Image# 14940148400					PAGE 1 / 420
FEC FORM 3X	REPORT OF AND DISBUR For Other Than An Aut	SEMENT	S		
1. NAME OF	TYPE OR PRINT ▼	Example: If typi	na, type	Office Us	e Only
COMMITTEE (in full)		over the lines.	121	E4M5	
Cambia Health Solut	ions Inc. PAC				
ADDRESS (number and street)	PO Box 1271, MS E12C				
Check if different					
than previously reported. (ACC)	Portland			97207-	-1271
2. FEC IDENTIFICATION		<sup>−</sup> Y ▲	STATE		ZIP CODE
C C00252684			NEW N) OR	AMENDED (A)	
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report</li> <li>July 15 Quarterly Report</li> <li>October 15 Quarterly Report</li> <li>October 15 Quarterly Report</li> <li>X January 31 Year-End Report</li> </ul>	(Q1) (C) 12-Day (Q2) PRE-Election (Q3) (YE) Election	20 (M3)	(12C)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S)	<ul> <li>Nov 20 (M11) (Non-Election Year Only)</li> <li>Dec 20 (M12) (Non-Election Year Only)</li> <li>Jan 31 (YE)</li> <li>Runoff (12R)</li> </ul>
July 31 Mid-Year Report (Non-elec Year Only) (MY)	POST-Election Report for the:	General (300	G) F	Runoff (30R)	Special (30S)
Termination Repo (TER)	Electio	on on	D D / Y Y	YY	in the State of
5. Covering Period	07 / 01 / 2013 this Report and to the best of	through	12 3	31 / 201	3
Type or Print Name of Treasu	-	,			
Signature of Treasurer	hristopher Bandoli	[Electronicall	y Filed] Date	01 / D 29	D / Y Y Y Y 2014
NOTE: Submission of false, err	oneous, or incomplete informatio	n may subject the per-	son signing this Re	port to the penaltie	s of 2 U.S.C. §437g.
Office Use Only					FORM 3X ev. 12/2004

01/29/2014 12 : 38

lmage#	14940148401		
	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write	or Type Committee Name		
Ca	mbia Health Solutions Inc. PA	С	
Repo	ort Covering the Period: From:	07 / 01 / Y Y Y Y To:	12 / D D / Y Y Y Y 12 31 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	) Cash on Hand January 1, 2013		64693.85
(b)	) Cash on Hand at Beginning of Reporting Period	32643.58	
(c)	) Total Receipts (from Line 19)	43958.19	88907.92
(d)	) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76601.77	153601.77
7. To	tal Disbursements (from Line 31)	33000.00	110000.00
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	43601.77	43601.77
the	ebts and Obligations Owed <b>TO</b> e Committee (Itemize all on chedule C and/or Schedule D)	0.00	

10.	Debts and Obligations Owed BY	
	the Committee (Itemize all on	
	Schedule C and/or Schedule D)	

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

#### For further information contact:

0.00

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

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

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	- FEC Form 3X (Rev. 06/2004)	AILED SUMMARY PAGE of Receipts	Page <b>3</b>
W	/rite or Type Committee Name		raye J
	Cambia Health Solutions Inc. PAC		
_			
R	eport Covering the Period: From: 07	01         2013         To:	12 / D D / Y Y Y Y 12 2013
	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)	34725.40	55216.08
	(ii) Unitemized	6232.79	30691.84
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	40958.19	85907.92
	(b) Political Party Committees	0.00	0.00
	<ul> <li>(c) Other Political Committees</li> <li>(such as PACs)</li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	40958.19	85907.92
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	3000.00	3000.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))►	43958.19	88907.92
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	43958.19	88907.92

Image# 14940148402

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	0.00
Transfers to Affiliated/Other Party		15000.00
Committees Contributions to Federal Candidates/Committees	15000.00	
and Other Political Committees	18000.00	95000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
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		0.00
(such as PACs)	0.00	7 7 7
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid Entirely</li></ul>	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33000.00	110000.00
Total Federal Disbursements	, , , , , , , , , , , , , , , , , , , ,	
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	33000.00	110000.00

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#### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	40958.19	85907.92
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40958.19	85907.92
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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••			Detailed Summary Page		<b>X</b>			11b	11c		12		_		
۸.	y information copied from such Reports and	Statemonto m	av not be sold or used by only n			13 r the		14	15 soliciting		16 ntribut		7		
Ar or	for commercial purposes, other than using th	e name and a	ddress of any political committee	erson e to s		r the cit cor	pur ntrib	pose of outions fr	rom suc	) cor h co	mmitt	ee.			
	NAME OF COMMITTEE (In Full)												_		
$\left \right\rangle$	Cambia Health Solutions Inc. F	PAC													
<u> </u>	Full Name (Last, First, Middle Initial) ARMEN AKOPYAN				Dr	ate of		voint							
А.	Mailing Address 6149 115TH PLACE SE			_			_		<i>(</i> ) <i>V</i>	N		N/			
	Maining Address 0149 115111 PLACE SE				N	и м 10		18	/ Y		013	Y			
	City	State	Zip Code		I		act	ion ID :	A2013-4						
	BELLEVUE	WA	98006	_	An	nount	t of	Each R	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С						7		_	10	.00	]		
	Name of Employer	Occupation		_											
	Cambia Health Solutions Inc.	MGR ACTE	RL PROVDR CNTRCTG ANLYS												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General	33 3 3 4 4		u Li											
	Other (specify)		210.00	4											
в.	Full Name (Last, First, Middle Initial) ARMEN AKOPYAN				Da	ate of	Re	eceipt							
	Mailing Address 6149 115TH PLACE SE				N	1_1	/	D D D	/ Y		)13	Y			
	City	State	Zip Code		Transaction ID : A2013-4159578										
	BELLEVUE	WA	98006		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						7	7	_	10.	.00	]		
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	MGR ACTF	L PROVDR CNTRCTG ANLYS												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00												
	Full Name (Last, First, Middle Initial)				Da	ate of	Be						_		
0.	Mailing Address 6149 115TH PLACE SE					11	/	15	/ Y		)13	Y			
	City	State	Zip Code		1		act	ion ID :	A2013-4		1.00				
	BELLEVUE	WA	98006		An	nount	of	Each R	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С						7		_	10	.00	]		
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	MGR ACT	RL PROVDR CNTRCTG ANLYS												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		230.00												
s	UBTOTAL of Receipts This Page (optional)	<u> </u>			Г						30.	00	1		

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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:

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$							
	ny information copied from such Reports and for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC									
Α.	Full Name (Last, First, Middle Initial) ARMEN AKOPYAN Mailing Address 6149 115TH PLACE SE			Date of Receipt							
	City BELLEVUE	State WA	Zip Code 98006	11         27         2013           Transaction ID : A2013-4356320           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Occupation		10.00							
	Cambia Health Solutions Inc. Receipt For:	MGR ACTE	RL PROVDR CNTRCTG ANLYS Year-to-Date ▼	_							
	Primary General Other (specify) ▼		240.00								
в.	Full Name (Last, First, Middle Initial)           ARMEN AKOPYAN           Mailing Address 6149 115TH PLACE SE			Date of Receipt							
	City BELLEVUE	State WA	Zip Code 98006	12     13     2013       Transaction ID : A2013-4685135       Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С									
	Name of Employer Cambia Health Solutions Inc.	Occupation MGR ACTR	EL PROVDR CNTRCTG ANLYS								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) ARMEN AKOPYAN	1		Date of Receipt							
	Mailing Address 6149 115TH PLACE SE	State	Zip Code	12 27 2013							
	City BELLEVUE	WA	98006	Transaction ID : A2013-4685298           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		10.00							
	Name of Employer Cambia Health Solutions Inc.	Occupation MGR ACTF	RL PROVDR CNTRCTG ANLYS								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00								
s	UBTOTAL of Receipts This Page (optional)			30.00							

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ITEMIZED RECEIPTS		each category of the ailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Full Name (Last, First, Middle Initial)         PATRICIA ALLEN         Mailing Address 2919 ECHO HILLS DR         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)			Date of Receipt
Full Name (Last, First, Middle Initial) B. PATRICIA ALLEN		7	Date of Receipt
Mailing Address 2919 ECHO HILLS DR         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary         General         Other (specify) ▼		-	07       26       2013         Transaction ID : A2013-3574709         Amount of Each Receipt this Period         20.00
Full Name (Last, First, Middle Initial)         PATRICIA ALLEN         Mailing Address 2919 ECHO HILLS DR         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼			Date of Receipt
SUBTOTAL of Receipts This Page (optional)			60.00

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	2	<b>×</b> 11a		11b	11c		12					
Anv	information copied from such Reports and S	Statements ma	l ay not be sold or used by anv p	erson	13 for the	pul	14 rpose of	15 soliciting		16 ntribut	ions				
or fo	r commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit co	ontril	butions f	rom suc	h co	mmitte	ee.				
	AME OF COMMITTEE (In Full)														
	Cambia Health Solutions Inc. P	YAC													
	ull Name (Last, First, Middle Initial) PATRICIA ALLEN				Date of	of R	eceipt								
N	lailing Address 2919 ECHO HILLS DR				M 1	Λ		) / Y		Y 1	Y				
c	ity	State	Zip Code		08 Tran	saci	23	A2013-3		013 625					
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С	ambia Health Solutions Inc.	DIR CLAIM	S SERVICE												
R	eceipt For:	Aggregate	Year-to-Date <b>V</b>												
	Primary General		340.00	11.											
	Other (specify)		1 1												
	ull Name (Last, First, Middle Initial) PATRICIA ALLEN				Date of	of B	eceint								
_	lailing Address 2919 ECHO HILLS DR				M		· D D	/ Y		Y	Y				
	ity	State	Zip Code		09		06			013					
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C	ity	State	Zip Code			sac		A2013-3		-					
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N	ame of Employer	Occupation	I												
	ambia Health Solutions Inc.	DIR CLAIM	S SERVICE												
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	Primary General Other (specify)		380.00	11											
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		h category of the d Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions	Inc. PAC		
A. PATRICIA ALLEN Mailing Address 2919 ECHO HILLS			Date of Receipt
City LEWISTON	State Zip C ID 8350		10 04 2013 Transaction ID : A2013-3986329
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer Cambia Health Solutions Inc.	Occupation DIR CLAIMS SERVIC	E	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 400.00	]
Full Name (Last, First, Middle Initial B. PATRICIA ALLEN			Date of Receipt
Mailing Address 2919 ECHO HILLS		Yede	10 / Y Y Y Y 2013
City LEWISTON	State Zip C ID 8350		Transaction ID : A2013-4103805
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer Cambia Health Solutions Inc.	Occupation DIR CLAIMS SERVIC	E	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 420.00	]
Full Name (Last, First, Middle Initial C. PATRICIA ALLEN			Date of Receipt
Mailing Address 2919 ECHO HILLS			M = M         /         D = D         /         Y = Y = Y = Y         Y           11         01         2013         1
City LEWISTON	State Zip C ID 8350		Transaction ID : A2013-4159528           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation		
Cambia Health Solutions Inc.	DIR CLAIMS SERVIC	E	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 440.00	]
SUBTOTAL of Receipts This Page (or	tional)		60.00

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Use separate schedule(s) for each category of the

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••			Detailed Summary Page	2	< 11a 13	a		11b 14	11c	12	Г	17				
Ar	ny information copied from such Reports and S	statements ma	I ay not be sold or used by any pe	erson	for th	ne	pur	pose of	f soliciting	g contrib	oution	ns				
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to so	olicit	cor	ntrib	outions	from suc	h comm	ittee					
	Cambia Health Solutions Inc. P.	AC														
Α.	Full Name (Last, First, Middle Initial) PATRICIA ALLEN				Date	of	Re	eceipt								
	Mailing Address 2919 ECHO HILLS DR			11 15 2013												
	City	State	Zip Code		Tra	ins	act	ion ID :	A2013-4	243510	_					
	LEWISTON	ID	83501	_	Amo	unt	of	Each F	Receipt th	nis Perio	d					
	FEC ID number of contributing federal political committee.	С						7		2	20.00	)				
	Name of Employer	Occupation														
	Cambia Health Solutions Inc.	DIR CLAIM	S SERVICE	_												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		460.00													
в.	Full Name (Last, First, Middle Initial) PATRICIA ALLEN				Date	of	Re	eceipt								
	Mailing Address 2919 ECHO HILLS DR		Zip Code	11 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y												
	City		Transaction ID : A2013-4356270													
	LEWISTON	_	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			20.00											
	Name of Employer Cambia Health Solutions Inc.	Occupation DIR CLAIM	S SERVICE													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00													
с.	Full Name (Last, First, Middle Initial) PATRICIA ALLEN				Date	of	Re	eceipt								
	Mailing Address 2919 ECHO HILLS DR				м 1	™ 2	1	D 13		ү ү 2013	Y	]				
	City LEWISTON	State ID	Zip Code 83501		Transaction ID : A2013-4685087 Amount of Each Receipt this Period											
		_	00001	_	Amo	unt	of	Each F	Receipt th	ns Perio	<sub>'</sub> d	_				
	FEC ID number of contributing federal political committee.	С			L		_	7		2	20.00	)				
	Name of Employer	Occupation														
	Cambia Health Solutions Inc. Receipt For:	-	IS SERVICE	_												
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		500.00													
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				7	7	6	0.00	,				
т	OTAL This Period (last page this line number	only)	•••••	•				, .								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 14 13 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 Full Name (Last, First, Middle Initial) PATRICIA ALLEN Α. Date of Receipt Mailing Address 2919 ECHO HILLS DR M M / 2013 12 27 City State Zip Code Transaction ID : A2013-4685249 ID LEWISTON 83501 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Name of Employer Occupation DIR CLAIMS SERVICE Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** KIRK ANDERSON Date of Receipt Mailing Address 200 SW Market Street М M PO BOX 1271 M/SE12A 07 12 2013 City State Zip Code Transaction ID : A2013-3574634 Portland OR 97207 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primarv General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. KIRK ANDERSON Date of Receipt Mailing Address 200 SW Market Street M = M / D 26 PO BOX 1271 M/SE12A 07 2013 City Zip Code State Transaction ID : A2013-3574805 OR Portland 97207 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional).....

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or for commercial purposes, other than to NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)         Cambia Health Solutions I         Full Name (Last, First, Middle Initial)         KIRK ANDERSON         Mailing Address 200 SW Market Stree         PO BOX 1271 M/SE1         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary         General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         KIRK ANDERSON         Mailing Address 200 SW Market Stree	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Report or for commercial purposes, other than u	s and Statements may not be sold or used by an sing the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
A. KIRK ANDERSON Mailing Address 200 SW Market Street PO BOX 1271 M/SE12 City Portland FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General		Date of Receipt  Date of Receipt  08 09 2013 Transaction ID : A2013-3574976 Amount of Each Receipt this Period  30.00
B. KIRK ANDERSON Mailing Address 200 SW Market Street PO BOX 1271 M/SE1 City Portland FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General		Date of Receipt          08       23       2013         Transaction ID : A2013-3699721         Amount of Each Receipt this Period         30.00
Full Name (Last, First, Middle Initial)         KIRK ANDERSON         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE1         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)		Date of Receipt 09 06 2013 Transaction ID : A2013-3927782 Amount of Each Receipt this Period 30.00
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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
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Full Name (Last, First, Middle Initial)         A.         KIRK ANDERSON         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97207         C       Occupation         Manager       Aggregate Year-to-Date ▼         750.00       750.00	Date of Receipt
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C. RACHELLE ANDERSON Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A City Portland FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code OR 97207 C Occupation Manager Aggregate Year-to-Date ▼ 210.00	Date of Receipt
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12	17
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с.	Full Name (Last, First, Middle Initial) RACHELLE ANDERSON	1			Date of	f Re	eceipt					
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Full Name (Last, First, Middle Initial)         VIRGINIA ANDERSON         Mailing Address 15313 241ST STREET SE         City         SNOHOMISH         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State       Zip Code         WA       98296         C       Occupation         MGR BROKER RELATIONS         Aggregate Year-to-Date ▼         300.00	Date of Receipt
Full Name (Last, First, Middle Initial)         VIRGINIA ANDERSON         Mailing Address 15313 241ST STREET SE         City         SNOHOMISH         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WA       98296         C       Occupation         MGR BROKER RELATIONS         Aggregate Year-to-Date ▼         315.00	Date of Receipt
Full Name (Last, First, Middle Initial)         VIRGINIA ANDERSON         Mailing Address 15313 241ST STREET SE         City         SNOHOMISH         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State       Zip Code         WA       98296         C       Occupation         MGR BROKER RELATIONS         Aggregate Year-to-Date ▼         330.00	Date of Receipt
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FEC Schedule A (Form 3X) Rev. 02/2003

