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10840388**  
Amount of Each Disbursement this Period

Memo Item Lou Gentile, STATE SENATE 30th OH

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

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

**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. Sprague for State Representative**

Mailing Address Sprague for State Representative

City Findlay State OH Zip Code 45840

Purpose of Disbursement  
Robert Sprague, STATE HOUSE 83rd OH

Category/  
Type

Candidate Name  
**Sprague, Robert, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10840389**  
Amount of Each Disbursement this Period

Memo Item Robert Sprague, STATE HOUSE 83rd OH

Full Name (Last, First, Middle Initial)

**B. Curtis Hertel, Jr. for St Sen Campaign**

Mailing Address 2747 Southwood Dr

City East Lansing State MI Zip Code 48823-2344

Purpose of Disbursement  
Curtis Hertel, STATE SENATE 23rd MI

Category/  
Type

Candidate Name  
**Hertel, Curtis, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10840390**  
Amount of Each Disbursement this Period

Memo Item Curtis Hertel, STATE SENATE 23rd MI

Full Name (Last, First, Middle Initial)

**C. Steve Huffman for StateRep**

Mailing Address PO BOX 739

City Troy State OH Zip Code 45373

Purpose of Disbursement  
Stephen Huffman, STATE HOUSE 80th OH

Category/  
Type

Candidate Name  
**Huffman, Stephen, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 10840391**  
Amount of Each Disbursement this Period

Memo Item Stephen Huffman, STATE HOUSE 80th OH

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

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

**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. Team Burke**

Mailing Address 275 W 4th St

City Marysville State OH Zip Code 43040

Purpose of Disbursement  
Dave Burke, STATE SENATE 83rd OH

011

Category/  
Type

Candidate Name  
**Burke, Dave, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 10840393

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Dave Burke, STATE SENATE 83rd OH

Full Name (Last, First, Middle Initial)

**B. Comite de Amigos Ricardo Rossello**

Mailing Address PO BOX 16412

City San Juan State PR Zip Code 00908

Purpose of Disbursement  
2016 GENERAL: GOVERNOR, PR

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 10840581

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item 2016 GENERAL: GOVERNOR, PR

Full Name (Last, First, Middle Initial)

**C. Sarah Davis Campaign**

Mailing Address 4203 Tennyson Street

City Houston State TX Zip Code 77005

Purpose of Disbursement  
Sarah Davis, STATE HOUSE 134th TX

011

Category/  
Type

Candidate Name  
**Davis, Sarah, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 10843460

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Sarah Davis, STATE HOUSE 134th TX

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

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

[REDACTED] 3000.00

[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. Kenneth Sheets for State Representative**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

Mailing Address 6333 E Mocking Lane  
Suite 147

FEC Identification Number

C [ ]

**Transaction ID : 10843461**

Amount of Each Disbursement this Period

[ ] 1000.00

City Dallas State TX Zip Code 75214

Purpose of Disbursement  
Kenneth Sheets, STATE HOUSE 107th TX

011  
Category/  
Type

Candidate Name

**Sheets, Kenneth, , TX Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item Kenneth Sheets, STATE HOUSE 107th TX

Full Name (Last, First, Middle Initial)

**B. Campaign for Tom Leonard for State Representative**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		15		2016

Mailing Address PO Box 261

FEC Identification Number

C [ ]

**Transaction ID : 10921107**

Amount of Each Disbursement this Period

[ ] 4000.00

City DeWitt State MI Zip Code 48820

Purpose of Disbursement  
2016 Michigan State General Election

011  
Category/  
Type

Candidate Name

**Leonard, Tom, , MI Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item 2016 Michigan State General Election

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

City State Zip Code

Purpose of Disbursement

[ ]  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Memo Item

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

[ ] 5000.00

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

[ ] 33250.00