

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

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

FOR LINE NUMBER: PAGE 46 OF 105

(check only one)

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

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NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Brower, Sandra, E, ,

Mailing Address 1455 NW 19th Street

City
HomesteadState
FLZip Code
33030-2812FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

AVP, Health Plan Quality Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR497477321338

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

B. Gardner, Carl, John, ,

Mailing Address 2244 Homewood Way

City
CarmichaelState
CAZip Code
95608-5053FEC 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 ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR497485921338

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

C. Hansen, Lynette, , ,

Mailing Address 11172 Heather Grove Lane

City
South JordanState
UTZip Code
84095-1516FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare of UT

Occupation (for Individual)

AVP, Quality Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : PR497493121338

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

430.00

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