## SCHEDULE A (FEC Form 3X) DECEIDEC

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				erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
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s	<b>SUBTOTAL</b> of Receipts This Page (optional)		•			-	7		6(	0.00			
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TIEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b	11		12 16		17
Any information copied from such Reports ar or for commercial purposes, other than using				for the		pose c	of solici	iting c	ontribu		s
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.											
Full Name (Last, First, Middle Initial) A. Christopher Bandoli				Date o	of Re	eceipt					
Mailing Address 2890 East Cottonwood Pa	rkway			M M	/	D 12			y y 2013	Y	
City Salt Lake City	State UT	Zip Code 84121				t <b>ion ID</b> Each			7 <b>4633</b> Period		
FEC ID number of contributing federal political committee.	С					7		,	30	0.00	
Name of Employer	Occupation	I									
Cambia Health Solutions Inc.	Manager										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) V		420.00									
Full Name (Last, First, Middle Initial)         B.       Christopher Bandoli				Date o	of Re	eceipt					
Mailing Address 2890 East Cottonwood Pa	rkway			M M	/	20			y y 2013	Y	
City	State	Zip Code				ion ID	-				
Salt Lake City	UT	84121		Amoun	t of	Each	Receip	t this	Period		
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager	1									
Receipt For:	Aggregate	Year-to-Date <b>V</b>									
Other (specify)		, 450.00	1								
Full Name (Last, First, Middle Initial) C. Christopher Bandoli				Date o	of Re	eceipt					
Mailing Address 2890 East Cottonwood Pa	ırkway			M N 08	/	09			y y 2013	Y	
City Salt Lake City	State UT	Zip Code 84121				t <b>ion ID</b> Each			<b>4975</b> Period		
FEC ID number of contributing federal political committee.	С					7			30	0.00	
Name of Employer	Occupation	I									
Cambia Health Solutions Inc.	Manager										
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Any information copied from such Reports and a or for commercial purposes, other than using the																		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC																	
Full Name (Last, First, Middle Initial)           A.         Christopher Bandoli           Mailing Address         2890 East Cottonwood Parkw	way		Date of Receipt															
City Salt Lake City FEC ID number of contributing	State UT	Zip Code 84121		3699720 his Perio														
federal political committee.	Occupation		-			7	- 7	3	0.00									
Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Manager       Aggregate	Year-to-Date ▼ 510.00	]															
Full Name (Last, First, Middle Initial)           Christopher Bandoli           Mailing Address 2890 East Cottonwood Parky	vay		D	ate of	Red	ceipt 06	) / Y	2013	Y									
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager																	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00																
Full Name (Last, First, Middle Initial) C. Christopher Bandoli			D	ate of	Red	ceipt												
Mailing Address 2890 East Cottonwood Park	-	Zin Code		м м 09	1	20		2013	Y									
City Salt Lake City	State UT	Zip Code 84121					: <b>A2013-3</b> Receipt th		d									
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager																	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00																
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	ITEMIZED RECEIPTS		Detailed Summary Page		<b>X</b> 11a		11b	11c		12			
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or	for commercial purposes, other than using	the name and a	ddress of any political committe	e to s	olicit co	ntrib	outions	from suc	h cc	mmit	tions tee.		
$\square$	NAME OF COMMITTEE (In Full)												
V	Cambia Health Solutions Inc.	PAC											
	Full Name (Last, First, Middle Initial)												
Α.	· · · · · · · · · · · · · · · · · · ·				Date of			_					
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	federal political committee.	U				-	7	7	-				
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	Cambia Health Solutions Inc.	Manager											
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	City	State	Zip Code		Trans	acti		A2013-4					
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	FEC ID number of contributing federal political committee.				,			30	.00				
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	Cambia Health Solutions Inc.	Manager											
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	Primary General Other (specify)		630.00	11.									
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c.	Full Name (Last, First, Middle Initial) Christopher Bandoli				Date of	f Re	eceipt						
•••	Mailing Address 2890 East Cottonwood Pa	rkway			M M		D	D / Y	Y	Y	Y		
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	City Salt Lake City	State UT	Zip Code 84121					: A2013-4 Receipt th					
	FEC ID number of contributing federal political committee.	С					1				0.00		
	Name of Employer	Occupation	1										
	Cambia Health Solutions Inc.	Manager											
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	Primary General Other (specify)		660.00										
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••			Detailed Summary Page					11b	11c		12	
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Ar or	ny information copied from such Reports and s for commercial purposes, other than using the	statements ma e name and a	ay not be sold or used by any p address of any political committe	erson e to s	tor solic	the t cor	pur ntrib	pose of outions fr	soliciting	j con h con	tributi nmitte	ons e.
$\setminus$	NAME OF COMMITTEE (In Full)						_					
$\langle \rangle$	Cambia Health Solutions Inc. P	PAC										
Α.	Full Name (Last, First, Middle Initial) Christopher Bandoli		Date of Receipt									
	Mailing Address 2890 East Cottonwood Parkv	vay			N	1_1	/	D D 15	/ Y	20 <sup>-</sup>	Y	Y
	City	State	Zip Code		T		act	ion ID : /	A2013-4			
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	Cambia Health Solutions Inc.	Manager										
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	Primary General	33 - 3		11								
	Other (specify)	L	690.00	4								
в.	Full Name (Last, First, Middle Initial) Christopher Bandoli				Da	ate of	Re	eceipt				
	Mailing Address 2890 East Cottonwood Parkw	/ay			IV	1_1	1	D D 27	/ Y	201	13	Y
	City	State	Zip Code		Т		acti	ion ID : /	A2013-4			
	Salt Lake City	UT	84121					Each Re				
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	Name of Employer	Occupation	1									
	Cambia Health Solutions Inc.	Manager										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		720.00	1								
<u> </u>	Full Name (Last, First, Middle Initial) Christopher Bandoli				Da	ate of	Re	eceipt				
	Mailing Address 2890 East Cottonwood Parkw	vay			N	л м 12	/	D D 13	/ Y	201	ү 13	Y
	City	State	Zip Code				act	ion ID : .	A2013-4		_	
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	FEC ID number of contributing federal political committee.					7	7	_	30.	00		
	Name of Employer	Occupation	1	-								
	Cambia Health Solutions Inc.	Manager										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	50 0 4										
	Other (specify)		750.00									
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TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		_	11a		11b	11c		12							
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements make and a	ay not be sold or used by any p address of any political committe	e to s	n to solie	r the cit cor	pur htrib	pose of outions f	soliciting	g coi h co	mmitte	ions ee.						
NAME OF COMMITTEE (In Full)																	
$ $ $\rangle$ Cambia Health Solutions Inc.	PAC																
Full Name (Last, First, Middle Initial) A. Christopher Bandoli				D	ate of	Re	eceipt										
Mailing Address 2890 East Cottonwood Park	way	vay						Date of Receipt									
City	State	Zip Code		Ŀ	12	١,	27			013							
Salt Lake City	UT	84121	-					A2013-4									
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FEC ID number of contributing federal political committee.	C			Ļ			y			30.	00						
Name of Employer	Occupation	1															
Cambia Health Solutions Inc.	Manager																
Receipt For:	Aggregate	Year-to-Date ▼															
Primary General		780.00	11.														
Other (specify)		780.00	1														
Full Name (Last, First, Middle Initial) B. KERRY E BARNETT				D	ate of	Re	eceipt										
Mailing Address 9652 NW CAXTON LN				Γ	м м 07	1	12	/ Y		)13	Y						
City	State	Zip Code			Trans	acti		A2013-3									
PORTLAND	OR	97229		Aı	mount	of	Each R	leceipt th	nis P	'eriod							
FEC ID number of contributing federal political committee.	С						7			75.	00						
Name of Employer	Occupation	1															
Cambia Health Solutions Inc.	EVP CORP	PORATE SERVICES															
Receipt For:	Aggregate	Year-to-Date ▼															
Other (specify)		1050.00	]														
Full Name (Last, First, Middle Initial) C. KERRY E BARNETT				D	ate of	Re	eceipt										
Mailing Address 9652 NW CAXTON LN				Γ	м м 07	/	26	) / Y		)13	Y						
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PORTLAND	OR	97229		A	mount	of	Each R	leceipt th	nis P	'eriod							
FEC ID number of contributing federal political committee.	С						7			75	.00						
Name of Employer	Occupation	1															
Cambia Health Solutions Inc.	EVP CORF	PORATE SERVICES															
Receipt For:	t For: Aggregate Year-to-Date ▼ Primary General																
Primary General																	
Other (specify)		1125.00															
SUBTOTAL of Receipts This Page (optional)				Γ						180.	00						

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		X         11a         11b         11c         12           13         14         15         16         17	
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Ind	c. PAC		
Full Name (Last, First, Middle Initial)         KERRY E BARNETT         Mailing Address 9652 NW CAXTON LN         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)		Zip Code 97229 PORATE SERVICES Year-to-Date ▼ 1200.00	Date of Receipt
Full Name (Last, First, Middle Initial)         KERRY E BARNETT         Mailing Address 9652 NW CAXTON LN         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97229 ORATE SERVICES Year-to-Date ▼ 1275.00	Date of Receipt
Full Name (Last, First, Middle Initial)         KERRY E BARNETT         Mailing Address 9652 NW CAXTON LN         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)		Zip Code 97229 PORATE SERVICES Year-to-Date ▼ 1350.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	al)		225.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC	0	
Cambia Health Solutions Inc.       F         Receipt For:	State       Zip Code         OR       97229         C       Occupation         EVP CORPORATE SERVICES         Aggregate Year-to-Date ▼         1425.00	Date of Receipt
Cambia Health Solutions Inc.	State       Zip Code         OR       97229         C       Occupation         EVP CORPORATE SERVICES         Aggregate Year-to-Date ▼         1500.00	Date of Receipt
Cambia Health Solutions Inc.	State       Zip Code         OR       97229         C       Occupation         EVP CORPORATE SERVICES         Aggregate Year-to-Date       ▼         1575.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	225.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) KERRY E BARNETT Mailing Address 9652 NW CAXTON LN			Date of Receipt							
	City PORTLAND	State OR	Zip Code 97229	Transaction ID : A2013-4159511 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		75.00							
	Name of Employer Cambia Health Solutions Inc.	Occupation EVP CORP	PORATE SERVICES								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1650.00								
в.	Full Name (Last, First, Middle Initial) KERRY E BARNETT			Date of Receipt							
	Mailing Address 9652 NW CAXTON LN			11 15 2013							
	City PORTLAND	State OR	Zip Code 97229	Transaction ID : A2013-4243493							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
	Name of Employer Cambia Health Solutions Inc.	Occupation EVP CORP	ORATE SERVICES								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1725.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) KERRY E BARNETT			Date of Receipt							
	Mailing Address 9652 NW CAXTON LN			M M / D D / Y Y Y Y Y 11 27 2013							
	City PORTLAND	State OR	Zip Code 97229	Transaction ID : A2013-4356253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		75.00							
	Name of Employer	Occupation		_							
	Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		PORATE SERVICES Year-to-Date ▼ 1800.00								
s	UBTOTAL of Receipts This Page (optional)			225.00							

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC								
Α.	Full Name (Last, First, Middle Initial) KERRY E BARNETT Mailing Address 9652 NW CAXTON LN			Date of Receipt						
	City	State	Zip Code							
	PORTLAND	OR	97229	Transaction ID : A2013-4685070           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		75.00						
	Name of Employer	Occupation								
	Cambia Health Solutions Inc.	EVP CORP	ORATE SERVICES							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>							
	Primary General Other (specify) ▼		1875.00	]						
	Full Name (Last, First, Middle Initial) KERRY E BARNETT			Date of Receipt						
	Mailing Address 9652 NW CAXTON LN			12 27 2013						
	City	State	Zip Code	Transaction ID : A2013-4685232						
	PORTLAND	OR	97229	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		75.00						
	Name of Employer	Occupation		-						
	Cambia Health Solutions Inc.	EVP CORP	ORATE SERVICES							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1950.00	1						
с.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address 18803 RIVENDELL COURT			07 12 2013						
	City LAKE OSWEGO	State OR	Zip Code 97034	Transaction ID : A2013-3574568 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		75.00						
	Name of Employer	Occupation		-						
	Cambia Health Solutions Inc.	EVP OPER	ATIONS							
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or	for commercial purposes, other than using the	e name and a	iddress of any political committee	e to s	olicit cor	ntrib	putions f	rom such		mmitt	ee.
$\backslash$	NAME OF COMMITTEE (In Full)										
	Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) WILLIAM BARR				Date of	F Do	vooint				
А.	Mailing Address 18803 RIVENDELL COURT					_		/ /	Y	Y	Y
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	City	State OR	Zip Code 97034					A2013-3			
	LAKE OSWEGO	UK	97034	_	Amount	t of	Each R	eceipt th	is P	eriod	
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	Cambia Health Solutions Inc.	EVP OPER	ATIONS								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1125.00								
в.	Full Name (Last, First, Middle Initial) WILLIAM BARR				Date of	f Re	eceipt				
	Mailing Address 18803 RIVENDELL COURT				M M 08	1	09	/ Y		13	Y
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	Primary General	Aggregate	Year-to-Date ▼	11							
	Other (specify)	L	1200.00								
c.	Full Name (Last, First, Middle Initial) WILLIAM BARR				Date of	f Re	eceipt				
	Mailing Address 18803 RIVENDELL COURT				м – м 08	1	23	/ Y		) 13	Y
	City	State OR	Zip Code					A2013-3			
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	Cambia Health Solutions Inc.	EVP OPER	ATIONS								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	2	< 11a		11b	_	11c					
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	for commercial purposes, other than using the													
$\left  \right $	NAME OF COMMITTEE (In Full)													
	Cambia Health Solutions Inc. PA	AC												
•	Full Name (Last, First, Middle Initial) WILLIAM BARR				Data a	• D	agint							
Α.	Mailing Address 18803 RIVENDELL COURT				Date of Receipt									
				09 06 2013										
	City	State	Zip Code		Trans	act	ion ID	: A	2013-3	927716	6			
	LAKE OSWEGO	OR	97034	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			75.00									
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	EVP OPER	ATIONS											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		1350.00											
			7 7											
В.	Full Name (Last, First, Middle Initial) WILLIAM BARR				Date o	f Re	eceipt							
	Mailing Address 18803 RIVENDELL COURT				M M	/	D	D	/ Y	Y	Y I	ŕ		
			7. 0. 1	_	09		2			2013				
	City LAKE OSWEGO	State OR	Zip Code 97034	-	Trans Amoun				2013-39					
	FEC ID number of contributing									is reli	ou	-		
	federal political committee.		L.		7	_	7		75.0	0				
	Name of Employer Cambia Health Solutions Inc.	Occupation												
	Receipt For:	EVP OPER		_										
	Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		1425.00											
	Full Name (Last, First, Middle Initial)				Date o	f R4	ceint							
	Mailing Address 18803 RIVENDELL COURT				M M		D	D	/ Y	Y	Y	Y		
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	City LAKE OSWEGO	State OR	Zip Code 97034						2013-3					
		on	37034	_	Amoun	t of	Each	Rec	ceipt th	is Peri	od	_		
	FEC ID number of contributing federal political committee.	С			L.		7	_	7		75.0	00		
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	EVP OPER	ATIONS											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		1500.00											
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			7		1	2:	25.0	0		

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC		
Α.	Full Name (Last, First, Middle Initial) WILLIAM BARR Mailing Address 18803 RIVENDELL COURT			Date of Receipt
	City	State	Zip Code	10 18 2013
	LAKE OSWEGO	OR	97034	Transaction ID : A2013-4103835           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	EVP OPER	ATIONS	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1575.00	
В.	Full Name (Last, First, Middle Initial) WILLIAM BARR			Date of Receipt
	Mailing Address 18803 RIVENDELL COURT			11 01 2013
	City	State	Zip Code	Transaction ID : A2013-4159558
	LAKE OSWEGO	OR	97034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	EVP OPER	ATIONS	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1650.00	
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 18803 RIVENDELL COURT			11 15 2013
	City	State	Zip Code	Transaction ID : A2013-4243540
	LAKE OSWEGO	OR	97034	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	EVP OPER	ATIONS	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1725.00	
s	UBTOTAL of Receipts This Page (optional)		▶	225.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) WILLIAM BARR Mailing Address 18803 RIVENDELL COURT			Date of Receipt							
				11 27 2013							
	City	State	Zip Code	Transaction ID : A2013-4356300							
	LAKE OSWEGO	OR	97034	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		75.00							
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	EVP OPER	ATIONS								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General		1800.00								
	Other (specify)		7								
в.	Full Name (Last, First, Middle Initial) WILLIAM BARR			Date of Receipt							
	Mailing Address 18803 RIVENDELL COURT			12 27 2013							
	City	State	Zip Code	Transaction ID : A2013-4685279							
	LAKE OSWEGO	OR	97034	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		75.00							
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	EVP OPER	ATIONS								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify) ▼		1875.00								
с.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address 1410 30th Ave			07 12 2013							
	City	State	Zip Code	Transaction ID : A2013-3574605							
	Seattle	WA	98122	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		420.00								
	Other (specify)		1 1 1								
s	UBTOTAL of Receipts This Page (optional)			180.00							

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

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS	Detailed Summary Page		X         11a         11b         11c         12           13         14         15         16         17							
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) NICOLE BELL Mailing Address 1410 30th Ave			Date of Receipt							
	City Seattle	State WA	Zip Code 98122	Transaction ID : A2013-3574776           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation Manager fo	r Network Reimbursem	_							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00								
В.	Full Name (Last, First, Middle Initial)			Date of Receipt							
	Mailing Address 1410 30th Ave			08 09 2013							
	City	State	Zip Code	Transaction ID : A2013-3574947							
	Seattle	WA	98122	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager for	r Network Reimbursem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) NICOLE BELL			Date of Receipt							
	Mailing Address 1410 30th Ave			08 / D D / Y Y Y Y Y 2013							
	City Seattle	State WA	Zip Code 98122	Transaction ID : A2013-3699692           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer	Occupation		_							
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem								
	Receipt For:         Primary       General         Other (specify)										
s	UBTOTAL of Receipts This Page (optional)			90.00							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12						
	y information copied from such Reports and for commercial purposes, other than using the					purpo									
<u> </u>	NAME OF COMMITTEE (In Full)														
	Cambia Health Solutions Inc. F	PAC													
×	Full Name (Last, First, Middle Initial)														
Α.	NICOLE BELL				Date o	f Rec	eipt								
	Mailing Address 1410 30th Ave				M M	/	D		Y Y	Y					
	City	State	Zip Code	-	09		06 1 סו מי	; : A2013-3	2013	_					
	Seattle	WA	98122							4					
	FEC ID number of contributing			Amount of Each Receipt this Period											
	federal political committee.	С			L.	;	,		3	0.00					
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		540.00	11											
			, , , , , , , , , , , , , , , , , , , ,												
в.	Full Name (Last, First, Middle Initial) NICOLE BELL				Date o	f Rec	eipt								
	Mailing Address 1410 30th Ave				м м 09	/	20		_2013	Y					
	City	State	Zip Code		Trans	sactio	n ID :	A2013-3							
	Seattle	WA	98122		Amoun	t of E	Each F	Receipt th	nis Perioo	k					
	FEC ID number of contributing federal political committee.	С				. ,	,	7	3(	0.00					
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		E70.00	11.											
	Other (specify)		570.00	4											
<u>с</u> .	Full Name (Last, First, Middle Initial)	1			Date o	f Rec	eipt								
	Mailing Address 1410 30th Ave				M M	/	04		20 <u>1</u> 3	Y					
	City	State	Zip Code		Tran	sactic	on ID	: A2013-3	986395						
	Seattle	WA	98122		Amoun	t of E	Each F	Receipt th	nis Period	k					
	FEC ID number of contributing federal political committee.	С				. ,	,	7	3	0.00					
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		600.00												
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		,	,		90	).00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) NICOLE BELL Mailing Address 1410 30th Ave			Date of Receipt
	City Seattle	State WA	Zip Code 98122	Transaction ID : A2013-4103871 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		630.00	
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 1410 30th Ave			11 01 Y Y Y Y Y 2013
	City	State	Zip Code	Transaction ID : A2013-4159594
	Seattle	WA	98122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		—
	Cambia Health Solutions Inc.	Manager for	r Network Reimbursem	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		660.00	
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 1410 30th Ave			11 / D D / Y Y Y Y 11 15 2013
	City Seattle	State WA	Zip Code 98122	Transaction ID : A2013-4243576           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		_
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem	
	Receipt For:	Aggregate	Year-to-Date ▼ 690.00	
	Other (specify)	L	(f)	90.00
s	<b>CUBTOTAL</b> of Receipts This Page (optional)			

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC		
A.	Mailing Address 1410 30th Ave	21.1		Date of Receipt
	City Seattle	State WA	Zip Code 98122	Transaction ID : A2013-4356336
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	Manager fo	Network Reimbursem	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		720.00	
	Other (specify)		720.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 1410 30th Ave			12 13 Y Y Y Y 12 13
	City	State	Zip Code	Transaction ID : A2013-4685151
	Seattle	WA	98122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	Manager for	Network Reimbursem	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	
	Other (specify)		750.00	
с.	Full Name (Last, First, Middle Initial) NICOLE BELL			Date of Receipt
	Mailing Address 1410 30th Ave			12 27 2013
	City	State	Zip Code	Transaction ID : A2013-4685314
	Seattle	WA	98122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	Manager fo	r Network Reimbursem	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	L	780.00	
s	UBTOTAL of Receipts This Page (optional)			90.00

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page		× 11	ł		11b	11c		12	<u> </u>
An	y information copied from such Reports and S	tatements m	l av not be sold or used by any n	erson	for t		ourr	14 bose of s	15 soliciting		16 16	17 ions
or	for commercial purposes, other than using the	name and a	iddress of any political committee	e to s	olicit	con	trib	utions fr	om suc	, cc	mmitt	e.
$\square$	NAME OF COMMITTEE (In Full)	_										
	Cambia Health Solutions Inc. P	AC										
Α.	Full Name (Last, First, Middle Initial) GEORGANNE BENJAMIN				Date	e of	Re	ceipt				
	Mailing Address 3439 SOUTH MILLSPUR WA	Y				M	/		/ Y		Ŷ	Y
	City	State	Zip Code		1 Tra	_	acti	18 ion ID : /	A 2013-4		013	
	BOISE	ID	83716					Each Re				
	FEC ID number of contributing federal political committee.	С						,		_	10.	00
	Name of Employer	Occupation	1									
	Cambia Health Solutions Inc.	ASST DIR	STRATCOM ID UT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		210.00	11.								
	Other (specify)		210.00	1								
R	Full Name (Last, First, Middle Initial)				Date	of	Re	ceipt				
	Mailing Address 3439 SOUTH MILLSPUR WAY	Y			M		/	DD	/ Y	Y	Y	Y
					1	1		01	1 L	20	013	
	City	State	Zip Code					on ID : A				
	BOISE	ID	83716	_	Amo	unt	of	Each Re	eceipt th	is F	'eriod	
	FEC ID number of contributing federal political committee.	С						,	7	_	10.	00
	Name of Employer	Occupation	1									
	Cambia Health Solutions Inc.	ASST DIR	STRATCOM ID UT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		220.00	11								
			, , , , , , , , , , , , , , , , , , , ,									
C.	Full Name (Last, First, Middle Initial) GEORGANNE BENJAMIN				Date	e of	Re	ceipt				
	Mailing Address 3439 SOUTH MILLSPUR WA	Y				_M 1	/	D D D 15	/ Y		013	Y
	City	State	Zip Code			_	acti	ion ID : /	A2013-4		_	
	BOISE	ID	83716		Amo	unt	of	Each Re	eceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С						,	7	_	10	.00
	Name of Employer	Occupation	1	$\neg$								
	Cambia Health Solutions Inc.	ASST DIR	STRATCOM ID UT									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		220.00	11.								
	Other (specify)		230.00									
Γ										-	30.	00
S	UBTOTAL of Receipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••					7	. J	-	30.	

