

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 80  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Committee To Re-Elect Loretta Sanchez

**A.**

Full Name (Last, First, Middle Initial)  
John C Molina

Mailing Address 5668 Naples Canal

City State Zip Code  
Long Beach CA 90803

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

Name of Employer Occupation  
Molina Healthcare Inc Chief Finance Officer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	0

**Transaction ID:** SA11ai00000000728578

Amount of Each Receipt this Period  
2400.00

3000.00

**B.**

Full Name (Last, First, Middle Initial)  
John C Molina

Mailing Address 5668 Naples Canal

City State Zip Code  
Long Beach CA 90803

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

Name of Employer Occupation  
Molina Healthcare Inc Chief Finance Officer

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	0

**Transaction ID:** SA11ai00000000728581

Amount of Each Receipt this Period  
600.00

3000.00

**C.**

Full Name (Last, First, Middle Initial)  
Barbara J Mosen

Mailing Address 7 Currents

City State Zip Code  
Newport Coast CA 92657

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

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	0

**Transaction ID:** SA11ai00000000727158

Amount of Each Receipt this Period  
1400.00

3400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4400.00**

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