

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)

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☒ 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. Akotia, Dennis, S, ,

Mailing Address 928 Garfield Ave

City
Bridgewater

State
NJ

Zip Code
08807-1128

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : PR497754422657

Amount of Each Receipt this Period

120.00

☐ Memo Item

P/R Deduction (\$60.00 Bi-Weekly)

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

B. Fowler, Terry, K, ,

Mailing Address 3344 S Rockwell St

City
Gilbert

State
AZ

Zip Code
85297-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Molina Clinical Services LLC

Occupation (for Individual)
Sr Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : PR497788822657

Amount of Each Receipt this Period

200.00

☐ Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

C. 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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2020

Transaction ID : PR497793622657

Amount of Each Receipt this Period

60.00

☐ Memo Item

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

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

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

380.00