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# SCHEDULE A (FEC Form 3X) DEOEIDTO

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
	ny information copied from such Reports an for commercial purposes, other than using									
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC								
<u> </u>	Full Name (Last, First, Middle Initial) GEORGANNE BENJAMIN				Date o	f Re	eceipt			
	Mailing Address 3439 SOUTH MILLSPUR				™ M 1_1		27		2013	Y
	City BOISE	State ID	Zip Code 83716	A				: A2013-4 Receipt th		d
	FEC ID number of contributing federal political committee.	С					,			0.00
	Name of Employer	Occupation								
	Cambia Health Solutions Inc.	ASST DIR S	STRATCOM ID UT							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		240.00	11						
				41.5						
в.	Full Name (Last, First, Middle Initial) GEORGANNE BENJAMIN				Date o	f Re	eceipt			
	Mailing Address 3439 SOUTH MILLSPUR	NAY			м м 12	/	13		2013	Y
	City	State		Trans	acti	ion ID :	: A2013-4	685097		
	BOISE	ID	83716	A	moun	t of	Each I	Receipt th	nis Perioo	b
	FEC ID number of contributing federal political committee.	С					<b>7</b>	7	1(	0.00
	Name of Employer	Occupation								
	Cambia Health Solutions Inc.	ASST DIR S	STRATCOM ID UT							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary     General       Other (specify) ▼		250.00							
с.	Full Name (Last, First, Middle Initial) GEORGANNE BENJAMIN				Date o	f Re	eceipt			
	Mailing Address 3439 SOUTH MILLSPUR	WAY			м м 12	/	D 27		y y 2013	Y
	City	State	Zip Code		Trans	sact	ion ID	: A2013-4	4685259	
	BOISE	ID	83716	A	moun	t of	Each I	Receipt th	nis Perior	k
	FEC ID number of contributing federal political committee.	С					7	7	1	0.00
	Name of Employer	Occupation								
	Cambia Health Solutions Inc.	ASST DIR	STRATCOM ID UT							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00							
s	<b>UBTOTAL</b> of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·				7	7	3(	0.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b		11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using th			for the		rpose		soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC								
Full Name (Last, First, Middle Initial)         BRIAN BERCHTOLD         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 420.00		sact	tion I	12 D:/		2013 3 <b>574638</b> nis Perio 3	
Full Name (Last, First, Middle Initial)         B. BRIAN BERCHTOLD         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 450.00		sact	ion II	26 D:4		2013 5 <b>574809</b> nis Perio 3	
Full Name (Last, First, Middle Initial)         BRIAN BERCHTOLD         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 480.00		sact	tion I	09 D:/	A2013-3	2013 3574980 nis Perio 3	
SUBTOTAL of Receipts This Page (optional)	<u> </u>					_		9	0.00

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116			for each category of the Detailed Summary Page		< 11a 13	a		] 1 <sup>.</sup>	1b 4		11c 15		12 16	17
	information copied from such Reports and S or commercial purposes, other than using the				for tl			po	se of		liciting		ntribu	tions
	AME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC												
<b>A</b>	ull Name (Last, First, Middle Initial) BRIAN BERCHTOLD lailing Address 200 SW Market Street			_	Date	M	Re	ece	D		/ Y		Ŷ	Y
$\overline{c}$	PO BOX 1271 M/SE12A	State	Zip Code	_			acti	ior	23 - חו		2013-3		013 725	
	Portland	OR	97207								eipt th			
	EC ID number of contributing ederal political committee.	С						1			5			.00
N	ame of Employer	Occupation												
	ambia Health Solutions Inc.	Manager												
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 510.00	]										
	ull Name (Last, First, Middle Initial) 3RIAN BERCHTOLD				Date	of	Re	ece	eipt					
_	lailing Address 200 SW Market Street PO BOX 1271 M/SE12A				™ 0		1	l	D 06		/ Y		у 013	Y
	ity	State	Zip Code								013-3			
	Portland	OR	97207	_	Amo	unt	of	Ea	ach F	Reco	eipt th	nis F	Period	
	EC ID number of contributing ederal political committee.	С						7			7		30	.00
С	ame of Employer ambia Health Solutions Inc.	Occupation Manager												
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	]										
	ull Name (Last, First, Middle Initial) BRIAN BERCHTOLD				Date	of	Re	ece	eipt					
_	lailing Address 200 SW Market Street PO BOX 1271 M/SE12A	_			м 0	м 9	1	l	20		/ Y		)13	Y
	ity Portland	State OR	Zip Code 97207								2013-3			
F	EC ID number of contributing ederal political committee.	С			Amo	unt	OT	Ea	acn F	tec	eipt th			0.00
N	ame of Employer	Occupation		_										
	ambia Health Solutions Inc.	Manager												
_	eceipt For:	-	Year-to-Date ▼											
	Primary General Other (specify)		570.00	]										
SU	BTOTAL of Receipts This Page (optional)				Г								90	.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page				11b	11c		12	<u> </u>
Ar	y information copied from such Reports and S	statements ma	l	erson	13 for the	nur	14 pose of	15 soliciting		16 ntribut	17 tions
	for commercial purposes, other than using the										
$\setminus$	NAME OF COMMITTEE (In Full)										
	Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) BRIAN BERCHTOLD				Date o	f Re	eceipt				
	Mailing Address 200 SW Market Street				M M	/	DE	р / Ү	Y	Y	Y
	PO BOX 1271 M/SE12A				10		04			013	
	City Portland	State OR	Zip Code 97207	_				A2013-3			
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R	Full Name (Last, First, Middle Initial) BRIAN BERCHTOLD				Date o	f Re	eceint				
υ.	Mailing Address 200 SW Market Street								v	Y	V
	PO BOX 1271 M/SE12A				10	Ĺ	18	, , , ,		013	
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<u>с</u> .	Full Name (Last, First, Middle Initial) BRIAN BERCHTOLD				Date o	f Re	eceipt				
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				M M	/	01	) / Y		) 13	Y
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ITEMIZED RECEIPTS	Detailed Summary Page	
		any person for the purpose of soliciting contributions
	e name and address of any political com	nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC	
Full Name (Last, First, Middle Initial)  A. BRIAN BERCHTOLD		Date of Receipt
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		M M / D D / Y Y Y Y 11 15 2013
City Portland	StateZip CodeOR97207	Transaction ID : A2013-4243609           Amount of Each Receipt this Period
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Name of Employer	Occupation	
Cambia Health Solutions Inc.	Manager	
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Full Name (Last, First, Middle Initial) B. BRIAN BERCHTOLD		Date of Receipt
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		M M / D D / Y Y Y Y 11 27 2013
City	State Zip Code	Transaction ID : A2013-4356369
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager	
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Full Name (Last, First, Middle Initial) C. BRIAN BERCHTOLD		Date of Receipt
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		M M / D D / Y Y Y Y 12 13 2013
City Portland	State Zip Code OR 97207	Transaction ID : A2013-4685184 Amount of Each Receipt this Period
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Name of Employer	Occupation	
Cambia Health Solutions Inc.	Manager	
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	y information copied from such Reports and for commercial purposes, other than using th											S
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	Cambia Health Solutions Inc. F	PAC										
۹.	Full Name (Last, First, Middle Initial) BRIAN BERCHTOLD				Date o	of R	eceipt					
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3.	Full Name (Last, First, Middle Initial) MICHELE BEUTLER				Date o	of R	eceipt					
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B. CHAF	ne (Last, First, Middle Initial) RLES BICKNELL				Date c	of Re	eceipt					
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City SAMMA	MISH	State WA	Zip Code 98074					: A2013 Receipt				
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	f Employer Health Solutions Inc.	Occupation DIR HUMAN	N RESOURCES									
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	ne (Last, First, Middle Initial) RLES BICKNELL				Date c	of Re	eceipt					
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X 11a 11b 12 11c 14 13 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 Full Name (Last, First, Middle Initial) Α. CHARLES BICKNELL Date of Receipt Mailing Address 202 216TH AVE NE M M / 09 2013 08 City Zip Code State Transaction ID : A2013-3574873 WA SAMMAMISH 98074 Amount of Each Receipt this Period FEC ID number of contributing С 45.00 federal political committee. Name of Employer Occupation DIR HUMAN RESOURCES Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** CHARLES BICKNELL Date of Receipt Mailing Address 202 216TH AVE NE M M 08 23 2013 City State Zip Code Transaction ID : A2013-3699618 SAMMAMISH WA 98074 Amount of Each Receipt this Period FEC ID number of contributing С 45.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. **DIR HUMAN RESOURCES** Receipt For: Aggregate Year-to-Date ▼ Primarv General 765.00 Other (specify) Full Name (Last, First, Middle Initial) **C.** CHARLES BICKNELL Date of Receipt Mailing Address 202 216TH AVE NE M = M / D 06 09 2013 City Zip Code State Transaction ID : A2013-3927679 WA SAMMAMISH 98074 Amount of Each Receipt this Period FEC ID number of contributing 45.00 С federal political committee. Name of Employer Occupation **DIR HUMAN RESOURCES** Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 810.00 Other (specify) 135.00 SUBTOTAL of Receipts This Page (optional).....

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC									
Α.	Mailing Address 202 216TH AVE NE			Date of Receipt							
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в.	Full Name (Last, First, Middle Initial) CHARLES BICKNELL			Date of Receipt							
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	Cambia Health Solutions Inc.	DIR HUMAI	N RESOURCES								
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c.	Full Name (Last, First, Middle Initial) CHARLES BICKNELL			Date of Receipt							
	Mailing Address 202 216TH AVE NE			M M / D D / Y Y Y Y 10 18 2013							
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC									
Α.	Full Name (Last, First, Middle Initial) CHARLES BICKNELL Mailing Address 202 216TH AVE NE			Date of Receipt							
	City SAMMAMISH	State WA	Zip Code 98074	Transaction ID : A2013-4685081       Amount of Each Receipt this Period							
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в.	Full Name (Last, First, Middle Initial) CHARLES BICKNELL			Date of Receipt							
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<u>с</u> .	Full Name (Last, First, Middle Initial) SABRINA BLAIR			Date of Receipt							
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A	<b>0</b> 1 1		10 / D D / Y Y Y Y Y 10 18 2013							
	City Portland	State OR	Zip Code 97207	Transaction ID : A2013-4103905           Amount of Each Receipt this Period							
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.										
Full Name (Last, First, Middle Initial)         A.         SABRINA BLAIR         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 220.00			sact	ion IE	01 D:A		2013 1159628 nis Perio	
Full Name (Last, First, Middle Initial)         B. SABRINA BLAIR         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 230.00			sact	ion ID	15 <b>) : A</b>		2013 2 <b>243610</b> nis Perio	
Full Name (Last, First, Middle Initial)         C. CATHERINE BOULDEN         Mailing Address 10782 S ORANGEWOOD         City         SANDY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)		Zip Code 84070 SALES GD Year-to-Date ▼ 210.00			sact		18 <b>D : A</b>	2013-4	2013 <b>1103854</b> his Perio	
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в.	Full Name (Last, First, Middle Initial) CATHERINE BOULDEN	-			Date	of F	Rec	ceipt									
	Mailing Address 10782 S ORANGEWOOD						/			Y	y 2013	3	Y				
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FEC Schedule A (Form 3X) Rev. 02/2003

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$\backslash$	NAME OF COMMITTEE (In Full)													
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	Cambia Health Solutions Inc.	MGR NEW	SALES GD											
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	Primary General Other (specify) ▼		250.00											
В.	Full Name (Last, First, Middle Initial) CATHERINE BOULDEN	I			Date	of	Red	ceipt						
	Mailing Address 10782 S ORANGEWOOD				1	M	/	27	/ Y		013	Y		
	City	State	Zip Code				octio		A2013-4					
	SANDY	UT	84070						leceipt th					
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	Name of Employer Cambia Health Solutions Inc.	Occupation MGR NEW												
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	Other (specify)		260.00											
c.	Full Name (Last, First, Middle Initial) ROBERT BUTTERFIELD				Date	of	Ree	ceipt						
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				M 1		/	D D 18	) / Y		013	Y		
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	Cambia Health Solutions Inc.	Manager												
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	ny information copied from such Reports and for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
	Cambia Health Solutions Inc. F	PAC										
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	Mailing Address 200 SW Market Street					/					Y	
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	Portland	OR	97207		13       14       15       16         a for the purpose of soliciting contribution solicit contributions from such committee.         Date of Receipt         M       /       0       /       2013         Transaction ID : A2013-4159630         Amount of Each Receipt this Period         11       15       2013         Transaction ID : A2013-4159630         Amount of Each Receipt this Period         11       15       2013         Transaction ID : A2013-4243612         Amount of Each Receipt this Period         10.00         Date of Receipt         M       /       27         2013       10.00         Date of Receipt       10.00         11       27       2013         Transaction ID : A2013-4356371       Amount of Each Receipt this Period         11       27       2013         Transaction ID : A2013-4356371       Amount of Each Receipt this Period         10.00       10.00							
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в.	Full Name (Last, First, Middle Initial) ROBERT BUTTERFIELD				Date of	f Re	eceipt					
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	Cambia Health Solutions Inc.	Manager										
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		Detailed Summary Page		<b>イ</b> 11a		11b		11c		12	
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NAME OF COMMITTEE (In Full)											
Cambia Health Solutions Inc. F	PAC										
Full Name (Last, First, Middle Initial) A. ROBERT BUTTERFIELD				Date of	f Re	eceipt					
Mailing Address 200 SW Market Street				M – M	14       15       16         he purpose of soliciting contributions contributions from such committee.         e of Receipt         13       2013         ansaction ID : A2013-4685186         unt of Each Receipt this Period         10.00         10.00         10.00         10.00         10.00         10.00         10.00         10.00	Y					
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Portland	OR	97207		13       14       15       16         for the purpose of soliciting contributions licit contributions from such committee.         Date of Receipt         M_M_/12       13       2013         Transaction ID : A2013-4685186         Amount of Each Receipt this Period         12       27       2013         Transaction ID : A2013-4685349         Amount of Each Receipt this Period       10.00         Date of Receipt       10.00         Date of Receipt       10.00         Date of Receipt       10.00         Date of Receipt       10.00         Transaction ID : A2013-34685349         Amount of Each Receipt this Period         Date of Receipt         07       12       2013         Transaction ID : A2013-3574642         Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С					7		- 7		10.	00
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Cambia Health Solutions Inc.	Manager						14       15       16       1         ose of soliciting contributions from such committee.         ceipt         13       2013         on ID : A2013-4685186         ach Receipt this Period         10.00         27       2013         on ID : A2013-4685349         ach Receipt this Period         ach Receipt this Period         10.00         10.00         27         2013         on ID : A2013-4685349         ach Receipt this Period         10.00         40.00				
Receipt For:	Aggregate	Year-to-Date ▼			14       15       16         e purpose of soliciting contributions from such committee.         of Receipt         1       2013         saction ID : A2013-4685186         at of Each Receipt this Period         10.00         of Receipt         1       2013         saction ID : A2013-4685349         at of Each Receipt this Period         10.00         of Receipt         1       10.00         of Receipt         1       2013         saction ID : A2013-4685349         at of Each Receipt this Period         10.00         of Receipt         12       2013         saction ID : A2013-3574642         at of Each Receipt this Period         40.00						
Primary General			11								
Other (specify)		250.00	4								
Full Name (Last, First, Middle Initial) B. ROBERT BUTTERFIELD	1			Date of	f Re	eceipt					
Mailing Address 200 SW Market Street			13       14       15       16       17         used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.       Image: Contributions from such committee.         Date of Receipt       12       13       2013         Transaction ID : A2013-4685186       Amount of Each Receipt this Period       10.00         250.00       Date of Receipt       12       27         250.00       Date of Receipt       10.00         250.00       Date of Receipt       10.00         250.00       Date of Receipt       10.00         260.00       Date of Receipt       10.00         260.00       Date of Receipt       10.00         560.00       Fransaction ID : A2013-3574642       Amount of Each Receipt this Period         07       12       2013       Transaction ID : A2013-3574642         Amount of Each Receipt this Period       40.00       40.00								
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City	State	Zip Code		Trans	acti	ion ID	: A	2013-4	<u>6853</u>	49	16       17         tributions       17         tributions       17         13       86         triod       10.00         10.00       10.00         49       10.00         10.00       10.00         40.00       40.00
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager										
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Full Name (Last, First, Middle Initial) C. JOAN BYRD	1			Date of	f Re	eceipt					
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A					/			/ Y			Y
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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	11b         11c         12           14         15         16         17
Any information copied from such Reports an or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC		
A. JOAN BYRD Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A City Portland FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 600.00	ceipt 26 / 2013 on ID : A2013-3574813 Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial)         JOAN BYRD         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 640.00	ceipt 09 / 2013 on ID : A2013-3574984 Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial)         JOAN BYRD         Mailing Address       200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 680.00	ceipt 23 2013 on ID : A2013-3699729 Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	)		120.00

