

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

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

FOR LINE NUMBER: PAGE 69 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. Faroughi, Cheryl, Ann, ,

Mailing Address 1442 Aniko Ave

City
Lewis Center

State
OH

Zip Code
43035-7918

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of OH

Occupation (for Individual)
VP, Health Plan Operations

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 : PR497793621595

Amount of Each Receipt this Period

60.00

☐ Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

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

B. Karim, Vicki, , ,

Mailing Address 34663 Valley Forge Dr

City
Farmington Hills

State
MI

Zip Code
48331-3205

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Dir, Configuration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.50

Date of Receipt

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

Transaction ID : PR497813121595

Amount of Each Receipt this Period

23.00

☐ Memo Item

P/R Deduction (\$11.50 Bi-Weekly)

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

C. Crane, Patricia, , ,

Mailing Address 32290 Red Clover Rd

City
Farmington Hills

State
MI

Zip Code
48334-3553

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Healthcare of MI

Occupation (for Individual)
Dir, Projects

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID : PR497815221595

Amount of Each Receipt this Period

30.00

☐ Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

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

113.00

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