

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. Ingram, Carolyn, , ,

Mailing Address 39 Camino Dimitrio

City
Santa Fe

State
NM

Zip Code
87508-9124

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
EVP, Policy and Government Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1929.70

Date of Receipt

04 / 15 / 2019

Transaction ID : 13028292

Amount of Each Receipt this Period

964.85

☐ Memo Item

2019 Credit Card Contribution

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

B. Bentzien-Purrington, Michelle, Ann, ,

Mailing Address 1828 Winding View

City
San Antonio

State
TX

Zip Code
78260-7204

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
VP, Long Term Services & Supports

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4824.85

Date of Receipt

04 / 17 / 2019

Transaction ID : 13028293

Amount of Each Receipt this Period

4824.85

☐ Memo Item

2019 Credit Card Contribution

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

C. Beard, Jacinto, Wilson, ,

Mailing Address 4536 Karl Rd

City
Columbus

State
OH

Zip Code
43224-1122

FEC ID number of contributing
federal political committee.

C

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

Occupation (for Individual)
National Dental Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 17 / 2019

Transaction ID : 13028294

Amount of Each Receipt this Period

1000.00

☐ Memo Item

2019 Check Contribution

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

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

6789.70