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

Cambia Health Solutions Inc. PAC

ADDRESS (number and street) ▼ PO Box 1271, MS E12C

☐ Check if different than previously reported. (ACC)

Portland | OR | 97207-1271 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00252684

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 05 / 01 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher Bandoli

Signature of Treasurer *Christopher Bandoli* ***[Electronically Filed]*** Date 07 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

Cambia Health Solutions Inc. PAC

Report Covering the Period: From: 05 / 01 / 2014 To: 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		43601.77
(b) Cash on Hand at Beginning of Reporting Period	56816.41	
(c) Total Receipts (from Line 19)	14481.15	37695.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71297.56	81297.56
7. Total Disbursements (from Line 31)	12000.00	22000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59297.56	59297.56
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** 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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

Cambia Health Solutions Inc. PAC

Report Covering the Period: From: 05 / 01 / 2014 To: 06 / 30 / 2014

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)	9530.00	16635.00
(ii) Unitemized	4951.15	21060.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	14481.15	37695.79
(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) ▶	14481.15	37695.79
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	0.00
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)) ▶	14481.15	37695.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	14481.15	37695.79

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	12000.00	22000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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))	12000.00	22000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	12000.00	22000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14481.15	37695.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14481.15	37695.79
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)
[X] 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)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR CLAIMS SERVICE

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : A2014-1108664

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR CLAIMS SERVICE

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014

Transaction ID : A2014-1331463

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
PATRICIA ALLEN

Mailing Address 2919 ECHO HILLS DR

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR CLAIMS SERVICE

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 27 / 2014

Transaction ID : A2014-1341866

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SA11AI**
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
KIRK ANDERSON

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790088

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
KIRK ANDERSON

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948033

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
KIRK ANDERSON

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108751

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
KIRK ANDERSON

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331550

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
KIRK ANDERSON

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341953

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108729

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331528

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
DONALD ANTONUCCI

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341931

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
GAIL BAKER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108754

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): GAIL BAKER
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331553
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): GAIL BAKER
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 260.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341956
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): Christopher Bandoli
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City State: UT Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790087
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): Christopher Bandoli
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City | State: UT | Zip Code: 84121
FEC ID number of contributing federal political committee.: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948032
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): Christopher Bandoli
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City | State: UT | Zip Code: 84121
FEC ID number of contributing federal political committee.: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108750
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): Christopher Bandoli
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City | State: UT | Zip Code: 84121
FEC ID number of contributing federal political committee.: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 360.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331549
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): Christopher Bandoli
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City
State: UT
Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 390.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341952
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): KERRY E BARNETT
Mailing Address: 9652 NW CAXTON LN
City: PORTLAND
State: OR
Zip Code: 97229
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: EVP CORPORATE SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 675.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-789983
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): KERRY E BARNETT
Mailing Address: 9652 NW CAXTON LN
City: PORTLAND
State: OR
Zip Code: 97229
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: EVP CORPORATE SERVICES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 750.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947928
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City: PORTLAND
State: OR
Zip Code: 97229

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: EVP CORPORATE SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108650

Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City: PORTLAND
State: OR
Zip Code: 97229

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: EVP CORPORATE SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331449

Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
KERRY E BARNETT

Mailing Address 9652 NW CAXTON LN

City: PORTLAND
State: OR
Zip Code: 97229

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: EVP CORPORATE SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341852

Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): NICOLE BELL
Mailing Address: 1410 30th Ave
City: Seattle | State: WA | Zip Code: 98122
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager for Network Reimbursem
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790061
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): NICOLE BELL
Mailing Address: 1410 30th Ave
City: Seattle | State: WA | Zip Code: 98122
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager for Network Reimbursem
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948006
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): NICOLE BELL
Mailing Address: 1410 30th Ave
City: Seattle | State: WA | Zip Code: 98122
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager for Network Reimbursem
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108726
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL 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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): NICOLE BELL
Mailing Address: 1410 30th Ave
City: Seattle State: WA Zip Code: 98122
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager for Network Reimbursem
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331525
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): NICOLE BELL
Mailing Address: 1410 30th Ave
City: Seattle State: WA Zip Code: 98122
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager for Network Reimbursem
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341928
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): BRIAN BERCHTOLD
Mailing Address: 200 SW Market Street PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790092
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL 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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): BRIAN BERCHTOLD
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948037
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): BRIAN BERCHTOLD
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108755
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): BRIAN BERCHTOLD
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 360.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331554
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL 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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
BRIAN BERCHTOLD