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	NAME OF COMMITTEE (In Full)												
$\langle \rangle$	Cambia Health Solutions Inc. P	AC											
Α.	Full Name (Last, First, Middle Initial) JOAN BYRD				Date o	f Re	ceipt						
	Mailing Address 200 SW Market Street				M M	/	DD	/ Y	Y Y	Y			
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	City Portland	State OR	Zip Code 97207										
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	federal political committee.	С			L.,	_	7	7	40	0.00			
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	Cambia Health Solutions Inc.	Manager											
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в.	Full Name (Last, First, Middle Initial)				Date o	f Re	ceipt						
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 09	/	20	/ Y	2013	Y			
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	Name of Employer Cambia Health Solutions Inc.	Occupation Manager											
	Receipt For:		Year-to-Date ▼										
	Primary General												
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C.	Full Name (Last, First, Middle Initial) JOAN BYRD				Date o	f Re	ceipt						
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				<sup>M</sup> M	/	D D 04	/ Y	у у 2013	Y			
	City Portland	State OR	Zip Code 97207					A2013-39 eceipt thi		 			
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	Cambia Health Solutions Inc.	Manager											
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	Primary General		800.00										
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit co	ontrik	outions f	from suc	h commi	ttee.					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC													
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Α.	Full Name (Last, First, Middle Initial) JOAN BYRD				Date c	of R4	eceint								
	Mailing Address 200 SW Market Street				M - N			) / Y	Y Y	Y					
	PO BOX 1271 M/SE12A				10		18		2013	_					
	City Portland	State OR	Zip Code 97207		Transaction ID : A2013-4103908 Amount of Each Receipt this Period										
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	federal political committee.	С					7	y	4	0.00	I,				
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	Manager													
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	Other (specify)		840.00												
	Full Name (Last, First, Middle Initial)														
В.	JOAN BYRD				Date c	of Re	eceipt								
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				M N	/	01	) / Y	2013	Y					
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	Cambia Health Solutions Inc.	Manager													
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C.	JOAN BYRD Mailing Address 200 SW Market Street			_	Date c					N/					
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Any information copied from such Reports ar or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC			
Full Name (Last, First, Middle Initial)         JOAN BYRD         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 960.00		eipt 27 2013 n ID : A2013-4356372 ach Receipt this Period 40.00
Full Name (Last, First, Middle Initial)         JOAN BYRD         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 1000.00		eipt 13 / 2013 n ID : A2013-4685187 ach Receipt this Period 40.00
Full Name (Last, First, Middle Initial)         JOAN BYRD         Mailing Address       200 SW Market Street         PO BOX 1271 M/SE12A       PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)       ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 1040.00		eipt 27 2013 n ID : A2013-4685350 ach Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional	)	)		120.00

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NAME OF COMMITTEE	i (In Full) Solutions Inc. PAC													
A. RICHARD CAMPB Mailing Address 6963 J				Date of	Red	ceipt	у / т	YYY	Y					
City SALT LAKE CITY	State UT	Zip Code 84084					A2013-3							
FEC ID number of cont federal political committe	ributing		Amount of Each Receipt this Period											
Name of Employer Cambia Health Solutions Receipt For: Primary Other (specify)		DATA CENTER OPS Year-to-Date ▼ 210.00	]											
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Full Name (Last, First, I RICHARD CAMP	/iddle Initial) /BELL			Date of	Red	ceipt								
	ORDAN CLOSE CIRCLE			м м 08	/	D 09		2013	Y					
City SALT LAKE CITY	State UT	Zip Code 84084	A				A2013-3 Receipt th	3574884 nis Perioc	1					
FEC ID number of cont federal political committe	ŝ.					,	7	1	5.00					
Name of Employer Cambia Health Solutions Receipt For: Primary Other (specify)		n DATA CENTER OPS Year-to-Date ▼ 240.00	]											
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TTEMIZED RECEIPTS	for each category of t Detailed Summary Pa	age $X$ 11a 11b 11c 12
		y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.		
A. Full Name (Last, First, Middle Initial) Mailing Address 6963 JORDAN CLOSE CIR	CLE	Date of Receipt
City SALT LAKE CITY	State Zip Code UT 84084	08         23         2013           Transaction ID : A2013-3699629           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation ASST DIR DATA CENTER OPS Aggregate Year-to-Date ▼ 255	5.00
Full Name (Last, First, Middle Initial)           B.         RICHARD CAMPBELL           Mailing Address 6963 JORDAN CLOSE CIR		Date of Receipt
City SALT LAKE CITY	State Zip Code UT 84084	09 06 2013 Transaction ID : A2013-3927690 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Cambia Health Solutions Inc.	Occupation ASST DIR DATA CENTER OPS	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270	0.00
Full Name (Last, First, Middle Initial) C. RICHARD CAMPBELL		Date of Receipt
Mailing Address 6963 JORDAN CLOSE CIF		09 20 2013
City SALT LAKE CITY	State Zip Code UT 84084	Transaction ID : A2013-3927522 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation         ASST DIR DATA CENTER OPS         Aggregate Year-to-Date ▼         288	5.00
SUBTOTAL of Receipts This Page (optional).		45.00

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$\backslash$	NAME OF COMMITTEE (In Full)												
	Cambia Health Solutions Inc. F	PAC											
Α.	Full Name (Last, First, Middle Initial) RICHARD CAMPBELL				D	ate of	R	eceipt					
	Mailing Address 6963 JORDAN CLOSE CIRC	CLE			ľ	м м 10	1	04			013	Y	
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	SALT LAKE CITY	UT	84084						Receipt th				
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	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			11									
	Other (specify)		300.00	4									
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City SALT LAKE CITY	State UT	Zip Code 84084	12     27     2013       Transaction ID : A2013-4685253       Amount of Each Receipt this Period									
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Full Name (Last, First, Middle Initial)         JENNIFER CANNADAY         Mailing Address 258 EAST 2300 SOUTH         City         BOUNTIFUL         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         UT       84010         C       Occupation         DIR LGSLTV REGLTORY AFFRS         Aggregate Year-to-Date ▼         800.00	Date of Receipt
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. I	PAC	
Full Name (Last, First, Middle Initial)         A. JANICE CARLE         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	way       State     Zip Code       UT     84121       C       Occupation       Manager       Aggregate Year-to-Date ▼       450.00	Date of Receipt 09 06 2013 Transaction ID : A2013-3927759 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial)         JANICE CARLE         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	way State Zip Code UT 84121 C Occupation Manager Aggregate Year-to-Date ▼ 475.00	Date of Receipt 09 20 2013 Transaction ID : A2013-3927590 Amount of Each Receipt this Period 25.00
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IIE	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
				erson for the purpose of soliciting contributions to solicit contributions from such committee.										
	AME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC												
<b>A</b> L	ull Name (Last, First, Middle Initial) INDA CARRIER ailing Address 14022 1ST AVE W			Date of Receipt										
	ity VERETT	State WA	Zip Code 98208	Transaction ID : A2013-3574555           Amount of Each Receipt this Period										
	EC ID number of contributing deral political committee.	С		30.00										
С	ame of Employer ambia Health Solutions Inc. eceipt For: Primary General Other (specify)	1	SERVICE MGMT & ADMIN Year-to-Date ▼ 420.00											
<b>B</b> L	ull Name (Last, First, Middle Initial) INDA CARRIER ailing Address 14022 1ST AVE W	Date of Receipt												
	ity VERETT	State WA	Zip Code 98208	07     26     2013       Transaction ID : A2013-3574726       Amount of Each Receipt this Period										
	EC ID number of contributing deral political committee.	С		30.00										
Ca	ame of Employer ambia Health Solutions Inc.	Occupation ASST DIR S	SERVICE MGMT & ADMIN											
	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00											
	ull Name (Last, First, Middle Initial) LINDA CARRIER			Date of Receipt										
_	ailing Address 14022 1ST AVE W			08 09 2013										
	ity EVERETT	State WA	Zip Code 98208	Transaction ID : A2013-3574897           Amount of Each Receipt this Period										
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R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00											
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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	PAC												
Α.	Full Name (Last, First, Middle Initial) LINDA CARRIER Mailing Address 14022 1ST AVE W			Date of Receipt										
	City	State	Zip Code	08 23 2013 Transaction ID : A2013-3699642										
	EVERETT		98208	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	ASST DIR S	SERVICE MGMT & ADMIN											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_										
	Other (specify)		510.00											
в.	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 14022 1ST AVE W	09 06 2013												
	City	State	Zip Code	Transaction ID : A2013-3927703										
	EVERETT	WA	98208	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	ASST DIR S	SERVICE MGMT & ADMIN											
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	1										
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 14022 1ST AVE W			M M / D D / Y Y Y Y Y 09 20 2013										
	City EVERETT	State WA	Zip Code 98208	Transaction ID : A2013-3927535           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	ASST DIR	SERVICE MGMT & ADMIN											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00	1										
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TEMIZED RECEIPTS		or each category of the Detailed Summary Page		11a 13		11b 14	11c	12	47								
Any information copied from such Re or for commercial purposes, other th				for the		ose o	f solicitin	g contrib									
NAME OF COMMITTEE (In Full) Cambia Health Solution	-																
Full Name (Last, First, Middle Init A. LINDA CARRIER Mailing Address 14022 1ST AVE City	V State	Date of Receipt 10 / 04 / 2013 Transaction ID : A2013-3986346															
EVERETT FEC ID number of contributing federal political committee.	C	98208	Amount of Each Receipt this Period														
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation ASST DIR SER Aggregate Year	VICE MGMT & ADMIN r-to-Date ▼ 600.00	]														
B. LINDA CARRIER	Full Name (Last, First, Middle Initial) LINDA CARRIER Mailing Address 14022 1ST AVE W						Date of Receipt										
City EVERETT FEC ID number of contributing federal political committee.	C	Zip Code 98208	/	Transaction ID : A2013-4103822         Amount of Each Receipt this Period         30.00													
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	ASST DIR SER	Occupation ASST DIR SERVICE MGMT & ADMIN Aggregate Year-to-Date ▼ 630.00															
C. Full Name (Last, First, Middle Init LINDA CARRIER Mailing Address 14022 1ST AVE				Date o		D		YYY	Y								
City EVERETT	State WA	Zip Code 98208		11         01         2013           Transaction ID : A2013-4159545           Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	С					7	7	3	0.00								
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	bia Health Solutions Inc. ASST DIR SERVICE MGMT & ADMIN ipt For: Aggregate Year-to-Date ▼ Primary General																

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 13		11b 14	11c	12	17	
Any information copied from such Reports and St or for commercial purposes, other than using the			or the		pose of	f soliciting	contrib	utions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	٩C							
Full Name (Last, First, Middle Initial)         A.         LINDA CARRIER         Mailing Address 14022 1ST AVE W         City         EVERETT         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 98208 ERVICE MGMT & ADMIN /ear-to-Date ▼ 690.00		sact	15 ion ID :		is Perio	_
Full Name (Last, First, Middle Initial)         LINDA CARRIER         Mailing Address 14022 1ST AVE W         City         EVERETT         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 98208 ERVICE MGMT & ADMIN /ear-to-Date ▼ 720.00		acti	27		is Perio	_
Full Name (Last, First, Middle Initial)         LINDA CARRIER         Mailing Address 14022 1ST AVE W         City         EVERETT         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 98208 ERVICE MGMT & ADMIN /ear-to-Date ▼ 750.00		sact	13		is Perio	_
SUBTOTAL of Receipts This Page (optional)					,	7	90	).00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA		
Full Name (Last, First, Middle Initial)         LINDA CARRIER         Mailing Address 14022 1ST AVE W         City         EVERETT         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WA       98208         C       Occupation         ASST DIR SERVICE MGMT & ADMIN         Aggregate Year-to-Date ▼         780.00	Date of Receipt
Full Name (Last, First, Middle Initial)         BRADY CASS         Mailing Address 710 E. Erica Court         City         SPOKANE         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code   WA 99208     C     Occupation   MGR NEW SALES & RENEWALS   Aggregate Year-to-Date ▼     210.00	Date of Receipt
Full Name (Last, First, Middle Initial)         BRADY CASS         Mailing Address 710 E. Erica Court         City         SPOKANE         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code   WA 99208     C     Occupation   MGR NEW SALES & RENEWALS   Aggregate Year-to-Date ▼     220.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		50.00

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X 11a 11b 12 11c 14 13 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 Full Name (Last, First, Middle Initial) BRADY CASS Α. Date of Receipt Mailing Address 710 E. Erica Court M M / 2013 11 15 City Zip Code State Transaction ID : A2013-4243542 WA SPOKANE 99208 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MGR NEW SALES & RENEWALS Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. BRADY CASS Date of Receipt Mailing Address 710 E. Erica Court M M 11 27 2013 City State Zip Code Transaction ID : A2013-4356302 SPOKANE WA 99208 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. MGR NEW SALES & RENEWALS Receipt For: Aggregate Year-to-Date ▼ Primarv General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. BRADY CASS Date of Receipt Mailing Address 710 E. Erica Court M M / D D 12 13 2013 City Zip Code State Transaction ID : A2013-4685118 WA SPOKANE 99208 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MGR NEW SALES & RENEWALS Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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X 11a 11b 12 11c 14 13 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 Full Name (Last, First, Middle Initial) BRADY CASS Α. Date of Receipt Mailing Address 710 E. Erica Court M M / 2013 12 27 City Zip Code State Transaction ID : A2013-4685281 WA SPOKANE 99208 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MGR NEW SALES & RENEWALS Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** EDDY CHAPMAN Date of Receipt Mailing Address 3614 28TH STREET M M 10 18 2013 City State Zip Code Transaction ID : A2013-4103813 LEWISTON ID 83501 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. ASST DIR COMPLIANCE Receipt For: Aggregate Year-to-Date ▼ Primarv General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. EDDY CHAPMAN Date of Receipt Mailing Address 3614 28TH STREET M M / D 11 01 2013 City Zip Code State Transaction ID : A2013-4159536 ID LEWISTON 83501 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation ASST DIR COMPLIANCE Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date **v** Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC												
Α.	Full Name (Last, First, Middle Initial) EDDY CHAPMAN Mailing Address 3614 28TH STREET				Date o		D		2012	Y				
	CityStateLEWISTONIDFEC ID number of contributing federal political committee.C		Zip Code 83501		11         15         2013           Transaction ID : A2013-4243518           Amount of Each Receipt this Period									
							,		1	0.00				
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)		COMPLIANCE Year-to-Date ▼ 230.00	]										
в.	Full Name (Last, First, Middle Initial) EDDY CHAPMAN Mailing Address 3614 28TH STREET				Date o	f Re	· ·	D / Y	YY	Y				
	City LEWISTON FEC ID number of contributing	State ID	Zip Code 83501	/	11         27         2013           Transaction ID : A2013-4356278         Amount of Each Receipt this Period           10.00         10.00									
	federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation ASST DIR (	COMPLIANCE Year-to-Date ▼				7			<u> </u>				
	Other (specify) ▼		240.00											
C.	Full Name (Last, First, Middle Initial) EDDY CHAPMAN			[	Date o	f Re	ceipt							
	Mailing Address 3614 28TH STREET	State	Zip Code	41	12 Trop		13 13		2013	Y				
	LEWISTON	ID	83501	/				Receipt th		d				
	FEC ID number of contributing federal political committee.	С				_	7		1	0.00				
	Cambia Health Solutions Inc.		COMPLIANCE											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]										
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	.С	
Full Name (Last, First, Middle Initial)         A.         EDDY CHAPMAN         Mailing Address 3614 28TH STREET         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         ID       83501         C       C         Occupation       ASST DIR COMPLIANCE         Aggregate Year-to-Date ▼       260.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Vivian CHI         Mailing Address 2529 EAST WILLOW HILLS DR         City         SANDY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code UT 84093 C Occupation VP CLAIMS Aggregate Year-to-Date ▼ 420.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Vivian CHI         Mailing Address 2529 EAST WILLOW HILLS DF         City         SANDY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code UT 84093 C Occupation VP CLAIMS Aggregate Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	70.00

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F		
A. Full Name (Last, First, Middle Initial) Vivian CHI Mailing Address 2529 EAST WILLOW HILLS City	State Zip Code	Date of Receipt 08 / 09 / 2013 Transaction ID : A2013-3574931
SANDY FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General	UT 84093 C Occupation VP CLAIMS Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Vivian CHI Mailing Address 2529 EAST WILLOW HILLS City	DR State Zip Code	Date of Receipt 08 23 2013 Transaction ID : A2013-3699676
SANDY FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:	UT 84093 C Occupation VP CLAIMS Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         C. Vivian CHI	510.00	Date of Receipt
Mailing Address 2529 EAST WILLOW HILLS City SANDY FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General	DR State Zip Code UT 84093 C Occupation VP CLAIMS Aggregate Year-to-Date ▼	M M M       / D D / 2013         Transaction ID : A2013-3927737         Amount of Each Receipt this Period         30.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	540.00	90.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 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 Full Name (Last, First, Middle Initial) Vivian CHI Α. Date of Receipt Mailing Address 2529 EAST WILLOW HILLS DR M M / 20 2013 09 City State Zip Code Transaction ID : A2013-3927569 UT SANDY 84093 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation VP CLAIMS Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Vivian CHI Date of Receipt Mailing Address 2529 EAST WILLOW HILLS DR M M 10 04 2013 City State Zip Code Transaction ID : A2013-3986380 SANDY UT 84093 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. VP CLAIMS Receipt For: Aggregate Year-to-Date ▼ Primarv General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Vivian CHI Date of Receipt Mailing Address 2529 EAST WILLOW HILLS DR M = M 1 / D D 10 18 2013 City State Zip Code Transaction ID : A2013-4103856 UT SANDY 84093 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP CLAIMS** Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	540													
$\backslash$	Cambia Health Solutions Inc.	PAC													
Α.	Full Name (Last, First, Middle Initial) Vivian CHI				Date of	f Re	ceipt								
	Mailing Address 2529 EAST WILLOW HILL	S DR													
	City	State	Zip Code	_	11	۰.	01			013	_				
	City SANDY	UT	84093					A2013-4							
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	Name of Employer	Occupation	1												
	Cambia Health Solutions Inc.	VP CLAIMS	5												
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	Primary General	Aggregate													
	Other (specify)		660.00												
_	Full Name (Last, First, Middle Initial)					. –									
в.	Vivian CHI				Date of	t Re	eceipt								
	Mailing Address 2529 EAST WILLOW HILLS	S DR			MM	1				Y A	Y				
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	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer	Occupation	1												
	Cambia Health Solutions Inc.	VP CLAIMS	3												
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	Primary General	33 - 3 - 4		11.											
	Other (specify)		690.00												
<u>с</u> .	Full Name (Last, First, Middle Initial) Vivian CHI	l			Date of	f Re	ceipt								
	Mailing Address 2529 EAST WILLOW HILL	S DR			M M 11	/	27			013	Y				
	City	State	Zip Code		Trans	sact	ion ID :	: A2013-4	1356	321					
	SANDY	UT	84093	A	Amount	t of	Each F	Receipt th	nis F	Period					
	FEC ID number of contributing	0		11						20	00				
	federal political committee.	Occupation			-	-	7		-	30	.00				
	Name of Employer														
	Cambia Health Solutions Inc.	VP CLAIM	3												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General		720.00	1											
	Other (specify)		1 20.00	1											
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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	Statements may not be sold or used by any pene name and address of any political committee									
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. I	PAC									
Full Name (Last, First, Middle Initial)         A.       Vivian CHI         Mailing Address 2529 EAST WILLOW HILLS         City         SANDY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Others (energing)	DR State Zip Code UT 84093 C Occupation VP CLAIMS Aggregate Year-to-Date ▼ 750.00	Date of Receipt								
City SANDY	Date of Receipt 12 27 2013 Transaction ID : A2013-4685299 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	C Occupation VP CLAIMS Aggregate Year-to-Date ▼ 780.00	30.00								
Full Name (Last, First, Middle Initial)         C.       DEBRA CIEPLIK         Mailing Address 7505 204TH STREET EAST         City         SPANAWAY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code WA 98387 C Occupation MGR HR II Aggregate Year-to-Date ▼ 210.00	Date of Receipt								
SUBTOTAL of Receipts This Page (optional)		70.00								

