

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**Molina Healthcare, Inc. PAC**

ADDRESS (number and street) **200 Oceangate**  
**Suite 100**  
 Check if different than previously reported. (ACC) **Long Beach** **CA** **90802**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00430256** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /    through   /   /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Mayers, Michael, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Mayers, Michael, , ,* [Electronically Filed] Date   /   /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Molina Healthcare, Inc. PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		111109.23
(b) Cash on Hand at Beginning of Reporting Period.....	112506.55	
(c) Total Receipts (from Line 19) .....	20743.95	42141.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	133250.50	153250.50
7. Total Disbursements (from Line 31).....	34500.00	54500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	98750.50	98750.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Molina Healthcare, Inc. PAC

Report Covering the Period: From: 02 / 01 / 2018 To: 02 / 28 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7754.40	12451.90
(ii) Unitemized .....	12989.55	29489.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20743.95	41941.52
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20743.95	41941.52
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	199.75
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	20743.95	42141.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	20743.95	42141.27

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	54500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	34500.00	54500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34500.00	54500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20743.95	41941.52
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20743.95	41941.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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**

**A. White, Joseph, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3521 Loma View Dr  
 City Altadena State CA Zip Code 91001-3938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Chief Financial Officer Corp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477351618063**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**B. Barlow, Jeffrey, Don, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3731 El Ricon Way  
 City Sacramento State CA Zip Code 95864-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477351818063**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. Zevnik, Timothy, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 1/2 North Portola  
 City Laguna Beach State CA Zip Code 92651-6707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Compliance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477352818063**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	969.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Surdock, Christine, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31741 Bretton  
 City Livonia State MI Zip Code 48152-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477363018063**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Sweers, Kimberly, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46E Peninsula Center #320  
 City Rolling Hills Estates State CA Zip Code 90274-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Network Strategy and Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477363818063**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. Mayers, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8309 Medeiros Way  
 City Sacramento State CA Zip Code 95829-8164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Gov Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477366218063**  
 Amount of Each Receipt this Period 384.62  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	923.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Pollack, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10952 Pine Lodge Trail  
 City Davie State FL Zip Code 33328-7319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Sr VP Health Plan Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR477379618063**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. Borrajero, Maritza, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9832 SW 110 Street  
 City Miami State FL Zip Code 33176-2886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR477380618063**  
 Amount of Each Receipt this Period 220.00  
 Memo Item  
 P/R Deduction (\$110.00 Bi-Weekly)

**C. Harris, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2942 Bloomfield Park Drive  
 City West Bloomfield State MI Zip Code 48323-3506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.22

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR477380718063**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	854.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Pingree, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8711 Shawnee Street

City Philadelphia	State PA	Zip Code 19118-3709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Molina Medicaid Solutions	Occupation (for Individual) VP, Gov Affairs
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

**Transaction ID : PR477383118063**

Amount of Each Receipt this Period  
208.00

Memo Item

P/R Deduction (\$104.00 Bi-Weekly)

**B. Bass, Craig, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5973 Shady Oaks Drive

City Frisco	State TX	Zip Code 75034-7228
----------------	-------------	------------------------

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

Name of Employer (for Individual) Molina Pathways LLC	Occupation (for Individual) VP Molina Pathways
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
516.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

**Transaction ID : PR477384318063**

Amount of Each Receipt this Period  
258.00

Memo Item

P/R Deduction (\$129.00 Bi-Weekly)

**C. Syiek, Mary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6662 Gate Hill Cir

City Huntington Beach	State CA	Zip Code 92648-2109
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Molina Healthcare, Inc.	Occupation (for Individual) SVP, Provider and Member Engagemen
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2018

