

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 59

(check only one)

☒ 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. 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 ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : PR497485922399

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

B. 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 UTOccupation (for Individual)
AVP, Quality Improvement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2020

Transaction ID : PR497493122399

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

C. Batista, Dania, Michelle, ,

Mailing Address 8101 SW 143RD STREET

City
Palmetto BayState
FLZip Code
33158-1568FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of FLOccupation (for Individual)
VP, Healthcare Services

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
03 / 31 / 2020

Transaction ID : PR497499122399

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

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

360.00

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