

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

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

FOR LINE NUMBER: PAGE 29 OF 94

(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. Syiek, Mary, , ,

Mailing Address 6662 Gate Hill Cir

City
Huntington Beach

State
CA

Zip Code
92648-2109

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
SVP, Provider and Member Engagemer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3274.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : PR477384617019

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. Charlebois, Ellen, , ,

Mailing Address 2030 Silverlake Blvd

City
Frankfort

State
KY

Zip Code
40601-5306

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Medicaid Solutions

Occupation (for Individual)
Dir, Implementation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : PR477384817019

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

C. Hopfer, Richard, , ,

Mailing Address 6424 E Ocean Blvd

City
Long Beach

State
CA

Zip Code
90803-5651

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Chief Info Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1190.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2017

Transaction ID : PR477385017019

Amount of Each Receipt this Period

140.00

☐ Memo Item

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

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

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

644.60