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341957

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City: SAMMAMISH
State: WA
Zip Code: 98074

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-789993

Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
CHARLES BICKNELL

Mailing Address 202 216TH AVE NE

City: SAMMAMISH
State: WA
Zip Code: 98074

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947938

Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): CHARLES BICKNELL
Mailing Address: 202 216TH AVE NE
City: SAMMAMISH State: WA Zip Code: 98074
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR HUMAN RESOURCES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 495.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108659
Amount of Each Receipt this Period: 45.00

B.
Full Name (Last, First, Middle Initial): CHARLES BICKNELL
Mailing Address: 202 216TH AVE NE
City: SAMMAMISH State: WA Zip Code: 98074
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR HUMAN RESOURCES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 540.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331458
Amount of Each Receipt this Period: 45.00

C.
Full Name (Last, First, Middle Initial): CHARLES BICKNELL
Mailing Address: 202 216TH AVE NE
City: SAMMAMISH State: WA Zip Code: 98074
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR HUMAN RESOURCES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 585.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341861
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ 135.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial): JOAN BYRD
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 05/02/2014
Transaction ID : A2014-790093
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): JOAN BYRD
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 05/16/2014
Transaction ID : A2014-948038
Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial): JOAN BYRD
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: 05/30/2014
Transaction ID : A2014-1108756
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JOAN BYRD

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331555

Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
JOAN BYRD

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341958

Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City: BOUNTIFUL
State: UT
Zip Code: 84010

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR LGSLTV REGLTORY AFFRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 05 / D D 02 / Y Y Y Y 2014

Transaction ID : A2014-789995

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City: BOUNTIFUL
State: UT
Zip Code: 84010

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR LGSLTV REGLTORY AFFRS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947940

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City: BOUNTIFUL
State: UT
Zip Code: 84010

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR LGSLTV REGLTORY AFFRS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108661

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City: BOUNTIFUL
State: UT
Zip Code: 84010

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR LGSLTV REGLTORY AFFRS

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331460

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JENNIFER CANNADAY

Mailing Address 258 EAST 2300 SOUTH

City: BOUNTIFUL
State: UT
Zip Code: 84010

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR LGSLTV REGLTORY AFFRS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341863

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790066

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948011

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

TOTAL 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)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108731

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331530

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
JANICE CARLE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341933

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): LINDA CARRIER
Mailing Address: 14022 1ST AVE W
City: EVERETT State: WA Zip Code: 98208
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: ASST DIR SERVICE MGMT & ADMIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790015
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): LINDA CARRIER
Mailing Address: 14022 1ST AVE W
City: EVERETT State: WA Zip Code: 98208
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: ASST DIR SERVICE MGMT & ADMIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947960
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): LINDA CARRIER
Mailing Address: 14022 1ST AVE W
City: EVERETT State: WA Zip Code: 98208
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: ASST DIR SERVICE MGMT & ADMIN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108681
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
LINDA CARRIER

Mailing Address 14022 1ST AVE W

City: EVERETT | State: WA | Zip Code: 98208

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.

Occupation: ASST DIR SERVICE MGMT & ADMIN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 13 / 2014

Transaction ID : A2014-1331480

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
LINDA CARRIER

Mailing Address 14022 1ST AVE W

City: EVERETT | State: WA | Zip Code: 98208

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.

Occupation: ASST DIR SERVICE MGMT & ADMIN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 27 / 2014

Transaction ID : A2014-1341883

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Vivian CHI

Mailing Address 2529 EAST WILLOW HILLS DR

City: SANDY | State: UT | Zip Code: 84093

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.