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		Detailed Summary Page		(11a		11b	11c		12		
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Any information copied from such Reports a or for commercial purposes, other than usin											
NAME OF COMMITTEE (In Full)											
Cambia Health Solutions Inc	c. PAC										
Full Name (Last, First, Middle Initial) A. DEBRA CIEPLIK				Date o	f Re	eceipt					
Mailing Address 7505 204TH STREET E	AST			м м 11	/	01	) / Y		013	Y	
City	State	Zip Code			sact		A2013-4				
SPANAWAY	WA	98387		Amoun	t of	Each R	eceipt th	is P	'eriod		
FEC ID number of contributing federal political committee.	C					7		_	10	.00	
Name of Employer	Occupation										
Cambia Health Solutions Inc.	MGR HR II										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11								
Other (specify)		220.00									
Full Name (Last, First, Middle Initial) B. DEBRA CIEPLIK				Date o	f Re	eceint					
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Cambia Health Solutions Inc.	MGR HR II										
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			1.								
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Full Name (Last, First, Middle Initial) C. DEBRA CIEPLIK				Date o	f Re	eceipt					
Mailing Address 7505 204TH STREET E	AST			м м 11	/	27	) / Y		)13	Y	
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Full Name (Last, First, Middle Initial) DEBRA CIEPLIK Mailing Address 7505 204TH STREET EAST			Date of Receipt
City SPANAWAY	State WA	Zip Code 98387	Transaction ID : A2013-4685078 Amount of Each Receipt this Period
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Name of Employer	Occupation		
Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	MGR HR II Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. DEBRA CIEPLIK			Date of Receipt
Mailing Address 7505 204TH STREET EAST			12 27 2013
City	State	Zip Code	Transaction ID : A2013-4685240
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Name of Employer Cambia Health Solutions Inc.	Occupation MGR HR II		_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) C. JOHN CIMRAL			Date of Receipt
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A	-		07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Portland	State OR	Zip Code 97207	Transaction ID : A2013-3574643 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer	Occupation	1	_
Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Manager Aggregate	Year-to-Date ▼ 1050.00	
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FEC Schedule A (Form 3X) Rev. 02/2003

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FEC Schedule A (Form 3X) Rev. 02/2003

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FEC Schedule A (Form 3X) Rev. 02/2003

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# SCHEDULE A (FEC Form 3X) DEOFIDTO

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
	and Statements may not be sold or used by any ng the name and address of any political commit	v person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions In		
Full Name (Last, First, Middle Initial)         JENNIFER DEL VILLAR         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12/         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Date of Receipt 12 27 2013 Transaction ID : A2013-4685354 Amount of Each Receipt this Period 30.00
B. Full Name (Last, First, Middle Initial) LESLEY DEROCHE Mailing Address 20719 CRAWFORD RE City	State Zip Code	Date of Receipt 10 / 18 2013 Transaction ID : A2013-4103820
LYNNWOOD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	WA 98036 C Occupation MGR BOEING CLAIMS Aggregate Year-to-Date ▼ 210.00	Amount of Each Receipt this Period
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC	
Full Name (Last, First, Middle Initial)         A.         RAULO FREAR         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State Zip Code UT 84121 C Occupation Manager Aggregate Year-to-Date ▼ 320.00	Date of Receipt 08 09 2013 Transaction ID : A2013-3574955 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial)         B. RAULO FREAR         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	way       State     Zip Code       UT     84121       C     Occupation       Manager     Aggregate Year-to-Date ▼       340.00	Date of Receipt 08 / 23 / 2013 Transaction ID : A2013-3699700 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial)         C.         RAULO FREAR         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	sway State Zip Code UT 84121 C Occupation Manager Aggregate Year-to-Date ▼ 360.00	Date of Receipt
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Α.	Full Name (Last, First, Middle Initial) RAULO FREAR Mailing Address 2890 East Cottonwood Parkw	ay		Date of Receipt
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	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General	Occupation Manager Aggregate	Year-to-Date ▼	
	Other (specify)		380.00	
В.	Full Name (Last, First, Middle Initial) RAULO FREAR Mailing Address 2890 East Cottonwood Parkw	ау		Date of Receipt
	City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-3986403           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
с.	Full Name (Last, First, Middle Initial) RAULO FREAR			Date of Receipt
	Mailing Address 2890 East Cottonwood Parkw		7. 0.1	10 / D D / Y Y Y Y Y 10 18 2013
	City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-4103879           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer	Occupation	I	
	Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Manager Aggregate	Year-to-Date ▼ 420.00	
s	UBTOTAL of Receipts This Page (optional)			60.00

TOTAL This Period (last page this line number only)..... 1 9 1 9 1 1 9 1 1 M

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	Detailed Summary Page	$\mathbf{X}$ 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usir	I and Statements may not be sold or used by a ng the name and address of any political com	13     14     15     16     17       any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc	c. PAC	
A. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood F	Parkway State Zip Code	Date of Receipt 11 01 2013 Transaction ID : A2013-4159602
Salt Lake City FEC ID number of contributing federal political committee. Name of Employer	UT 84121	Amount of Each Receipt this Period
Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Manager       Aggregate Year-to-Date ▼       440.0	0
Full Name (Last, First, Middle Initial)         B.       RAULO FREAR         Mailing Address 2890 East Cottonwood F		Date of Receipt
City Salt Lake City FEC ID number of contributing federal political committee.	State     Zip Code       UT     84121	Transaction ID : A2013-4243584         Amount of Each Receipt this Period         20.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate Year-to-Date ▼ 460.0	0
C. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood F	Parkway	Date of Receipt
City Salt Lake City	State Zip Code UT 84121	11         27         2013           Transaction ID : A2013-4356344         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:	C Occupation Manager Aggregate Year-to-Date ▼ 480.0	20.00
SUBTOTAL of Receipts This Page (option	al)	60.00

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

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page					
			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc							
Full Name (Last, First, Middle Initial)         A.       RAULO FREAR         Mailing Address 2890 East Cottonwood Pa         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General	State UT Occupation Manager	Zip Code 84121 Year-to-Date ▼	Date of Receipt				
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. RAULO FREAR Mailing Address 2890 East Cottonwood Pa	arkway	Date of Receipt					
City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:	State UT Occupation Manager		12     27     2013       Transaction ID : A2013-4685322       Amount of Each Receipt this Period       20.00				
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 520.00	]				
C. DEANA FREDINBURG Mailing Address 2890 East Cottonwood Pa City Salt Lake City FEC ID number of contributing	State UT	Zip Code 84121	Date of Receipt          M       M       /       Y				
federal political committee.          Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Manager Aggregate	Year-to-Date ▼ 210.00					
SUBTOTAL of Receipts This Page (optional	I)		50.00				

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

Use separate schedule(s)

FOR LINE NUMBER:

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		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
Any information copied from such Reports or for commercial purposes, other than usi								
NAME OF COMMITTEE (In Full) Cambia Health Solutions In	-							
Full Name (Last, First, Middle Initial) A. DEANA FREDINBURG			Date	of Re	eceipt			
Mailing Address 2890 East Cottonwood	-		11		01	/ Y	2013	Y
City Salt Lake City	State UT	Zip Code 84121			tion ID : A		159603 his Period	1
FEC ID number of contributing federal political committee.	C				7	7	1(	0.00
Name of Employer Cambia Health Solutions Inc.	Occupation Manager							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]					
Full Name (Last, First, Middle Initial) B. DEANA FREDINBURG			Date	of Re	eceipt			
Mailing Address 2890 East Cottonwood	M 1		15	/ Y	ү ү 2013	Y		
City Salt Lake City	State UT	Zip Code 84121			ion ID : /		243585 nis Period	1
FEC ID number of contributing federal political committee.	С				7		10	0.00
Name of Employer Cambia Health Solutions Inc.	Occupation Manager							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	]					
Full Name (Last, First, Middle Initial) C. DEANA FREDINBURG			Date	of Re	eceipt			
Mailing Address 2890 East Cottonwood	Parkway		M -		27	/ Y	2013	Y
City Salt Lake City	State UT	Zip Code 84121			tion ID : A		<b>1356345</b> nis Period	1
FEC ID number of contributing federal political committee.	C				7	7	1(	0.00
Name of Employer Occupa								
Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	1					
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	nal)	7 7 7					30	0.00

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

Use separate schedule(s)

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16   17 tributions nmittee.
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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) MARK GANZ Mailing Address 2715 SW MAYFIELD AVE City PORTLAND FEC ID number of contributing federal political committee. Name of Employer	State OR C	Zip Code 97225	Date of Receipt
	Cambia Health Solutions Inc. Receipt For: □ Primary □ General Other (specify) ▼	PRESIDEN		]
В.	Full Name (Last, First, Middle Initial) MARK GANZ Mailing Address 2715 SW MAYFIELD AVE City PORTLAND FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc.	State OR C Occupation PRESIDEN		Date of Receipt
	Receipt For:         Primary       General         Other (specify) ▼	]		
C.	Full Name (Last, First, Middle Initial) MARK GANZ Mailing Address 2715 SW MAYFIELD AVE City PORTLAND FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc.	State OR C Occupation PRESIDEN		Date of Receipt
5	Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate	Year-to-Date ▼ 1955.00	345.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC							
Α.	Full Name (Last, First, Middle Initial) MARK GANZ Mailing Address 2715 SW MAYFIELD AVE			Date of Receipt					
	City PORTLAND	State OR	Zip Code 97225	Transaction ID : A2013-3927710 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.00					
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation PRESIDEN Aggregate							
В.	Full Name (Last, First, Middle Initial) MARK GANZ			Date of Receipt					
	Mailing Address 2715 SW MAYFIELD AVE	09 20 2013							
	City PORTLAND	Transaction ID : A2013-3927542							
	FEC ID number of contributing federal political committee.	OR	97225	Amount of Each Receipt this Period					
	Name of Employer Cambia Health Solutions Inc.	Occupation PRESIDEN							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2185.00						
c.	Full Name (Last, First, Middle Initial) MARK GANZ			Date of Receipt					
	Mailing Address 2715 SW MAYFIELD AVE			10 04 2013					
	City PORTLAND	State OR	Zip Code 97225	Transaction ID : A2013-3986353 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		115.00					
	Name of Employer	Occupation							
		PRESIDEN	T & CEO						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2300.00						
s	UBTOTAL of Receipts This Page (optional)			345.00					

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

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			Detailed Summary Page		11a		11b	11c	12							
<u> </u>					13		14	15	16		17					
	y information copied from such Reports and s for commercial purposes, other than using th															
	NAME OF COMMITTEE (In Full)		,				-									
	Cambia Health Solutions Inc. F	PAC														
Α.	Full Name (Last, First, Middle Initial) MARK GANZ				Date o	f R	eceipt									
	Mailing Address 2715 SW MAYFIELD AVE				м – м 10	1	/ 18		2013							
	City	State	Zip Code		Trans	sac	tion ID :	A2013-41	103829	)						
	PORTLAND	OR	97225		Amoun	t o	f Each F	Receipt thi	s Peric	bd						
	FEC ID number of contributing federal political committee.	С					7	7		15.0	0					
	Name of Employer	Occupation	1													
	Cambia Health Solutions Inc.	PRESIDEN	T & CEO													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General		2415.00	11.												
	Other (specify)		2415.00													
в.	Full Name (Last, First, Middle Initial) MARK GANZ				Date o	f R	eceipt									
	Mailing Address 2715 SW MAYFIELD AVE	2715 SW MAYFIELD AVE						11 01 2013								
	City		Transaction ID : A2013-4159552													
	PORTLAND	OR 97225							Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			, , , , , , , , , , , , , , , , , , , ,											
	Name of Employer	Occupation														
	Cambia Health Solutions Inc.	PRESIDEN	T & CEO													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2530.00	1												
<u>с</u> .	Full Name (Last, First, Middle Initial) MARK GANZ	I			Date o	f R	eceipt									
	Mailing Address 2715 SW MAYFIELD AVE				M M	1	/ 15		20 <u>1</u> 3							
	City	State	Zip Code		Trans	sac	tion ID :	: A2013-42								
	PORTLAND	OR	97225	/	Amoun	t o	f Each F	Receipt thi	s Perio	bd						
	FEC ID number of contributing federal political committee.	ů l								15.0	)0					
	Name of Employer	Occupation	1	$\neg$												
Cambia Health Solutions Inc.		PRESIDEN	IT & CEO													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			1												
	Other (specify)		2645.00													
					_		_		_	-	_					
s	UBTOTAL of Receipts This Page (optional)						7		34	15.0	0					

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and s for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC		
Α.	Full Name (Last, First, Middle Initial) MARK GANZ Mailing Address 2715 SW MAYFIELD AVE City PORTLAND FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc.	State OR C Occupation PRESIDEN		Date of Receipt          11       27       2013         Transaction ID : A2013-4356294         Amount of Each Receipt this Period         115.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2760.00	
В.	Full Name (Last, First, Middle Initial)         MARK GANZ         Mailing Address 2715 SW MAYFIELD AVE         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General	State OR C Occupation PRESIDEN Aggregate		Date of Receipt          12       13       2013         Transaction ID : A2013-4685111         Amount of Each Receipt this Period         115.00
<b>C</b> .	Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         MARK GANZ         Mailing Address         2715 SW MAYFIELD AVE         City         PORTLAND         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation PRESIDEN Aggregate		Date of Receipt 12 27 2013 Transaction ID : A2013-4685273 Amount of Each Receipt this Period 115.00
s	UBTOTAL of Receipts This Page (optional)			345.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC								
A. Full Name (Last, First, Middle Initial) PENNY GARRETT Mailing Address 2890 East Cottonwood Parke	way			Date o	_		D / Y	2013	Y
City Salt Lake City FEC ID number of contributing	State UT	Zip Code 84121					: <b>A2013-</b> 4 Receipt th	nis Perio	d 0.00
federal political committee.          Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary         General	Occupation Manager	Year-to-Date ▼				7	y		
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. PENNY GARRETT Mailing Address 2890 East Cottonwood Parky	way	210.00		Date o	f Re	eceipt	D / Y	Y Y	Y
City Salt Lake City FEC ID number of contributing federal political committee.	State UT	Zip Code 84121	/				<b>A2013-4</b> Receipt th	nis Perio	d 0.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate	Year-to-Date ▼ 220.00	]						
C. Full Name (Last, First, Middle Initial) PENNY GARRETT Mailing Address 2890 East Cottonwood Park	way State	Zip Code		Date o	/	15	;	2013	Y
City Salt Lake City FEC ID number of contributing federal political committee.	UT	84121					: <b>A2013-</b> 4 Receipt th	nis Perio	d 0.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate	Year-to-Date ▼ 230.00	]						
SUBTOTAL of Receipts This Page (optional)							7	3(	0.00

TOTAL This Period (last page this line number only)..... 1 9 1 9 1 1 9 1 1 M

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c 15	12 16	17		
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC										
A. Full Name (Last, First, Middle Initial) PENNY GARRETT Mailing Address 2890 East Cottonwood Par	kway			ate of	Red	ceipt	D / Y	2013	Ý		
City Salt Lake City	State UT	Zip Code 84121		Trans		on ID :	A2013-4 Receipt th	356346	d		
FEC ID number of contributing federal political committee. Name of Employer	Occupation					,	-	1	0.00		
Cambia Health Solutions Inc. Receipt For:	Manager	Year-to-Date ▼									
Other (specify) ▼		240.00									
B. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood Parl							D / Y	YY	Y		
City Salt Lake City	State UT		12     13     2013       Transaction ID : A2013-4685161       Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	84121		nount		1	,		0.00		
Name of Employer Cambia Health Solutions Inc.	Occupation Manager										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00									
Full Name (Last, First, Middle Initial) C. PENNY GARRETT			Da	ate of	Re	ceipt					
	Mailing Address 2890 East Cottonwood Parkway					12 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Salt Lake City	State UT	Zip Code 84121					: <b>A2013-4</b> Receipt th		d		
federal political committee.	FEC ID number of contributing federal political committee.						7	1	0.00		
Name of Employer     Oc       Cambia Health Solutions Inc.     Ma											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
SUBTOTAL of Receipts This Page (optional).						,		3	0.00		

TOTAL This Period (last page this line number only)..... 1 9 1 9 1 1 9 1 1 M

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	C	
Full Name (Last, First, Middle Initial)         STEVEN J GASPAR         Mailing Address 2108 NW 206TH ST         City         RIDGEFIELD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WA       98642         C       Occupation         VP & CHIEF ACTUARIAL OFFICER         Aggregate Year-to-Date ▼         700.00	Date of Receipt
Full Name (Last, First, Middle Initial)         STEVEN J GASPAR         Mailing Address 2108 NW 206TH ST         City         RIDGEFIELD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       WA     98642       C       Occupation       VP & CHIEF ACTUARIAL OFFICER       Aggregate Year-to-Date ▼       750.00	Date of Receipt
Full Name (Last, First, Middle Initial)         STEVEN J GASPAR         Mailing Address 2108 NW 206TH ST         City         RIDGEFIELD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WA       98642         C       Occupation         VP & CHIEF ACTUARIAL OFFICER         Aggregate Year-to-Date ▼         800.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 150.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	٩C		
Α.	Full Name (Last, First, Middle Initial) STEVEN J GASPAR Mailing Address 2108 NW 206TH ST			Date of Receipt
				08 23 2013
	City	State WA	Zip Code 98642	Transaction ID : A2013-3699606
	RIDGEFIELD	VVA	90042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	VP & CHIE	F ACTUARIAL OFFICER	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		850.00	
в.	Full Name (Last, First, Middle Initial) STEVEN J GASPAR			Date of Receipt
	Mailing Address 2108 NW 206TH ST			09 06 2013
	City	State	Zip Code	Transaction ID : A2013-3927668
	RIDGEFIELD	WA	98642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	VP & CHIEI	F ACTUARIAL OFFICER	
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>	
	Other (specify) V		900.00	
с.	Full Name (Last, First, Middle Initial) STEVEN J GASPAR			Date of Receipt
	Mailing Address 2108 NW 206TH ST			09 / D D / Y Y Y Y Y 20 2013
	City RIDGEFIELD	State WA	Zip Code 98642	Transaction ID : A2013-3927501
			30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Cambia Health Solutions Inc.			
			F ACTUARIAL OFFICER	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	L	950.00	
s	UBTOTAL of Receipts This Page (optional)			150.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	C	
Cambia Health Solutions Inc.	State       Zip Code         WA       98642         C       Occupation         VP & CHIEF ACTUARIAL OFFICER         Aggregate Year-to-Date ▼         1000.00	Date of Receipt
Cambia Health Solutions Inc.	State       Zip Code         WA       98642         C       Occupation         VP & CHIEF ACTUARIAL OFFICER         Aggregate Year-to-Date ▼         1050.00	Date of Receipt
Cambia Health Solutions Inc.	State       Zip Code         WA       98642         C       Occupation         VP & CHIEF ACTUARIAL OFFICER         Aggregate Year-to-Date ▼         1100.00	Date of Receipt 11 01 2013 Transaction ID : A2013-4159512 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	•	150.00

