

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

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

FOR LINE NUMBER: PAGE 38 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. Gessesse, Mesrak, , ,

Mailing Address 16715 Iwa Road

City

Apple Valley

State

CA

Zip Code

92307-1462

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare, Inc.

Occupation (for Individual)

National Contracting Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.25

Date of Receipt

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

Transaction ID : PR496309621595

Amount of Each Receipt this Period

38.50

☐ Memo Item

P/R Deduction (\$19.25 Bi-Weekly)

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

B. Putman, Deanna, , ,

Mailing Address 18636 Clarks Run Rd

City

Mount Sterling

State

OH

Zip Code

43143-9203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare of OH

Occupation (for Individual)

Dir, Provider 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 : PR496310021595

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

C. Kalin, Robert, A, ,

Mailing Address 4618 Merwin St

City

Houston

State

TX

Zip Code

77027-6718

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Molina Healthcare of TX

Occupation (for Individual)

VP, Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID : PR496923121595

Amount of Each Receipt this Period

50.00

☐ Memo Item

P/R Deduction (\$25.00 Bi-Weekly)

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

108.50

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