Occupation: VP CLAIMS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 02 / 2014

Transaction ID : A2014-790046

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial): Vivian CHI
Mailing Address: 2529 EAST WILLOW HILLS DR
City: SANDY State: UT Zip Code: 84093
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: VP CLAIMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947991
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial): Vivian CHI
Mailing Address: 2529 EAST WILLOW HILLS DR
City: SANDY State: UT Zip Code: 84093
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: VP CLAIMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108712
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial): Vivian CHI
Mailing Address: 2529 EAST WILLOW HILLS DR
City: SANDY State: UT Zip Code: 84093
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: VP CLAIMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 360.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331511
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial): Vivian CHI
Mailing Address: 2529 EAST WILLOW HILLS DR
City: SANDY State: UT Zip Code: 84093
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: VP CLAIMS
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 390.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341914
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial): JOHN CIMRAL
Mailing Address: 200 SW Market Street PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 675.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790094
Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial): JOHN CIMRAL
Mailing Address: 200 SW Market Street PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948039
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JOHN CIMRAL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108757

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
JOHN CIMRAL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331556

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
JOHN CIMRAL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
975.00

Date of Receipt
M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341959

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): APRIL COITEUX
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108758
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): APRIL COITEUX
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331557
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): APRIL COITEUX
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341960
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
ROBERT COPPEDGE

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 02 / 2014

Transaction ID : A2014-790096

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
ROBERT COPPEDGE

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 16 / 2014

Transaction ID : A2014-948041

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
ROBERT COPPEDGE

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 05 / 30 / 2014

Transaction ID : A2014-1108759

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
ROBERT COPPEDGE

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331558

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
ROBERT COPPEDGE

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341961

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City: KELSO State: WA Zip Code: 98626

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: ASST DIR BUSINESS CONTROLS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790047

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City: KELSO | State: WA | Zip Code: 98626

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.

Occupation: ASST DIR BUSINESS CONTROLS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 05 / D D 16 / Y Y Y Y 2014

Transaction ID : A2014-947992

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City: KELSO | State: WA | Zip Code: 98626

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.

Occupation: ASST DIR BUSINESS CONTROLS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108713

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City: KELSO | State: WA | Zip Code: 98626

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.

Occupation: ASST DIR BUSINESS CONTROLS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331512

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER DEGALLIER

Mailing Address 1006 18TH AVE N

City: KELSO | State: WA | Zip Code: 98626

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: ASST DIR BUSINESS CONTROLS

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341915

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
JENNIFER DEL VILLAR

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland | State: OR | Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790097

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
JENNIFER DEL VILLAR

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland | State: OR | Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948042

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JENNIFER DEL VILLAR

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108760

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
JENNIFER DEL VILLAR

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331559

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
JENNIFER DEL VILLAR

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341962

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): RAULO FREAR
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City | State: UT | Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 220.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108733
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): RAULO FREAR
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City | State: UT | Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 240.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331532
Amount of Each Receipt this Period: 20.00

C.
Full Name (Last, First, Middle Initial): RAULO FREAR
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City | State: UT | Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341935
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City: PORTLAND
State: OR
Zip Code: 97225

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: PRESIDENT & CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790021

Amount of Each Receipt this Period: 115.00

B. Full Name (Last, First, Middle Initial)
MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City: PORTLAND
State: OR
Zip Code: 97225

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: PRESIDENT & CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947966

Amount of Each Receipt this Period: 115.00

C. Full Name (Last, First, Middle Initial)
MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City: PORTLAND
State: OR
Zip Code: 97225

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: PRESIDENT & CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108687

Amount of Each Receipt this Period: 115.00

SUBTOTAL of Receipts This Page (optional) ▶ 345.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City: PORTLAND
State: OR
Zip Code: 97225

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: PRESIDENT & CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331486

Amount of Each Receipt this Period: 115.00

B. Full Name (Last, First, Middle Initial)
MARK GANZ

Mailing Address 2715 SW MAYFIELD AVE

City: PORTLAND
State: OR
Zip Code: 97225

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: PRESIDENT & CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1495.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341889

Amount of Each Receipt this Period: 115.00

C. Full Name (Last, First, Middle Initial)
STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City: RIDGEFIELD
State: WA
Zip Code: 98642

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: VP & CHIEF ACTUARIAL OFFICER

