

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 125

(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. Carmona, Teresa, , ,

Mailing Address 23361 Cypress Point

City
Mission ViejoState
CAZip Code
92692-1558FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Clinical ServicesOccupation (for Individual)
Dir, Healthcare Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR477390521595

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

B. Kidd, Carl, T, ,

Mailing Address 12210 Oyster Cove Court

City
StaffordState
TXZip Code
77477-2268FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of TXOccupation (for Individual)
VP, Government Contracts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3271.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR477391121595

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

C. Babcock, Stephanie, , ,

Mailing Address 3181 Weygant

City
RochesterState
MIZip Code
48306-1260FEC ID number of contributing
federal political committee.

C

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2019

Transaction ID : PR477392321595

Amount of Each Receipt this Period

20.00

☐ Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

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

424.60

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