**Transaction ID : PR477384618063**

Amount of Each Receipt this Period  
384.60

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Charlebois, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2030 Silverlake Blvd  
 City Frankfort State KY Zip Code 40601-5306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medicaid Solutions Occupation (for Individual) Dir, Implementation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477384818063**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. Danley, Derek, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17401 Tidalview Lane  
 City Huntington Beach State CA Zip Code 92649-6439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477385418063**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. Gooch, Harold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6511 S Canyon Ranch Road  
 City Salt Lake City State UT Zip Code 84121-6367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) National Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477385618063**  
 Amount of Each Receipt this Period 156.00  
 Memo Item  
 P/R Deduction (\$78.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	476.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Fosdick, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1325 Sussex Lane  
 City Newport Beach State CA Zip Code 92660-4742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Marketplace  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR477387918063**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. English, Kim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13131 Foley Road  
 City Fenton State MI Zip Code 48430-8408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of MI Occupation (for Individual) VP, Healthcare Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR477388118063**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**C. Boim, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12028 Young Manor Drive  
 City Midlothian State VA Zip Code 23113-2027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) AVP, Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 388.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR477389118063**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	514.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Rote, Anne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5519 Caruth Blvd  
 City Dallas State TX Zip Code 75209-3529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477392618063**  
 Amount of Each Receipt this Period 160.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

**B. Johnson, Scott, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N71W14757 Terriwood Dr.  
 City Menomonee Falls State WI Zip Code 53051-5191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WI Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477392718063**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Giambone, Angelo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1821 Park Street  
 City Huntington Beach State CA Zip Code 92648-2734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Pharmacy Services  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477392918063**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	694.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Otley, Christopher, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Willowbrook Ct  
 City Potomac State MD Zip Code 20854-2501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Regional Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477395518063**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Adler, Peter, G., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5402 Lake Washington BIVd NE Unit H  
 City Kirkland State WA Zip Code 98033-7332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of WA Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477398218063**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. Zeiler, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 Meadow Ridge Dr  
 City Tallahassee State FL Zip Code 32312-1553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of FL Occupation (for Individual) VP, Government Contracts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR477400918063**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$75.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	544.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Graham, Susan, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5709 Avenida Estoril  
 City Long Beach State CA Zip Code 90814-3216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Core Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR496922718063**  
 Amount of Each Receipt this Period  
 154.00  
 Memo Item  
 P/R Deduction (\$77.00 Bi-Weekly)

**B. Valdez, David, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1624 Clementson Dr  
 City San Antonio State TX Zip Code 78260-6284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) Chief Medical Officer, Health Plan  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR496923818063**  
 Amount of Each Receipt this Period  
 116.00  
 Memo Item  
 P/R Deduction (\$58.00 Bi-Weekly)

**C. Patton, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7918 Farm House Lane  
 City Midvale State UT Zip Code 84047-2864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of UT Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR497250718063**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	470.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Wright, Margo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15820 291st Ave SE  
 City Monroe State WA Zip Code 98272-8909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Accounting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR497292218063**  
 Amount of Each Receipt this Period  
 186.00  
 Memo Item  
 P/R Deduction (\$93.00 Bi-Weekly)

**B. Osburn, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1232 Broadmoor Circle  
 City Franklin State TN Zip Code 37067-8649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Medicaid Solutions Occupation (for Individual) VP, Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR497356618063**  
 Amount of Each Receipt this Period  
 107.70  
 Memo Item  
 P/R Deduction (\$53.85 Bi-Weekly)

**C. Gardner, Freda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2352 Stallion Street  
 City Carrollton State TX Zip Code 75010-4965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of TX Occupation (for Individual) Medical Director, Health Plan  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR497436618063**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	493.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. Akotia, Dennis, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Park Ave  
 City River Forest State IL Zip Code 60305-2038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Plan Chief Operations Officer  
 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  
 02 / 28 / 2018  
**Transaction ID : PR497754418063**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. Sanborn, Pamela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6126 Streamside Ln  
 City Goodrich State MI Zip Code 48438-8738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare of IL Occupation (for Individual) Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR497834318063**  
 Amount of Each Receipt this Period  
 160.00  
 Memo Item  
 P/R Deduction (\$80.00 Bi-Weekly)