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-789984

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 280.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): STEVEN J GASPAR
Mailing Address: 2108 NW 206TH ST
City: RIDGEFIELD State: WA Zip Code: 98642
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: VP & CHIEF ACTUARIAL OFFICER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947929
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): STEVEN J GASPAR
Mailing Address: 2108 NW 206TH ST
City: RIDGEFIELD State: WA Zip Code: 98642
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: VP & CHIEF ACTUARIAL OFFICER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108651
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): STEVEN J GASPAR
Mailing Address: 2108 NW 206TH ST
City: RIDGEFIELD State: WA Zip Code: 98642
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: VP & CHIEF ACTUARIAL OFFICER
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331450
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL 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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
STEVEN J GASPAR

Mailing Address 2108 NW 206TH ST

City: RIDGEFIELD
State: WA
Zip Code: 98642

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: VP & CHIEF ACTUARIAL OFFICER

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341853

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR INDIVIDUAL MBRSHP ACCTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108667

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
CHRISTINE HAGLE

Mailing Address 1011 RICHARDSON AVE

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR INDIVIDUAL MBRSHP ACCTG

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331466

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): CHRISTINE HAGLE
Mailing Address: 1011 RICHARDSON AVE
City: LEWISTON State: ID Zip Code: 83501
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR INDIVIDUAL MBRSHP ACCTG
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341869
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): DARCI HANSEN
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City State: UT Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790074
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): DARCI HANSEN
Mailing Address: 2890 East Cottonwood Parkway
City: Salt Lake City State: UT Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948019
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108739

Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331538

Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
DARCI HANSEN

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341941

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): ALEXIS HOFFBERGER
Mailing Address: PO BOX 61803
City: VANCOUVER State: WA Zip Code: 98666
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: AD COMPTVE INTEL & DSKTP ANALY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790041
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): ALEXIS HOFFBERGER
Mailing Address: PO BOX 61803
City: VANCOUVER State: WA Zip Code: 98666
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: AD COMPTVE INTEL & DSKTP ANALY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947986
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): ALEXIS HOFFBERGER
Mailing Address: PO BOX 61803
City: VANCOUVER State: WA Zip Code: 98666
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: AD COMPTVE INTEL & DSKTP ANALY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108707
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): ALEXIS HOFFBERGER
Mailing Address: PO BOX 61803
City: VANCOUVER State: WA Zip Code: 98666
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: AD COMPTVE INTEL & DSKTP ANALY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331506
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): ALEXIS HOFFBERGER
Mailing Address: PO BOX 61803
City: VANCOUVER State: WA Zip Code: 98666
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: AD COMPTVE INTEL & DSKTP ANALY
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341909
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): THOMAS HOLT
Mailing Address: 200 SW Market Street
PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108768
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
THOMAS HOLT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331567

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
THOMAS HOLT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341971

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Director for Corporate Actuari

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790062

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Director for Corporate Actuari

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
05 / 16 / 2014

Transaction ID : A2014-948007

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Director for Corporate Actuari

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt
05 / 30 / 2014

Transaction ID : A2014-1108727

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Director for Corporate Actuari

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
06 / 13 / 2014

Transaction ID : A2014-1331526

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
NANCY HUBLER

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Director for Corporate Actuari

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341929

Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City: MERIDIAN
State: ID
Zip Code: 83642-8040