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.				Date of Receipt
	Mailing Address 2108 NW 206TH ST			11 15 2013
	City RIDGEFIELD	State WA	Zip Code 98642	Transaction ID : A2013-4243494         Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc. Receipt For:	VP & CHIEI	F ACTUARIAL OFFICER	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1150.00	
в.	Full Name (Last, First, Middle Initial) STEVEN J GASPAR			Date of Receipt
	Mailing Address 2108 NW 206TH ST			1.1 27 2013
	City	State	Zip Code	Transaction ID : A2013-4356254
	RIDGEFIELD	WA	98642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Cambia Health Solutions Inc.	Occupation		
	Receipt For:	VP & CHIEF	F ACTUARIAL OFFICER	
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1200.00	
с.	Full Name (Last, First, Middle Initial) STEVEN J GASPAR			Date of Receipt
	Mailing Address 2108 NW 206TH ST			12 13 2013
	City	State WA	Zip Code	Transaction ID : A2013-4685071
	RIDGEFIELD	VVA	98642	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	VP & CHIE	F ACTUARIAL OFFICER	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00	
s	UBTOTAL of Receipts This Page (optional)			150.00

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial)           STEVEN J GASPAR           Mailing Address         2108 NW 206TH ST			Date of Receipt
	City RIDGEFIELD	State WA	Zip Code 98642	12     27     2013       Transaction ID : A2013-4685233       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General		F ACTUARIAL OFFICER Year-to-Date ▼	
	Other (specify)		1300.00	
В.	Full Name (Last, First, Middle Initial)         JOANNE GHOLSTON         Mailing Address 818 SW 3RD AVENUE #67			Date of Receipt
	City PORTLAND	State OR	Zip Code 97204	10     18     2013       Transaction ID : A2013-4103792       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Cambia Health Solutions Inc. Receipt For:		MER SERVICE	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	
c.	Full Name (Last, First, Middle Initial) JOANNE GHOLSTON			Date of Receipt
	Mailing Address 818 SW 3RD AVENUE #67			11 01 Y Y Y Y 2013
	City PORTLAND	State OR	Zip Code 97204	Transaction ID : A2013-4159515           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Cambia Health Solutions Inc.	Occupation VP CUSTO	MER SERVICE	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	
s	UBTOTAL of Receipts This Page (optional)			70.00

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		< 11a		_	11b 14	11c		12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for th		urpc	ose of	soliciting		ntribut	tions
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC										
Α.	Mailing Address 818 SW 3RD AVENUE #67				Date	М	Rece	eipt 15	) / Y		у 013	Ŷ
	City PORTLAND	State OR	Zip Code 97204						A2013-4 Receipt th			
	FEC ID number of contributing federal political committee.	С					,			_	10	.00
	Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		MER SERVICE Year-to-Date ▼ 230.00									
В.	Full Name (Last, First, Middle Initial) JOANNE GHOLSTON Mailing Address 818 SW 3RD AVENUE #67				Date	М	Rece	D D	) / Y		Ŷ	Y
	City PORTLAND	State OR	Zip Code 97204			nsac			A2013-4	1356		
	FEC ID number of contributing federal political committee.	C	31204		Amol		DT E	ach F	Receipt th			.00
	Name of Employer Cambia Health Solutions Inc.	Occupation VP CUSTO	MER SERVICE									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date	of F	Rece	eipt				
	Mailing Address 818 SW 3RD AVENUE #67				M 12		/	13			013	Y
	City PORTLAND	State OR	Zip Code 97204						A2013-4 Receipt th			
	FEC ID number of contributing federal political committee.	С					7				10	.00
	Name of Employer Cambia Health Solutions Inc. Receipt For:		MER SERVICE									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00									
s	UBTOTAL of Receipts This Page (optional)			•			,				30.	00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		X	11a		11b	11c		12		. –
Ar	y information copied from such Reports and S	tatements m	av not be sold or used by any n	ersor	n fa	13 or the	pur	14 pose of	15 soliciting		16 ntribut		17
or	for commercial purposes, other than using the	name and a	address of any political committee	e to s	sol	icit coi	ntrib	putions f	rom such	1 CO	mmitt	ee.	
$\setminus$	NAME OF COMMITTEE (In Full)	_											
	Cambia Health Solutions Inc. P	AC											
Α.	Full Name (Last, First, Middle Initial) JOANNE GHOLSTON				C	Date of	f Re	eceipt					
	Mailing Address 818 SW 3RD AVENUE #67				ľ	м м 12	/	27	) / Y		013	Y	
	City	State	Zip Code		1		act		A2013-4				
	PORTLAND	OR	97204		А	mount	t of	Each R	leceipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С						, .		_	10	.00	
	Name of Employer	Occupation	1										
	Cambia Health Solutions Inc.	VP CUSTC	MER SERVICE										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General		260.00	11.									
	Other (specify)	L	260.00	41									
В.	Full Name (Last, First, Middle Initial)					Date of	f Re	eceipt					
	Mailing Address 2890 East Cottonwood Parkwa	ау			ľ	м м 07		12	/ Y		)13	Y	
	City	State	Zip Code		2		acti		A2013-3				
	Salt Lake City	UT	84121						leceipt th				
	FEC ID number of contributing federal political committee.	С						,		_	15	.00	
	Name of Employer	Occupation	1										
	Cambia Health Solutions Inc.	Manager											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		210.00	]									
<u> </u>	Full Name (Last, First, Middle Initial)				C	Date of	f Re	eceipt					
	Mailing Address 2890 East Cottonwood Parkw	ay			ľ	м м 07		26	) / Y		)13	Y	
	City	State	Zip Code		÷,		sact		A2013-3		-		
	Salt Lake City	UT	84121		A				leceipt th				
	FEC ID number of contributing federal political committee.	С						,		_	15	5.00	
	Name of Employer	Occupation	1	-									
	Cambia Health Solutions Inc.	Manager											
	Receipt For:	-	Year-to-Date ▼										
	Other (specify)		225.00										
			7										
s	UBTOTAL of Receipts This Page (optional)			•	[			,			40.	00	

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

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b	11c	12	17
	y information copied from such Reports ar for commercial purposes, other than using				or the		pose o	f solicitin	g contrib	utions
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc									
A.	Full Name (Last, First, Middle Initial) ALISON GOLDWATER				Date o	of Re	eceipt			
	Mailing Address 2890 East Cottonwood Pa	-			м м 08	/	09		2013	Y
	City Salt Lake City	State UT	Zip Code 84121	A				: A2013-: Receipt tl		d
	FEC ID number of contributing federal political committee.	С					7	7	1	5.00
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]						
в.	Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Pa	Irkway			Date o		eceipt	D / Y	YYY	Y
	City	41	08		23	3	2013			
	Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-3699703           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С					7			5.00
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]						
<u> </u>	Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt			
	Mailing Address 2890 East Cottonwood Pa	arkway			м м 09	/	06		2013	Y
	City Salt Lake City	State UT	Zip Code 84121	A				<b>: A2013-</b> Receipt t		d
	FEC ID number of contributing federal political committee.	С					7		1	5.00
	Name of Employer	Occupation		_						
	Cambia Health Solutions Inc. Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Г	Other (specify)	L	270.00	1	-	_				5.00
l s	UBTOTAL of Receipts This Page (optional	l)	······ )	► L	_		7		4:	5.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12						
Any information copied from such Reports a or for commercial purposes, other than using				for the		pose of								
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc	-													
Full Name (Last, First, Middle Initial)														
A. ALISON GOLDWATER Mailing Address 2890 East Cottonwood P	arkway			Date o		D		2012	Y					
City Salt Lake City	State UT	Zip Code 84121				-	A2013-	2013 3927595 his Perioo	4					
FEC ID number of contributing federal political committee.	С					,	7		5.00					
Name of Employer Cambia Health Solutions Inc.	Occupation Manager													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	1											
B. ALISON GOLDWATER Mailing Address 2890 East Cottonwood Page 2890	orkwov			Date o		· · ·			V					
	-	Zie Oode		10		04		2013	Y					
City Salt Lake City	State UT	Zip Code 84121		Transaction ID : A2013-3986406           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					7			5.00					
Name of Employer Cambia Health Solutions Inc.	Occupation Manager													
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 300.00												
Full Name (Last, First, Middle Initial) C. ALISON GOLDWATER				Date o	of Re	eceipt								
Mailing Address 2890 East Cottonwood P	arkway			M N	/	D 18		2013	Y					
City Salt Lake City	State UT	Zip Code 84121						<b>4103882</b> his Period	d					
FEC ID number of contributing federal political committee.	C					7		1	5.00					
Name of Employer	Occupation	1												
Cambia Health Solutions Inc.	Manager													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00												
SUBTOTAL of Receipts This Page (optiona	l)							45	5.00					

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

FEC Schedule A (Form 3X) Rev. 02/2003

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		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
			erson for the purpose of soliciting contributions
	. PAC		
Full Name (Last, First, Middle Initial) ALISON GOLDWATER			Date of Receipt
Mailing Address 2890 East Cottonwood Pa	-		11 01 / Y Y Y Y Y
City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-4159605 Amount of Each Receipt this Period
	С		15.00
Cambia Health Solutions Inc.	Occupation Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]
ALISON GOLDWATER			Date of Receipt
	-		11 15 2013
•	State UT		Transaction ID : A2013-4243587 Amount of Each Receipt this Period
FEC ID number of contributing	С		
	Occupation Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	]
			Date of Receipt
Mailing Address 2890 East Cottonwood P	arkway		11 27 2013
City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-4356347 Amount of Each Receipt this Period
5	C		15.00
Name of Employer	Occupation		_
Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1
	y information copied from such Reports a for commercial purposes, other than using NAME OF COMMITTEE (In Full) <b>Cambia Health Solutions Inc</b> Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood P City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Pa City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Pa City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Pa City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Mailing Address 2890 East Cottonwood Pa	y information copied from such Reports and Statements ma for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Parkway City State Salt Lake City UT FEC ID number of contributing federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Parkway City State Salt Lake City UT FEC ID number of contributing federal political committee. Name of Employer Cuther (specify) ▼ City State Salt Lake City UT FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Name of Employer City State Salt Lake City UT FUI Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Parkway City State Salt Lake City UT FEC ID number of contributing federal political committee. City State Salt Lake City UT FEC ID number of contributing federal political committee. Name of Employer Cocupation Manager Receipt For: Primary General City State Salt Lake City UT	y Information copied from such Reports and Statements may not be sold or used by any p for commercial purposes, other than using the name and address of any political committee NAME OF COMMITTEE (in Full) Cambia Health Solutions Inc. PAC Full Name (Last, First, Middle Initial) ALISON GOLDWATER Mailing Address 2890 East Cottonwood Parkway City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. C Primary General City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Salt Lake City UT 84121 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code Salt Lake City UT 84121 FEC ID number of cont

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

# SCHEDULE A (FEC Form 3X) DEOEIDTO

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116	IMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
<b>A</b> .	Full Name (Last, First, Middle Initial) ALISON GOLDWATER	<u></u>		Date of Receipt
I	Mailing Address 2890 East Cottonwood Parkw	ау		12 13 2013
	City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-4685162 Amount of Each Receipt this Period
	FEC ID number of contributing ideated political committee.	С		15.00
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager		
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 375.00	]
В.	Full Name (Last, First, Middle Initial) ALISON GOLDWATER			Date of Receipt
-	Mailing Address 2890 East Cottonwood Parkw	ау		12 27 2013
	City	State UT	Zip Code	Transaction ID : A2013-4685325
F	Salt Lake City FEC ID number of contributing rederal political committee.	C	84121	Amount of Each Receipt this Period
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager		
Ī	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 390.00	
	Full Name (Last, First, Middle Initial)			Date of Receipt
I	Mailing Address 2890 East Cottonwood Parkw	ay		07 12 2013
	City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-3574617 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		30.00
ī	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	Manager		
ł	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		420.00	
SL	JBTOTAL of Receipts This Page (optional)			60.00

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TIEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	orts and Statements may not be sold or used by any pousing the name and address of any political committee	erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) Cambia Health Solutions	Inc. PAC					
A. CHRISTOPHER GOREY Mailing Address 2890 East Cottonwo		Date of Receipt				
		07 26 Y Y Y Y Y Y Y				
City Salt Lake City	State Zip Code UT 84121	Transaction ID : A2013-3574788           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation	_				
Cambia Health Solutions Inc.	Manager					
Receipt For:	Aggregate Year-to-Date ▼					
Other (specify)	450.00	1				
Full Name (Last, First, Middle Initial B. CHRISTOPHER GOREY		Date of Receipt				
Mailing Address 2890 East Cottonwo	Mailing Address 2890 East Cottonwood Parkway					
City	State Zip Code	Transaction ID : A2013-3574959				
Salt Lake City	UT 84121	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer Cambia Health Solutions Inc.	Occupation Manager					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	]				
Full Name (Last, First, Middle Initial C. CHRISTOPHER GOREY		Date of Receipt				
Mailing Address 2890 East Cottonwo	bod Parkway	M M / D D / Y Y Y Y Y 08 23 2013				
City	State Zip Code	Transaction ID : A2013-3699704				
Salt Lake City	UT 84121	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer	Occupation	—				
Cambia Health Solutions Inc.	Manager					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 510.00	]				
SUBTOTAL of Receipts This Page (or	otional)	90.00				

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••	EMIZED RECEIPTS		Detailed Summary Page		<b>X</b> 11	а		1	1b		11c		12	
Δ.	w information conied from such Deports and C	tatomanta re-	by not be cold or used by arrit		13		<u> </u>	1		L	15		16 atribu	17
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	name and a	ddress of any political committee	erson e to s	olicit	ne cor	pur ntrib	po out	se of ions i	r so fror	n such	) cor 1 co	mmit	tions ee.
$\left[ \right]$	NAME OF COMMITTEE (In Full)													
$\backslash$	Cambia Health Solutions Inc. P.	AC												
Α.	Full Name (Last, First, Middle Initial) CHRISTOPHER GOREY			Date of Receipt										
	Mailing Address 2890 East Cottonwood Parkw	ау			0	 9	/		06		/ Y		) ) ) )	Y
	City	State	Zip Code		Tra	ans	act	io	n ID :	: A2	2013-3	9277	765	
	Salt Lake City	UT	84121	_	Amo	unt	t of	Ea	ach F	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						7			7	_	30	.00
	Name of Employer	Occupation		-										
	Cambia Health Solutions Inc.	Manager												
	Receipt For:		Year-to-Date ▼	$\neg$										
	Primary General	, iggi oguto		11.										
	Other (specify)	L	540.00	4										
В.	Full Name (Last, First, Middle Initial) CHRISTOPHER GOREY				Date	e of	Re	ece	eipt					
	Mailing Address 2890 East Cottonwood Parkwa	ау			0	_ 9	/	ſ	20		/ Y	_ Y	)13	Y
	City	State	Zip Code		Tra	ins	acti	ior	ו ID :	A2	013-3			
	Salt Lake City	UT	84121	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						7		_	3	_	30	.00
	Name of Employer	Occupation	1											
	Cambia Health Solutions Inc.	Manager												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 - 3		11.										
	Other (specify)	L	570.00	4										
с.	Full Name (Last, First, Middle Initial) CHRISTOPHER GOREY				Date	e of	Re	ece	eipt					
	Mailing Address 2890 East Cottonwood Parkw	ay				_M 0	/	ſ	04		/ Y		)13	Y
	City	State	Zip Code		Tra	ans	act	tio	n ID :	: A2	2013-3			
	Salt Lake City	UT	84121		Amo	unt	tof	Ea	ach F	Rec	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						1			7	_	30	0.00
	Name of Employer	Occupation	1	$\neg$										
	Cambia Health Solutions Inc.	Manager												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General	33 9		11										
	Other (specify)		600.00											
s	UBTOTAL of Receipts This Page (optional)		······ )					7		_	9		90	.00