**C. Jones, Michael, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5204 Rosefinch Pl  
 City Lithia State FL Zip Code 33547-4061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) VP, Medicare General Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR499441118063**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	664.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 17 OF 23  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Siruvuru, Murali, Krishna, ,

Mailing Address 3422 Maricopa St  
116

City Torrance State CA Zip Code 90503-4930

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

Name of Employer (for Individual) Molina Healthcare, Inc. Occupation (for Individual) Architect, Info Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
02 / 28 / 2018

**Transaction ID : PR502342618063**

Amount of Each Receipt this Period  
300.00

Memo Item

P/R Deduction (\$150.00 Bi-Weekly)

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7754.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Value In Electing Women (VIEW) Political Action Committee**

Mailing Address 3106 Russell Road

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
2018 Contribution

**011**  
Category/  
Type

Candidate Name  
**Value In Electing Women (VIEW) Political Action Committee**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00327189

**Transaction ID : 11861829**

Amount of Each Disbursement this Period

2018 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ryan Costello For Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**Costello, Ryan, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: PA District: 06

Date of Disbursement

/  /

FEC Identification Number

**C** C00554899

**Transaction ID : 11861830**

Amount of Each Disbursement this Period

2018 PRIMARY CONTRIBUTION

Memo Item

Full Name (Last, First, Middle Initial)

**C. SCALISE FOR CONGRESS**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**Scalise, Steve, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: LA District: 01

Date of Disbursement

/  /

FEC Identification Number

**C** C00394957

**Transaction ID : 11861831**

Amount of Each Disbursement this Period

2018 PRIMARY CONTRIBUTION

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. BRADY FOR CONGRESS**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**Brady, Kevin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 08

Date of Disbursement  
MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

**C** C00311043

**Transaction ID : 11861832**

Amount of Each Disbursement this Period

2500.00

2018 PRIMARY CONTRIBUTION

Memo Item

Full Name (Last, First, Middle Initial)

**B. Carlos Curbelo for Congress**

Mailing Address 8724 Sw 72nd St

City Miami State FL Zip Code 33173

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**Curbelo, Carlos, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 26

Date of Disbursement  
MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

**C** C00546846

**Transaction ID : 11861833**

Amount of Each Disbursement this Period

1500.00

2018 PRIMARY CONTRIBUTION

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hurd For Congress**

Mailing Address PO Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

**011**  
Category/  
Type

Candidate Name  
**Hurd, Will, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 23