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR NEW SALES GB

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790057

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS HYDE

Mailing Address 2008 N JUSTIN WAY

City: MERIDIAN
State: ID
Zip Code: 83642-8040

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR NEW SALES GB

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948002

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial): DOUGLAS HYDE
Mailing Address: 2008 N JUSTIN WAY
City: MERIDIAN State: ID Zip Code: 83642-8040
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR NEW SALES GB
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108722
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial): DOUGLAS HYDE
Mailing Address: 2008 N JUSTIN WAY
City: MERIDIAN State: ID Zip Code: 83642-8040
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR NEW SALES GB
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331521
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial): DOUGLAS HYDE
Mailing Address: 2008 N JUSTIN WAY
City: MERIDIAN State: ID Zip Code: 83642-8040
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR NEW SALES GB
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341924
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial): JON JOHNSON
Mailing Address: 3770 N FRANDON AVE
City: MERIDIAN State: ID Zip Code: 83642
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR RENEWALS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 220.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108689
Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial): JON JOHNSON
Mailing Address: 3770 N FRANDON AVE
City: MERIDIAN State: ID Zip Code: 83642
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR RENEWALS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 240.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331488
Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial): JON JOHNSON
Mailing Address: 3770 N FRANDON AVE
City: MERIDIAN State: ID Zip Code: 83642
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR RENEWALS
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 260.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341891
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): SCOTT D KREILING
Mailing Address: 6638 57TH AVENUE NE
City: SEATTLE State: WA Zip Code: 98115
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-789980
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): SCOTT D KREILING
Mailing Address: 6638 57TH AVENUE NE
City: SEATTLE State: WA Zip Code: 98115
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947925
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): SCOTT D KREILING
Mailing Address: 6638 57TH AVENUE NE
City: SEATTLE State: WA Zip Code: 98115
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 825.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108647
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): SCOTT D KREILING
Mailing Address: 6638 57TH AVENUE NE
City: SEATTLE State: WA Zip Code: 98115
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331446
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): SCOTT D KREILING
Mailing Address: 6638 57TH AVENUE NE
City: SEATTLE State: WA Zip Code: 98115
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 975.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341849
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): PATRICIA LAUGHREN
Mailing Address: 200 SW Market Street
PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 675.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790107
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M 05 / D D 16 / Y Y Y Y 2014

Transaction ID : A2014-948052

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
825.00

Date of Receipt
M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108770

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331569

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
PATRICIA LAUGHREN

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland | State: OR | Zip Code: 97207

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341973

Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City | State: UT | Zip Code: 84121

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790078

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City | State: UT | Zip Code: 84121

FEC ID number of contributing federal political committee: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948023

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 135.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108742

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331541

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
DANIEL LUCAS

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341944

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
KATHLEEN MCNALTY

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108743

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN MCNALTY

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331542

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
KATHLEEN MCNALTY

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341945

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790109

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948054

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108772

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331571

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
CSABA MERA

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341975

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City: LAKE OSWEGO
State: OR
Zip Code: 97035

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: ASSOCIATE GENERAL COUNSEL II

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: M M 05 / D D 02 / Y Y Y Y 2014

Transaction ID : A2014-789982

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City: LAKE OSWEGO
State: OR
Zip Code: 97035

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: ASSOCIATE GENERAL COUNSEL II

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947927

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City: LAKE OSWEGO
State: OR
Zip Code: 97035

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: ASSOCIATE GENERAL COUNSEL II

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108649

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City: LAKE OSWEGO
State: OR
Zip Code: 97035

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: ASSOCIATE GENERAL COUNSEL II

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331448

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
LISA MURPHY

Mailing Address 4763 HASTINGS PLACE

City: LAKE OSWEGO
State: OR
Zip Code: 97035

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: ASSOCIATE GENERAL COUNSEL II

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341851

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City: SALT LAKE CITY
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108663

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
BARBARA NEILSON

Mailing Address 5696 PARK PLACE EAST

City: SALT LAKE CITY
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331462

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): BARBARA NEILSON
Mailing Address: 5696 PARK PLACE EAST
City: SALT LAKE CITY
State: UT
Zip Code: 84121
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR SALES
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 260.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341865
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial): ANDREW OVER
Mailing Address: 200 SW Market Street
PO BOX 1271 M/SE12A
City: Portland
State: OR
Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790111
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): ANDREW OVER
Mailing Address: 200 SW Market Street
PO BOX 1271 M/SE12A
City: Portland
State: OR
Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948056
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108774

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331573

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
ANDREW OVER

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341977

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR UNDERWRITING IDAHO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: M M 05 / D D 02 / Y Y Y Y 2014

Transaction ID : A2014-790004

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR UNDERWRITING IDAHO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 05 / D D 16 / Y Y Y Y 2014

Transaction ID : A2014-947949

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City: LEWISTON
State: ID
Zip Code: 83501

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR UNDERWRITING IDAHO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108670

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City: LEWISTON State: ID Zip Code: 83501

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR UNDERWRITING IDAHO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331469

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
DAVID M PANKEY

Mailing Address 108 MARINE VIEW COURT

City: LEWISTON State: ID Zip Code: 83501

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR UNDERWRITING IDAHO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341872