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

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11		11c 15		2	17
Any information copied from such Reports and or for commercial purposes, other than using the				for the		pos	se of s	soliciting	g cont	ributi	ions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F											
Full Name (Last, First, Middle Initial) A. CHRISTOPHER GOREY				Date c	of Re	ecei	ipt				
Mailing Address 2890 East Cottonwood Park	-			M N 10	/		18	/ Y	y 201	Y 13	Y
City Salt Lake City	State UT	Zip Code 84121						<b>42013-</b> 4 eceipt th			
FEC ID number of contributing federal political committee.	С					Ţ		,		30.	00
Name of Employer	Occupation										
Cambia Health Solutions Inc. Receipt For:	Manager										
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		630.00	4								
Full Name (Last, First, Middle Initial) B. CHRISTOPHER GOREY	-			Date c	of Re	ecei	ipt				
Mailing Address 2890 East Cottonwood Parky	way			M N	/		01	/ Y	201		Y
City	State		Trans	sact	ion	ID : A	2013-4	15960	)6		
Salt Lake City	UT	84121	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С					7		7		30.	00
Name of Employer Cambia Health Solutions Inc.	Occupation Manager										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00	]								
Full Name (Last, First, Middle Initial) C. CHRISTOPHER GOREY				Date c	of Re	ecei	ipt				
Mailing Address 2890 East Cottonwood Park	way			M N	/	Γ	15	/ Y	201		Y
City Salt Lake City	State UT	Zip Code 84121						<b>42013-</b> 4 eceipt th			
FEC ID number of contributing federal political committee.	С					7		7		30.	00
Name of Employer	Occupation		_								
Cambia Health Solutions Inc.	Manager										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		690.00 7									
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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b		11c 15	12	17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.										
Full Name (Last, First, Middle Initial) A. CHRISTOPHER GOREY				Date c	of Re	eceipt				
Mailing Address 2890 East Cottonwood Pa	Irkway			™ № 11	/		D 27	/ Y	ү ү 2013	Y
City Salt Lake City	State UT	Zip Code 84121							<b>356348</b> nis Perio	d
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Cambia Health Solutions Inc. Receipt For:	Manager									
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Other (specify)		720.00	4							
Full Name (Last, First, Middle Initial) B. CHRISTOPHER GOREY				Date c	of Re	eceipt	:			
Mailing Address 2890 East Cottonwood Pa	rkway			M N 12	/		D 13	/ Y	y y 2013	Y
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Salt Lake City	UT	84121	Amount of Each Receipt this Period							d
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager									
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Full Name (Last, First, Middle Initial) C. CHRISTOPHER GOREY				Date c	of Re	eceipt	:			
Mailing Address 2890 East Cottonwood Pa	arkway			<sup>M</sup> 12	/		D 27	/ Y	y y 2013	Y
City Salt Lake City	State UT	Zip Code 84121							<b>1685326</b> nis Perio	
FEC ID number of contributing federal political committee.	С					7		7	3	30.00
Name of Employer	Occupation									
Cambia Health Solutions Inc.	Manager									
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		780.00								
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NAME OF COMMITTEE (In Full)								
Cambia Health Solutions Ir	ic. PAC							
Full Name (Last, First, Middle Initial) A. CHERYL HAASE				Date of	f Receipt			
Mailing Address 200 SW Market Street				M M	/ D	D / Y	Y Y	Y
PO BOX 1271 M/SE12/	4			10	18	3	2013	
City	State	Zip Code		Trans	action ID	: A2013-4	103917	
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Cambia Health Solutions Inc.	Manager							
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	ame (Last, First, Middle Initial) RYL HAASE				Date of	f Receip	t							
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	o number of contributing political committee.	С							10.	.00				
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	Primary General Dther (specify) <del>V</del>		240.00											
	ame (Last, First, Middle Initial) RYL HAASE	I			Date of	f Receip	t							
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	С	
Cambia Health Solutions Inc.	State       Zip Code         WA       98026         C       Occupation         ASST DIR SR ASSOC GEN CNSL         Aggregate Year-to-Date ▼         210.00	Date of Receipt 07 12 2013 Transaction ID : A2013-3574529 Amount of Each Receipt this Period 15.00
Cambia Health Solutions Inc.	State       Zip Code         WA       98026         C       Occupation         ASST DIR SR ASSOC GEN CNSL         Aggregate Year-to-Date ▼         225.00	Date of Receipt 07 26 2013 Transaction ID : A2013-3574700 Amount of Each Receipt this Period 15.00
Cambia Health Solutions Inc.	State       Zip Code         WA       98026         C       Occupation         ASST DIR SR ASSOC GEN CNSL         Aggregate Year-to-Date ▼         240.00	Date of Receipt 09 2013 Transaction ID : A2013-3574871 Amount of Each Receipt this Period 15.00
SUBTOTAL of Receipts This Page (optional)		▶ 45.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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NAME OF COMMITTEE ( Cambia Health So	In Full)								
Full Name (Last, First, Mi LEONARD HAGEN Mailing Address 18817 88 City EDMONDS FEC ID number of contrib	TH AVE. W State WA	Zip Code 98026			/ sactio	23 on ID :	<b>A2013-3</b> Receipt th	nis Perioo	_
federal political committee Name of Employer Cambia Health Solutions In Receipt For: Primary Ge Other (specify) ▼	Occupation nc. ASST DIR S	R ASSOC GEN CNSL /ear-to-Date ▼ 255.00				7			
B. Full Name (Last, First, Mi LEONARD HAGEN Mailing Address 18817 88 City	TH AVE. W State	Zip Code		Date of M M 09 Trans	/	06	A2013-3	2013 927677	Y
EDMONDS FEC ID number of contrib federal political committee		98026	A	moun	t of E	Each F	Receipt th		d 5.00
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City EDMONDS	State WA	Zip Code 98026	A				A2013-3 Receipt th		
FEC ID number of contrib federal political committee			[			,	5	1	5.00
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	С	
Full Name (Last, First, Middle Initial)         LEONARD HAGEN         Mailing Address 18817 88TH AVE. W         City         EDMONDS         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WA       98026         C       Occupation         ASST DIR SR ASSOC GEN CNSL         Aggregate Year-to-Date ▼         300.00	Date of Receipt
Full Name (Last, First, Middle Initial)         LEONARD HAGEN         Mailing Address 18817 88TH AVE. W         City         EDMONDS         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       WA     98026       C     Occupation       ASST DIR SR ASSOC GEN CNSL       Aggregate Year-to-Date ▼       315.00	Date of Receipt
Full Name (Last, First, Middle Initial)         LEONARD HAGEN         Mailing Address 18817 88TH AVE. W         City         EDMONDS         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WA       98026         C       Occupation         ASST DIR SR ASSOC GEN CNSL         Aggregate Year-to-Date ▼         330.00	Date of Receipt
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X 11a 11b 11c 12 14 13 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 Full Name (Last, First, Middle Initial) Α. LEONARD HAGEN Date of Receipt Mailing Address 18817 88TH AVE. W M M / 2013 11 15 City Zip Code State Transaction ID : A2013-4243502 WA EDMONDS 98026 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Name of Employer Occupation ASST DIR SR ASSOC GEN CNSL Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 345.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** LEONARD HAGEN Date of Receipt Mailing Address 18817 88TH AVE. W M M 11 27 2013 City State Zip Code Transaction ID : A2013-4356262 **EDMONDS** WA 98026 Amount of Each Receipt this Period FEC ID number of contributing С 15.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. ASST DIR SR ASSOC GEN CNSL Receipt For: Aggregate Year-to-Date ▼ Primarv General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. LEONARD HAGEN Date of Receipt Mailing Address 18817 88TH AVE. W M M / D D 12 13 2013 City Zip Code State Transaction ID : A2013-4685079 WA **EDMONDS** 98026 Amount of Each Receipt this Period FEC ID number of contributing 15.00 С federal political committee. Name of Employer Occupation ASST DIR SR ASSOC GEN CNSL Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date **v** Primary General 375.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	PAC								
Full Name (Last, First, Middle Initial) LEONARD HAGEN Mailing Address 18817 88TH AVE. W			[	Date o		ceipt		2012	Y
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EDMONDS	WA	98026		Amoun	t of	Each F	Receipt th	nis Perioc	ł
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Cambia Health Solutions Inc.	ASST DIR S	SR ASSOC GEN CNSL							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		390.00							
Full Name (Last, First, Middle Initial) <b>B.</b> CHRISTINE HAGLE				Date o	f Re	ceipt			
Mailing Address 1011 RICHARDSON AVE				м м 07	/	12		2013	Y
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Full Name (Last, First, Middle Initial) C. CHRISTINE HAGLE	I			Date o	f Re	ceipt			
Mailing Address 1011 RICHARDSON AVE				м м 07	/	26		ү ү 2013	Y
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Cambia Health Solutions Inc.	MGR INDI	IDUAL MBRSHP ACCTG							
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$\langle \rangle$	Cambia Health Solutions Inc. P	PAC												
Α.	Full Name (Last, First, Middle Initial) CHRISTINE HAGLE			Date of Receipt										
	Mailing Address 1011 RICHARDSON AVE				ľ	м м	/	09	Y 1		2013	Y		
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	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		320.00											
в.	Full Name (Last, First, Middle Initial) CHRISTINE HAGLE				D	ate o	f Re	eceipt						
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	NC	
Full Name (Last, First, Middle Initial) CHRISTINE HAGLE Mailing Address 1011 RICHARDSON AVE City	State Zip Code	Date of Receipt
LEWISTON FEC ID number of contributing federal political committee.	ID 83501	Transaction ID : A2013-3927521         Amount of Each Receipt this Period         20.00
Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary         Other (specify) ▼	Occupation MGR INDIVIDUAL MBRSHP ACCTG Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) CHRISTINE HAGLE Mailing Address 1011 RICHARDSON AVE		Date of Receipt
City LEWISTON FEC ID number of contributing federal political committee.	State Zip Code ID 83501	10         04         2013           Transaction ID : A2013-3986332         Amount of Each Receipt this Period           20.00         20.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Occupation MGR INDIVIDUAL MBRSHP ACCTG Aggregate Year-to-Date ▼ 400.00	
C. CHRISTINE HAGLE		Date of Receipt
Mailing Address 1011 RICHARDSON AVE         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State ID       Zip Code 83501         C       C         Occupation       MGR INDIVIDUAL MBRSHP ACCTG         Aggregate Year-to-Date ▼       420.00	M M       /       D D       /       Y Y Y Y Y         10       18       2013         Transaction ID : A2013-4103808         Amount of Each Receipt this Period         20.00
SUBTOTAL of Receipts This Page (optional)	▶	60.00

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••			Detailed Summary Page		_	11a		11b	11c		12			
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$\backslash$	NAME OF COMMITTEE (In Full)													
	Cambia Health Solutions Inc. P.	AC												
Α.	Full Name (Last, First, Middle Initial) CHRISTINE HAGLE				Da	ate of	f Re	eceipt						
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	Cambia Health Solutions Inc.	MGR INDIV	IDUAL MBRSHP ACCTG											
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с.	Full Name (Last, First, Middle Initial)				Da	ate of	f Re	eceipt						
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Any informatio	on conied from such Reports and	d Statements m	l ay not be sold or used by any p	erson	13 for the	purpos		15 soliciting		6 ributi	000S
			ddress of any political committee								
	COMMITTEE (In Full)										
Cambia	a Health Solutions Inc.	PAC									
	(Last, First, Middle Initial)				Date of	f Doooi	int				
	dress 1011 RICHARDSON AVE			-		_	ıpı □ □ □		Y	V	V
					12	,	13	7 1	201		
City		State	Zip Code		Trans	action	ID : /	A2013-46	ô <b>850</b> 9	<del>)</del> 0	
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	mber of contributing itical committee.	С				7				20.	00
Name of E	mployer	Occupation	1								
	ealth Solutions Inc.	MGR INDI	/IDUAL MBRSHP ACCTG								
Receipt Fo		Aggregate	Year-to-Date ▼								
	r (specify)		500.00								
	(Last, First, Middle Initial)					( D					
	dress 1011 RICHARDSON AVE			_	Date of		·		V	V	V
Maining Au	INTERICHARDSON AVE				12	/	27	/ Y	201:		Y
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	mber of contributing itical committee.	С						7	_	20.0	00
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	alth Solutions Inc.	MGR INDI	IDUAL MBRSHP ACCTG								
Receipt Fo		Aggregate	Year-to-Date ▼								
	r (specify) ▼		520.00								
Full Name C. DARCI	(Last, First, Middle Initial) HANSEN				Date of	f Recei	ipt				
Mailing Ad	dress 2890 East Cottonwood Pa	rkway			м м 07	/	12	/ Y	201:		Y
City		State UT	Zip Code		Trans	saction	ID :	A2013-3	57462	20	
Salt Lake	-	01	84121		Amount	t of Ea	ch R	eceipt thi	is Per	riod	
	mber of contributing itical committee.	С					_		_	40.	00
Name of E	mployer	Occupation	l								
	ealth Solutions Inc.	Manager									
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	r (specify)		560.00								
	· · · · · · · · · · · · · · · · · · ·										
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Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC		
A. DARCI HANSEN Mailing Address 2890 East Cottonwood Park	way State	Zip Code	Date of Receipt 07 26 2013 Transaction ID : A2013-3574791
Salt Lake City FEC ID number of contributing federal political committee.	ОТ	84121	Amount of Each Receipt this Period
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate	Year-to-Date ▼ 600.00	]
B. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood Park	way State	Zip Code	Date of Receipt
Salt Lake City FEC ID number of contributing federal political committee.	UT C	84121	Transaction ID : A2013-3574962         Amount of Each Receipt this Period         40.00
Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation Manager Aggregate	Year-to-Date ▼	
Other (specify)		640.00	]
C. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood Parl	way		Date of Receipt
City Salt Lake City FEC ID number of contributing	State UT	Zip Code 84121	08         23         2013           Transaction ID : A2013-3699707           Amount of Each Receipt this Period           40.00
federal political committee.          Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	Occupation Manager	Year-to-Date ▼ 680.00	
SUBTOTAL of Receipts This Page (optional).			120.00

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

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	E OF COMMITTEE (In Full) mbia Health Solutions Inc. F	PAC		
A. DAF Mailin City Salt I FEC federa Name Camb Recei	Aame (Last, First, Middle Initial) RCI HANSEN Ig Address 2890 East Cottonwood Parky Lake City ID number of contributing al political committee. e of Employer bia Health Solutions Inc. ipt For: Primary General Other (specify) ▼	State UT C Occupation Manager	Zip Code 84121 Year-to-Date ▼ 720.00	Date of Receipt 09 06 2013 Transaction ID : A2013-3927768 Amount of Each Receipt this Period 40.00
B. DAF Mailin City Salt L FEC federa Name Camb	Jame (Last, First, Middle Initial) RCI HANSEN Ig Address 2890 East Cottonwood Parkv Lake City ID number of contributing al political committee. a of Employer bia Health Solutions Inc. ipt For: Primary General Other (specify) ▼	State UT Occupation Manager	Zip Code 84121 Year-to-Date ▼ 760.00	Date of Receipt 09 20 2013 Transaction ID : A2013-3927599 Amount of Each Receipt this Period 40.00
C. DA Mailin City Salt I FEC federa Name Camb Recei	Aame (Last, First, Middle Initial) RCI HANSEN ag Address 2890 East Cottonwood Parky Lake City ID number of contributing al political committee. a of Employer bia Health Solutions Inc. ipt For: Primary General Other (specify) ▼	State UT Occupation Manager	Zip Code 84121	Date of Receipt 10 04 2013 Transaction ID : A2013-3986410 Amount of Each Receipt this Period 40.00
SUBTO	TAL of Receipts This Page (optional)			120.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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••			Detailed Summary Page		_		11b	11c		12			
	ny information copied from such Reports a for commercial purposes, other than using												
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc	-											
Α.	Full Name (Last, First, Middle Initial) DARCI HANSEN Mailing Address 2890 East Cottonwood P	arkway			Date o		eceipt			)13	Y		
	City Salt Lake City	State UT	Zip Code 84121					<b>: A2013-4</b> Receipt th					
	FEC ID number of contributing federal political committee.	С					7			40.	.00		
	Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Manager Aggregate	Year-to-Date ▼ 840.00	]									
в.	Full Name (Last, First, Middle Initial) DARCI HANSEN Mailing Address 2890 East Cottonwood Pa	arkway			Date o	f Re	eceipt	D / Y	Y	Y	Ŷ		
	City Salt Lake City	State	Zip Code 84121	11     01     2013       Transaction ID : A2013-4159609       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7			40.	00		
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00	]									
<u>с</u> .	Full Name (Last, First, Middle Initial) DARCI HANSEN				Date o	f Re	eceipt						
	Mailing Address 2890 East Cottonwood P				M M 11	/	D 15			) 13	Y		
	City Salt Lake City	State UT	Zip Code 84121	_				: A2013-4 Receipt th					
	FEC ID number of contributing federal political committee.	C					7	7	_	40.	.00		
	Name of Employer	Occupation											
	Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 920.00	]									
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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC	
Full Name (Last, First, Middle Initial)         A.         DARCI HANSEN         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	sway State Zip Code UT 84121 C Occupation Manager Aggregate Year-to-Date ▼ 960.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. DARCI HANSEN         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City	way State Zip Code UT 84121	Date of Receipt 12 13 Transaction ID : A2013-4685166 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	C Occupation Manager Aggregate Year-to-Date ▼ 1000.00	40.00
Full Name (Last, First, Middle Initial)         C.       DARCI HANSEN         Mailing Address 2890 East Cottonwood Parl         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	way State Zip Code UT 84121 C Occupation Manager Aggregate Year-to-Date ▼ 1040.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) BONNIE J HASS Mailing Address 3616 NW JETTY AVE			Date of Receipt
	City LINCOLN CITY	State OR	Zip Code 97367	Transaction ID : A2013-4103794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)		DMER SERVICE Year-to-Date ▼ 210.00	
в.	Full Name (Last, First, Middle Initial) BONNIE J HASS Mailing Address 3616 NW JETTY AVE			Date of Receipt
	City LINCOLN CITY FEC ID number of contributing	State OR	Zip Code 97367	11     01     2013       Transaction ID : A2013-4159517       Amount of Each Receipt this Period       10.00
	federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General	Occupation DIR CUSTO	DMER SERVICE Year-to-Date ▼	
	Other (specify)		220.00	
C.	Full Name (Last, First, Middle Initial) BONNIE J HASS Mailing Address 3616 NW JETTY AVE			Date of Receipt
	City LINCOLN CITY FEC ID number of contributing federal political committee.	State OR	Zip Code 97367	11         15         2013           Transaction ID : A2013-4243499         Amount of Each Receipt this Period           10.00         10.00
	Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		DMER SERVICE Year-to-Date ▼ 230.00	
s	<b>UBTOTAL</b> of Receipts This Page (optional)			30.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using				or the		oose o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC								
Full Name (Last, First, Middle Initial) A. BONNIE J HASS Mailing Address 3616 NW JETTY AVE City LINCOLN CITY FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)		Zip Code 97367 DMER SERVICE Year-to-Date ▼ 240.00			/ sacti	27		nis Perioo	_
Full Name (Last, First, Middle Initial)         B.         BONNIE J HASS         Mailing Address 3616 NW JETTY AVE		<u></u>		Date of	f Re	D		Y Y	Y
City LINCOLN CITY FEC ID number of contributing federal political committee.	State OR C	Zip Code 97367	/				3 : <b>A2013-4</b> Receipt th	nis Perioo	d 0.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)		DMER SERVICE Year-to-Date ▼ 250.00	]						
Full Name (Last, First, Middle Initial) BONNIE J HASS Mailing Address 3616 NW JETTY AVE			[	Date of		ceipt	D / Y	Y Y	Y
City LINCOLN CITY FEC ID number of contributing federal political committee.	State OR	Zip Code 97367	/	12 Trans	sacti	27 ion ID		2013 <b>1685238</b> his Period	
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼		DMER SERVICE Year-to-Date ▼ 260.00	]						
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	JEIPIS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17		
			ay not be sold or used by any po ddress of any political committee									
NAME OF COMM Cambia Hea	ITTEE (In Full) Ilth Solutions Inc.	PAC										
A. LISA HAYES	First, Middle Initial) 1890 East Cottonwood Par	rkwav			Date of	_	ceipt		Y Y	Y		
City		State	Zip Code	41	10		18		2013			
Salt Lake City		UT	84121	A				Receipt th		d		
FEC ID number of federal political co		С					7	7	1	0.00		
Name of Employe Cambia Health Sol		Occupation Manager										
Receipt For: Primary Other (speci	General		Year-to-Date ▼ 210.00	]								
B. LISA HAYES	First, Middle Initial)			C	Date of	f Re	ceipt					
Mailing Address 2	890 East Cottonwood Par	kway			M M	1	01	D / Y	2013	Y		
City Salt Lake City		State UT	Zip Code 84121		Transaction ID : A2013-4159611 Amount of Each Receipt this Period							
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Name of Employe Cambia Health Sol		Occupation Manager										
Receipt For: Primary Other (speci	General fy) ▼		Year-to-Date ▼ 220.00	]								
Full Name (Last, F	First, Middle Initial)				Date of	f Re	ceipt					
Mailing Address 2	2890 East Cottonwood Par	rkway			м м 11	/	15		2013	Y		
City Salt Lake City		State UT	Zip Code 84121	A	Trans		ion ID :	: <b>A2013-4</b> Receipt th	243593	d		
FEC ID number of federal political co	0	С					9	7	1	0.00		
Name of Employe		Occupation										
Cambia Health Sol Receipt For:	utions Inc.	Manager		_								
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FEC Schedule A (Form 3X) Rev. 02/2003

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17					
	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC													
Α.	Full Name (Last, First, Middle Initial) LISA HAYES Mailing Address 2890 East Cottonwood Parkw	ay			Date o		eceipt 27	D / Y	2013						
	City Salt Lako City	State UT	Zip Code 84121					: A2013-4							
	Salt Lake City FEC ID number of contributing federal political committee.	C		/	Amoun	it of	Each F	Receipt t		od 10.00					
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	Manager		_											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00												
в.	Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt								
	Mailing Address 2890 East Cottonwood Parkwa				M M	/	13	D / Y	2013	Y					
	City Salt Lake City	State UT	Zip Code 84121		Transaction ID : A2013-4685168 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			Amoun		Each F	Receipt ti		00 10.00					
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00												
— c.	Full Name (Last, First, Middle Initial)				Date o	of Re	eceipt								
	Mailing Address 2890 East Cottonwood Parkw	ay			M M	/	27		2013	Y					
	City Salt Lake City	State UT	Zip Code 84121					: <b>A2013-</b> Receipt t							
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	Name of Employer	Occupation		_											
	Cambia Health Solutions Inc.	Manager													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00												
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>						3	80.00					