Date of Disbursement  
MM / DD / YYYY  
02 / 22 / 2018

FEC Identification Number

**C** C00545467

**Transaction ID : 11861834**

Amount of Each Disbursement this Period

1500.00

2018 PRIMARY CONTRIBUTION

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

**A. OLSON FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 16381

M M M	/	D D D	/	Y Y Y Y Y
02		22		2018

City Sugar Land State TX Zip Code 77496

FEC Identification Number

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

C	C00437913
---	-----------

011
Category/ Type

**Transaction ID : 11862220**

Amount of Each Disbursement this Period

Candidate Name  
**Olson, Pete, , Rep.,**

2000.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 22

2018 PRIMARY CONTRIBUTION  
 Memo Item

**B. KINZINGER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2365

M M M	/	D D D	/	Y Y Y Y Y
02		22		2018

City Ottawa State IL Zip Code 61350

FEC Identification Number

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

C	C00458877
---	-----------

011
Category/ Type

**Transaction ID : 11862221**

Amount of Each Disbursement this Period

Candidate Name  
**Kinzinger, Adam, , Rep.,**

2500.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 11

2018 PRIMARY CONTRIBUTION  
 Memo Item

**C. MICHAEL BURGESS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 2334

M M M	/	D D D	/	Y Y Y Y Y
02		22		2018

City Denton State TX Zip Code 76202

FEC Identification Number

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

C	C00372532
---	-----------

011
Category/ Type

**Transaction ID : 11862222**

Amount of Each Disbursement this Period

Candidate Name  
**Burgess, Michael, C., Rep.,**

1000.00
---------

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 26

2018 PRIMARY CONTRIBUTION  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. McNerney For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 690371		FEC Identification Number C00398644 <b>Transaction ID : 11862223</b>
City Stockton	State CA	Zip Code 95269
Purpose of Disbursement 2018 PRIMARY CONTRIBUTION		Amount of Each Disbursement this Period 1000.00 2018 PRIMARY CONTRIBUTION
Candidate Name <b>McNerney, Jerry, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 09	

Full Name (Last, First, Middle Initial) <b>B. Debbie Dingell for Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address 19855 W. Outer Dr Ste 103 Ae		FEC Identification Number C00558213 <b>Transaction ID : 11862224</b>
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement 2018 PRIMARY CONTRIBUTION		Amount of Each Disbursement this Period 1000.00 2018 PRIMARY CONTRIBUTION
Candidate Name <b>Dingell, Debbie, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 12	

Full Name (Last, First, Middle Initial) <b>C. Pete Aguilar for Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 22 / 2018
Mailing Address PO Box 10954		FEC Identification Number C00510461 <b>Transaction ID : 11862225</b>
City San Bernardino	State CA	Zip Code 92423
Purpose of Disbursement 2018 PRIMARY CONTRIBUTION		Amount of Each Disbursement this Period 1000.00 2018 PRIMARY CONTRIBUTION
Candidate Name <b>Aguilar, Pete, , Hon.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 31	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)  
**A. Brian Fitzpatrick For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	6		2	0	1	8		

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

FEC Identification Number

**C** C00607416

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

**011**  
Category/  
Type

**Transaction ID : 11862226**

Amount of Each Disbursement this Period

1000.00

2018 PRIMARY CONTRIBUTION

Candidate Name

**Fitzpatrick, Brian, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Prosperity Action, Inc**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	2		2	0	1	8		

Mailing Address 320 1ST STREET SE

City Washington State DC Zip Code 20003

FEC Identification Number

**C** C00377689

Purpose of Disbursement  
2018 CONTRIBUTION

**011**  
Category/  
Type

**Transaction ID : 11862227**

Amount of Each Disbursement this Period

5000.00

2018 CONTRIBUTION

Candidate Name

**Prosperity Action, Inc**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Barbara Lee For Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	2		2	0	1	8		

Mailing Address 333 Hegenberger Rd, Ste 369

City Oakland State CA Zip Code 94621

FEC Identification Number

**C** C00331769

Purpose of Disbursement  
2018 PRIMARY CONTRIBUTION

**011**  
Category/  
Type

**Transaction ID : 11862228**

Amount of Each Disbursement this Period

2500.00

2018 PRIMARY CONTRIBUTION

Candidate Name

**Lee, Barbara, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Molina Healthcare, Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Carlos Curbelo for Congress**

Mailing Address 8724 Sw 72nd St

City Miami State FL Zip Code 33173

Purpose of Disbursement  
2018 GENERAL CONTRIBUTION

001  
Category/  
Type

Candidate Name  
**Curbelo, Carlos, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼  
State: FL District: 26

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 22 / 2018

FEC Identification Number

C C00546846

**Transaction ID : 11865564**

Amount of Each Disbursement this Period

1000.00

2018 GENERAL CONTRIBUTION

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hurd For Congress**

Mailing Address PO Box 761029

City San Antonio State TX Zip Code 78245

Purpose of Disbursement  
2018 GENERAL CONTRIBUTION

011  
Category/  
Type

Candidate Name  
**Hurd, Will, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify)  
State: TX District: 23

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 22 / 2018

FEC Identification Number

C C00545467

**Transaction ID : 11865565**

Amount of Each Disbursement this Period

1000.00

2018 GENERAL CONTRIBUTION

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00

34500.00