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City State: UT Zip Code: 84121

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790081

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948026

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108745

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331544

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL 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)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
ERIC PETTIGREW

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341947

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790113

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948058

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108776

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331575

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
SCOTT POWERS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341979

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: M M 05 / D D 02 / Y Y Y Y 2014

Transaction ID : A2014-790082

Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: M M 05 / D D 16 / Y Y Y Y 2014

Transaction ID : A2014-948027

Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: M M 05 / D D 30 / Y Y Y Y 2014

Transaction ID : A2014-1108746

Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331545

Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
VINCENT PRICE

Mailing Address 2890 East Cottonwood Parkway

City: Salt Lake City
State: UT
Zip Code: 84121

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341948

Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 05 / D D 02 / Y Y Y Y 2014

Transaction ID : A2014-790115

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): SHAD PRIEST
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948060
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): SHAD PRIEST
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 550.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108778
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): SHAD PRIEST
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331577
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
SHAD PRIEST

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341981

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790116

Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
MICHAEL RAINS

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948061

Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): MICHAEL RAINS
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 440.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108779
Amount of Each Receipt this Period: 40.00

B.
Full Name (Last, First, Middle Initial): MICHAEL RAINS
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331578
Amount of Each Receipt this Period: 40.00

C.
Full Name (Last, First, Middle Initial): MICHAEL RAINS
Mailing Address: 200 SW Market Street, PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 520.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341982
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790121

Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948066

Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108784

Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

TOTAL 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

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331583

Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
JARED SHORT

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341987

Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City: BEAVERTON
State: OR
Zip Code: 97008

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR INTERNAL AUDIT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790016

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): STACY SIMPSON
Mailing Address: 12780 SW REMUDO LANE
City: BEAVERTON State: OR Zip Code: 97008
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947961
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): STACY SIMPSON
Mailing Address: 12780 SW REMUDO LANE
City: BEAVERTON State: OR Zip Code: 97008
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 550.00
Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108682
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): STACY SIMPSON
Mailing Address: 12780 SW REMUDO LANE
City: BEAVERTON State: OR Zip Code: 97008
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR INTERNAL AUDIT
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00
Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331481
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
STACY SIMPSON

Mailing Address 12780 SW REMUDO LANE

City: BEAVERTON State: OR Zip Code: 97008

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR INTERNAL AUDIT

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341884

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108786

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331585

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
GERALD SPOKES

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland
State: OR
Zip Code: 97207

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341989

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
MARK STIMPSON

Mailing Address 10889 S 85 E

City: SANDY
State: UT
Zip Code: 84070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: VP HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: M M 05 / D D 02 / Y Y Y Y 2014

Transaction ID : A2014-789996

Amount of Each Receipt this Period: 60.00

C. Full Name (Last, First, Middle Initial)
MARK STIMPSON

Mailing Address 10889 S 85 E

City: SANDY
State: UT
Zip Code: 84070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: VP HUMAN RESOURCES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 05 / D D 16 / Y Y Y Y 2014

Transaction ID : A2014-947941

Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ 140.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
MARK STIMPSON

Mailing Address 10889 S 85 E

City: SANDY
State: UT
Zip Code: 84070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: VP HUMAN RESOURCES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108662

Amount of Each Receipt this Period: 60.00

B. Full Name (Last, First, Middle Initial)
MARK STIMPSON

Mailing Address 10889 S 85 E

City: SANDY
State: UT
Zip Code: 84070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: VP HUMAN RESOURCES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331461

Amount of Each Receipt this Period: 60.00

C. Full Name (Last, First, Middle Initial)
MARK STIMPSON

Mailing Address 10889 S 85 E

City: SANDY
State: UT
Zip Code: 84070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: VP HUMAN RESOURCES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341864

Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ▶ 180.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 02 / 2014
Transaction ID : A2014-790124

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-948069

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108787

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 06 / D D 13 / Y Y Y Y 2014

Transaction ID : A2014-1331586

Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
MICHAEL STOCKWELL

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: M M 06 / D D 27 / Y Y Y Y 2014

Transaction ID : A2014-1341990

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City: VASHON State: WA Zip Code: 98070

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR PHARMACY SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: M M 05 / D D 02 / Y Y Y Y 2014

