

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 27

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Molina Healthcare, Inc. PAC

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

A. Berg, Bryce, , ,

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 ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

Transaction ID : PR477383715670

Amount of Each Receipt this Period

194.00

☐ Memo Item

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

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

B. Bass, Craig, , ,

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 ▼

516.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

Transaction ID : PR477384315670

Amount of Each Receipt this Period

258.00

☐ Memo Item

P/R Deduction (\$129.00 Bi-Weekly)

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

C. Syiek, Mary, , ,

Mailing Address 6662 Gate Hill Cir

City
Huntington Beach

State
CA

Zip Code
92648-2109

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SVP, Provider and Member Engagemen

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

772.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2017

Transaction ID : PR477384615670

Amount of Each Receipt this Period

386.00

☐ Memo Item

P/R Deduction (\$193.00 Bi-Weekly)

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

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

838.00