

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

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

FOR LINE NUMBER: PAGE 9 OF 23

(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. Pingree, David, , ,

Mailing Address 8711 Shawnee Street

City
Philadelphia

State
PA

Zip Code
19118-3709

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)

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

B. Bass, Craig, , ,

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)

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

C. Syiek, Mary, , ,

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)

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

850.60

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