Transaction ID : A2014-789981

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City: VASHON
State: WA
Zip Code: 98070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR PHARMACY SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 16 / 2014
Transaction ID : A2014-947926

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City: VASHON
State: WA
Zip Code: 98070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR PHARMACY SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108648

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City: VASHON
State: WA
Zip Code: 98070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR PHARMACY SERVICES

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331447

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
SUANN STONE

Mailing Address 25866 GOLD BEACH DRIVE SW

City: VASHON
State: WA
Zip Code: 98070

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: DIR PHARMACY SERVICES

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341850

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City: BEAVERTON
State: OR
Zip Code: 97008

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR FIN ACCTG & REPORTING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108701

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City: BEAVERTON
State: OR
Zip Code: 97008

FEC ID number of contributing federal political committee.: C

Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR FIN ACCTG & REPORTING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331500

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial)
DANIEL STRIPLIN

Mailing Address 6850 SW 130TH AVENUE

City: BEAVERTON State: OR Zip Code: 97008

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: MGR FIN ACCTG & REPORTING

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341903

Amount of Each Receipt this Period: 20.00

B. Full Name (Last, First, Middle Initial)
DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 05 / 30 / 2014
Transaction ID : A2014-1108792

Amount of Each Receipt this Period: 20.00

C. Full Name (Last, First, Middle Initial)
DONALD WILHELM

Mailing Address 200 SW Market Street
PO BOX 1271 M/SE12A

City: Portland State: OR Zip Code: 97207

FEC ID number of contributing federal political committee. C

Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 13 / 2014
Transaction ID : A2014-1331591

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

TOTAL 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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A.
Full Name (Last, First, Middle Initial): DONALD WILHELM
Mailing Address: 200 SW Market Street
PO BOX 1271 M/SE12A
City: Portland State: OR Zip Code: 97207
FEC ID number of contributing federal political committee: C
Name of Employer: Cambia Health Solutions Inc.
Occupation: Manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt: 06 / 27 / 2014
Transaction ID : A2014-1341995
Amount of Each Receipt this Period: 20.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 20.00

TOTAL This Period (last page this line number only) ▶ 9530.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial): Opportunity and Renewal Political Action Committee
Mailing Address: PO Box 42307
City: Portland State: OR Zip Code: 97242
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: 2014 Primary General Other (specify) Not Applicable
Date of Disbursement: 05 / 19 / 2014
Transaction ID : B496308
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Rob Bishop For Congress
Mailing Address: P.O. Box 1776
City: Brigham City State: UT Zip Code: 84302
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Rob Bishop
Office Sought: [X] House / Senate / President
State: UT District: 01
Disbursement For: 2014 Primary [X] General Other (specify)
Date of Disbursement: 05 / 19 / 2014
Transaction ID : B496309
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): Friends of Jason Chaffetz
Mailing Address: 315 Westfield Circle
City: Alpine State: UT Zip Code: 84004
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Jason Chaffetz
Office Sought: [X] House / Senate / President
State: UT District: 03
Disbursement For: 2014 Primary [X] General Other (specify)
Date of Disbursement: 05 / 19 / 2014
Transaction ID : B496311
Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Cambia Health Solutions Inc. PAC

A. Full Name (Last, First, Middle Initial): Friends of Mia Love
Mailing Address: PO Box 255
City: Riverton State: UT Zip Code: 84065
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Mia Love
Office Sought: [X] House [ ] Senate [ ] President
State: UT District: 04
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 05 / 19 / 2014
Transaction ID : B496312
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Friends of Chris Stewart
Mailing Address: 10 West Broadway Suite 500
City: Salt Lake City State: UT Zip Code: 84101
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Chris Stewart
Office Sought: [X] House [ ] Senate [ ] President
State: UT District: 02
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 05 / 19 / 2014
Transaction ID : B496310
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): DelBene for Congress
Mailing Address: PO Box 487
City: Bothell State: WA Zip Code: 98041
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Suzan K DelBene
Office Sought: [X] House [ ] Senate [ ] President
State: WA District: 01
Disbursement For: 2014 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 05 / 27 / 2014
Transaction ID : B497012
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 12000.00