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		< 11a		11b	11c	12	·				
Any information copied from such Reports a	and Statements m	A not be sold or used by any n	arson	13 for the		14	15 soliciting	16	tions				
or for commercial purposes, other than usin	g the name and a	ddress of any political committee	e to s	olicit co	ntrib	puse of putions fr	om such	1 commit	ee.				
NAME OF COMMITTEE (In Full)													
ight angle Cambia Health Solutions Inc	c. PAC												
Full Name (Last, First, Middle Initial) A. MICHAEL HEBERT				Date o	f Re	aceint							
Mailing Address 200 SW Market Street							/ .	Y Y	V				
PO BOX 1271 M/SE12A				08 23 2013									
City	State	Zip Code		Transaction ID : A2013-3699739									
Portland	OR	97207		Amoun	t of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C					7		12	.00				
Name of Employer	Occupation	1											
Cambia Health Solutions Inc.	Manager												
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Primary General Other (specify)		204.00	11										
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Full Name (Last, First, Middle Initial) B. MICHAEL HEBERT				Data	4 D -								
Mailing Address 200 SW Market Street			_	Date o		· · ·	( ) Y		N				
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City	State	Zip Code		Transaction ID : A2013-3927800 Amount of Each Receipt this Period									
Portland	OR	97207											
FEC ID number of contributing federal political committee.	C					7		12	.00				
Name of Employer	Occupation	1											
Cambia Health Solutions Inc.	Manager												
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General		216.00	11.										
Other (specify)		216.00	4										
Full Name (Last, First, Middle Initial) C. MICHAEL HEBERT				Date o	of Re	eceipt							
Mailing Address 200 SW Market Street				M M	/		/ Y	Y Y	Y				
PO BOX 1271 M/SE12A City	State	Zip Code	_	09 Trans	eact	20 ion ID : /	A 2013-3	2013 927631					
Portland	OR	97207						is Period					
FEC ID number of contributing	0						bee pr ui		_				
federal political committee.	C			L.		9	7	12	2.00				
Name of Employer	Occupatior	1											
Cambia Health Solutions Inc.	Manager												
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Other (specify)		228.00											
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		Detailed Summary Page		<b>&lt;</b> 11a		11b	11c	12							
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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and a	ay not be sold or used by any p address of any political committe	e to se	for the plicit cor	purpo ntribu	ose of itions fi	soliciting rom such	contrib commi	utions ttee.						
NAME OF COMMITTEE (In Full)	_														
Cambia Health Solutions Inc.	. PAC														
Full Name (Last, First, Middle Initial)				Date of	Rec	ceipt									
Mailing Address 200 SW Market Street				M M		D D	/ Y	Y Y	Y						
PO BOX 1271 M/SE12A				10		04		2013							
City	State	Zip Code		Trans	actic	on ID :	A2013-3	986442							
Portland	OR	97207		Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С				. ,	,	7	1	2.00						
Name of Employer	Occupation	1													
Cambia Health Solutions Inc.	Manager														
Receipt For:	Aggregate	Year-to-Date <b>V</b>													
Primary General		240.00	11.												
Other (specify)		240.00	4												
Full Name (Last, First, Middle Initial) B. MICHAEL HEBERT				Date of	Dee	aint									
			_			·									
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A			10 18 2013												
City	State	Zip Code	Transaction ID : A2013-4103918												
Portland	OR	97207	Amount of Each Receipt this Period												
FEC ID number of contributing															
federal political committee.	С			L.		,		1:	2.00						
Name of Employer	Occupation	1	_												
Cambia Health Solutions Inc.	Manager														
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			11.												
Other (specify)		252.00	4												
Full Name (Last, First, Middle Initial) C. MICHAEL HEBERT				Date of	Rec	ceipt									
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 11	/	01	/ Y	2013	Y						
City	State	Zip Code			actio		A2013-4								
Portland	OR	97207					eceipt th		d						
FEC ID number of contributing															
federal political committee.	C					7		1	2.00						
Name of Employer	Occupation	1													
Cambia Health Solutions Inc.	Manager														
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Primary General		264.00	11												
Other (specify)		264.00													
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FEC Schedule A (Form 3X) Rev. 02/2003

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	NAME OF COMMITTEE (In Full)													
$ \rangle$	Cambia Health Solutions Inc. P	PAC												
<u> </u>	Full Name (Last, First, Middle Initial) MICHAEL HEBERT				Date c	of Re	ceint							
<b>~</b> .	Mailing Address 200 SW Market Street				M - N			/ V	V	Y	V			
	PO BOX 1271 M/SE12A				11	. ,	15	/ 1		013				
	City	State	Zip Code											
	Portland	OR	97207	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					,			12.	.00			
	Name of Employer	Occupation	1											
	Cambia Health Solutions Inc.	Manager												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		276.00	11										
			/J // // //	11										
B	Full Name (Last, First, Middle Initial) MICHAEL HEBERT				Date c	of Re	eceint							
	Mailing Address 200 SW Market Street				M N		DDD	/ Y	Y	Y	Y			
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	City	State	Zip Code		356	382								
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	FEC ID number of contributing federal political committee.	С					7			12.	.00			
	Name of Employer	Occupation	l											
	Cambia Health Solutions Inc.	Manager												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		288.00	11										
			, , , , , , , , , , , , , , , , , , , ,											
<u>с</u> .	Full Name (Last, First, Middle Initial) MICHAEL HEBERT				Date c	of Re	eceipt							
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				M 12	/	13	/ Y		)13	Y			
	City	State	Zip Code		Tran	sact	ion ID : /	A2013-4		_				
	Portland	OR	97207		Amour	nt of	Each Re	eceipt thi	is P	'eriod				
	FEC ID number of contributing federal political committee.	С					7	7		12	.00			
	Name of Employer	Occupation	1											
	Cambia Health Solutions Inc.	Manager												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary General		300.00	11										
	Other (specify)		300.00											
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s	UBTOTAL of Receipts This Page (optional)				L.,		7	7		36.	00			
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TOTAL This Period (last page this line number only)......

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 11b 11c							
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements ma	ay not be sold or used by any political committee	person	for the	purp	14 Dose of	15 soliciting	contribu	utions		
	NAME OF COMMITTEE (In Full)			eios			ulions	ITOITI SUCI		liee.		
	Cambia Health Solutions Inc. P	PAC										
Α.					Date of	f Re	ceipt					
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 12	/	27	D / Y	ү ү 2013	Y		
	City	State	Zip Code		Trans	sacti	on ID :	A2013-4	685360			
	Portland	OR	97207		Amoun	t of	Each F	Receipt th	is Perior	d		
	FEC ID number of contributing federal political committee.	С					9		1	2.00		
	Name of Employer	Occupation										
	Cambia Health Solutions Inc.	Manager										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		, 312.00									
в.	Full Name (Last, First, Middle Initial) MURPHY J HENSLEY				Date o	f Re	ceipt					
	Mailing Address 14905 NE 167TH STREET		м м 07	1	12		2013	Y				
	City	State	Zip Code		574520							
	WOODINVILLE	WA	98072		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С					9		8	1.88		
	Name of Employer Cambia Health Solutions Inc.	Occupation	WASHINGTON									
	Receipt For:	1	Year-to-Date ▼									
	Primary General Other (specify)	Aggregate	1146.32	1								
<u> </u>	Full Name (Last, First, Middle Initial) MURPHY J HENSLEY				Date o	f Re	ceipt					
	Mailing Address 14905 NE 167TH STREET				м м 07		26		2013	Y		
	City	State	Zip Code		Trans	sacti		A2013-3				
	WOODINVILLE	WA	98072		Amoun	t of	Each F	Receipt th	is Perio	d		
	FEC ID number of contributing federal political committee.	С					9		8	1.88		
	Name of Employer	Occupation										
	Cambia Health Solutions Inc.	VP SALES	WASHINGTON									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1228.20	]								
s	UBTOTAL of Receipts This Page (optional)								17:	5.76		

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	ny information copied from such Reports and S for commercial purposes, other than using the				for	the				ting co	ontribu				
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC													
Α.					Da	ite of	Re	eceipt							
	Mailing Address 14905 NE 167TH STREET				L	08		09	)	2	2013	Y			
	City WOODINVILLE	State WA	Zip Code 98072		Transaction ID : A2013-3574862           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						7			81	.88			
	Name of Employer Cambia Health Solutions Inc.	Occupation VP SALES	WASHINGTON												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1310.08	]											
в.	Full Name (Last, First, Middle Initial) MURPHY J HENSLEY				Da	ite of	Re	eceipt							
	Mailing Address 14905 NE 167TH STREET				08 23 2013										
	City WOODINVILLE	State WA	Zip Code 98072		Transaction ID : A2013-3699607 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C	30072		Am	nount	to	Each I	Receip	t this		.88			
	Name of Employer Cambia Health Solutions Inc.	Occupation VP SALES	WASHINGTON												
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 1391.96	]											
<u>с</u> .	Full Name (Last, First, Middle Initial) MURPHY J HENSLEY				Da	te of	Re	eceipt							
	Mailing Address 14905 NE 167TH STREET				M	09	1	06			2013	Y			
	City WOODINVILLE	State WA	Zip Code 98072					i <b>on ID</b> Each I							
	FEC ID number of contributing federal political committee.	С						7			81	1.88			
	Name of Employer	Occupation													
	Cambia Health Solutions Inc.          Receipt For:         Primary       General         Other (specify)		WASHINGTON Year-to-Date ▼ 1473.84												
s	UBTOTAL of Receipts This Page (optional)							7			245	.64			

TOTAL This Period (last page this line number only).....
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC		
Cambia Health Solutions Inc.       AD C         Receipt For:       Aggr         Primary       General         Other (specify) ▼       Image: Content of the specify of the specific of the specifi	I	Date of Receipt
Cambia Health Solutions Inc. AD C	1	Date of Receipt 07 26 2013 Transaction ID : A2013-3574755 Amount of Each Receipt this Period 30.00
Cambia Health Solutions Inc. AD C	1	Date of Receipt 08 09 2013 Transaction ID : A2013-3574926 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)......

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC		
Receipt For: Primary General Other (specify) ▼	Zip Code 98666 ion IPTVE INTEL & DSKTP ANALY ate Year-to-Date ▼ 510.00	Date of Receipt
Possint For:	Zip Code 98666 ion IPTVE INTEL & DSKTP ANALY ate Year-to-Date ▼ 540.00	Date of Receipt 09 06 2013 Transaction ID : A2013-3927732 Amount of Each Receipt this Period 30.00
Bossint For:	Zip Code 98666 ion IPTVE INTEL & DSKTP ANALY ate Year-to-Date ▼ 570.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		90.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Full Name (Last, First, Middle Initial)         ALEXIS HOFFBERGER         Mailing Address PO BOX 61803         City         VANCOUVER         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:		Zip Code 98666 // EINTEL & DSKTP ANALY // EINTEL & DSKTP ANALY	Date of Receipt 10 04 2013 Transaction ID : A2013-3986375 Amount of Each Receipt this Period 30.00
Primary General Other (specify) ▼		600.00	
Full Name (Last, First, Middle Initial) B. ALEXIS HOFFBERGER Mailing Address PO BOX 61803			Date of Receipt
City VANCOUVER	State WA	Zip Code 98666	Transaction ID : A2013-4103851
FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation AD COMPTV	E INTEL & DSKTP ANALY	Amount of Each Receipt this Period
Primary General Other (specify) ▼	,	630.00	
Full Name (Last, First, Middle Initial) C. ALEXIS HOFFBERGER			Date of Receipt
Mailing Address PO BOX 61803	State	Zip Code	11 01 2013 Transaction ID : A2013-4159574
VANCOUVER	WA	98666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer	Occupation		
Cambia Health Solutions Inc.	AD COMPTV	/E INTEL & DSKTP ANALY	
Receipt For: Primary General Other (specify)	Aggregate Y	éar-to-Date ▼ 660.00	
SUBTOTAL of Receipts This Page (optional)		•••••	90.00

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC		
VANCOUVER W FEC ID number of contributing federal political committee. C Name of Employer Occ Cambia Health Solutions Inc. AD C	ate Zip Code /A 98666 upation COMPTVE INTEL & DSKTP ANALY regate Year-to-Date ▼ 690.00	Date of Receipt
Full Name (Last, First, Middle Initial) ALEXIS HOFFBERGER Mailing Address PO BOX 61803 City VANCOUVER W FEC ID number of contributing federal political committee. C	ate Zip Code A 98666	Date of Receipt          11       27       2013         Transaction ID : A2013-4356316         Amount of Each Receipt this Period         30.00
Cambia Health Solutions Inc. AD C	upation COMPTVE INTEL & DSKTP ANALY regate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) ALEXIS HOFFBERGER Mailing Address PO BOX 61803		Date of Receipt
VANCOUVER W FEC ID number of contributing federal political committee. C Name of Employer Occ Cambia Health Solutions Inc. AD of Pageint Equ:	ate Zip Code /A 98666 upation COMPTVE INTEL & DSKTP ANALY regate Year-to-Date ▼ 750.00	12     13     2013       Transaction ID : A2013-4685131       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)......

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	C	
Cambia Health Solutions Inc.	State       Zip Code         WA       98666         C       Occupation         AD COMPTVE INTEL & DSKTP ANALY         Aggregate Year-to-Date ▼         780.00	Date of Receipt
Cambia Health Solutions Inc.	State       Zip Code         OR       97229         C       Occupation         DIR CLAIMS OPERATIONS         Aggregate Year-to-Date ▼	Date of Receipt
Cambia Health Solutions Inc.	210.00 State Zip Code OR 97229 C Occupation DIR CLAIMS OPERATIONS Aggregate Year-to-Date ▼	Date of Receipt 11 01 2013 Transaction ID : A2013-4159591 Amount of Each Receipt this Period 10.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	220.00	50.00

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page	2	< 11 13			11b 14	11c	-	12 16	<b>□</b> ₄ →		
A	ny information copied from such Reports and S	tatements ma	l ay not be sold or used by any pe	erson			pur		15 solicitin	 Ig cc	_	ions		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit	COI	ntrib	outions f	from suc	ch co	ommitt	ee.		
$\mathbb{N}$	NAME OF COMMITTEE (In Full)	• •												
$\backslash$	Cambia Health Solutions Inc. P.	AC												
A.	Full Name (Last, First, Middle Initial) JEFFREY HOLLISTER				Date		F Do	eceipt						
А.	Mailing Address 1775 NW 130TH AVE			_		M	_			v	Y	V		
						1		15	, , ,		2013	1		
	City	State	Zip Code	Transaction ID : A2013-4243573										
	PORTLAND	OR	97229	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						,		_	10	.00		
	Name of Employer	Occupation	I											
	Cambia Health Solutions Inc.	DIR CLAIM	S OPERATIONS											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify) ▼		230.00											
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_	Full Name (Last, First, Middle Initial)				_									
В.				_			f Re	eceipt						
	Mailing Address 1775 NW 130TH AVE				11 27 _2013 _									
	City	State	Zip Code		Transaction ID : A2013-4356333           Amount of Each Receipt this Period									
	PORTLAND	OR	97229											
	FEC ID number of contributing federal political committee.	С					7	5	_	10.	00			
	Name of Employer	Occupation	1	_										
	Cambia Health Solutions Inc.	DIR CLAIM	S OPERATIONS											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		240.00											
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<u>с</u> .	Full Name (Last, First, Middle Initial) JEFFREY HOLLISTER				Date	e of	f Re	eceipt						
	Mailing Address 1775 NW 130TH AVE					12	/	13			013	Y		
	City PORTLAND	State OR	Zip Code 97229	_				ion ID :						
		ÖK	97229	_	Amc	ount	t of	Each R	leceipt t	his F	<sup>2</sup> eriod			
	FEC ID number of contributing federal political committee.	С						7		_	10	.00		
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	DIR CLAIM	S OPERATIONS											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify)		250.00											
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s	UBTOTAL of Receipts This Page (optional)		▶					7		-	30.	00		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC										
Α.	Full Name (Last, First, Middle Initial) JEFFREY HOLLISTER Mailing Address 1775 NW 130TH AVE			Date of Receipt								
City PORTLAND		State OR	Zip Code 97229	12     27     2013       Transaction ID : A2013-4685311       Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		S OPERATIONS Year-to-Date ▼ 260.00									
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A City	State	Zip Code	07 12 2013 Transaction ID : A2013-3574656								
	Portland FEC ID number of contributing federal political committee.	OR	97207	Amount of Each Receipt this Period								
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager		_								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00									
<u>с</u> .	Full Name (Last, First, Middle Initial) THOMAS HOLT			Date of Receipt								
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A	01.1		07 / D D / Y Y Y Y Y 26 / 2013								
	City Portland	State OR	Zip Code 97207	Transaction ID : A2013-3574827           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		20.00								
	Name of Employer Cambia Health Solutions Inc.	Occupation Manager										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00									
s	UBTOTAL of Receipts This Page (optional)		•	50.00								

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••			Detailed Summary Page		X	11a		11b	11c	$\vdash$	12						
Ar	y information copied from such Reports and S	Statements ma	Ay not be sold or used by any pe	erson	n fe	13 or the	pur	14 pose of	15 soliciting	 g co	16 ntribu	tions	17				
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to s	sol	icit co	ntrik	outions	from suc	h cc	mmit	ee.					
$ \rangle$	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P																
$\vee$	Cambia Health Solutions Inc. 1																
A.	Full Name (Last, First, Middle Initial) THOMAS HOLT					Date o	of Re	eceipt									
	Mailing Address 200 SW Market Street				h	M M	_	D . [	) / Y	Y	Y	Y					
	PO BOX 1271 M/SE12A				l	08		09		2	013						
	City	State	Zip Code	Transaction ID : A2013-3574998           Amount of Each Receipt this Period													
	Portland	OR	97207														
	FEC ID number of contributing federal political committee.	С		20.00													
	Name of Employer	Occupation															
	Cambia Health Solutions Inc.	Manager															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General		320.00														
	Other (specify)		7 7 7														
_	Full Name (Last, First, Middle Initial)																
В.	THOMAS HOLT				D	Date o	f Re	eceipt									
	Mailing Address 200 SW Market Street				ľ	M M	/	DE	) / Y	Y	Y	Y					
	PO BOX 1271 M/SE12A		08 23 2013														
	City	State OR	Zip Code		Transaction ID : A2013-3699743 Amount of Each Receipt this Period												
	Portland										'eriod						
	FEC ID number of contributing federal political committee.	e e e e e e e e e e e e e e e e e e e									20.00						
	Name of Employer	Occupation	l														
	Cambia Health Solutions Inc.	Manager															
	Receipt For:	Aggregate	Year-to-Date ▼														
	Primary General		340.00														
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,														
c.	Full Name (Last, First, Middle Initial) THOMAS HOLT				Г	Date o	of Re	eceint									
•.	Mailing Address 200 SW Market Street				h	M M		D	) / Y	Y	Y	Y					
	PO BOX 1271 M/SE12A				l	09		06			013						
	City	State	Zip Code			Tran	sact	tion ID :	A2013-3	3927	804						
	Portland	OR	97207	_	A	moun	t of	Each F	Receipt th	nis F	'eriod						
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	federal political committee.				ł			7									
	Name of Employer	Occupation															
	Cambia Health Solutions Inc.	Manager															
	Receipt For: Primary General	Aggregate Year-to-Date ▼															
	Other (specify)		360.00														
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		Detailed Summary Page		11a	11b	11c	12	r						
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Any information copied from such Reports or for commercial purposes, other than us	and Statements mains the name and a	ay not be sold or used by any p address of any political committee	erson t e to so	tor the licit co	purpose on ntributions	t soliciting from such	contrib comm	outio littee	ns e.					
NAME OF COMMITTEE (In Full)														
Cambia Health Solutions Ir	nc. PAC													
Full Name (Last, First, Middle Initial) A. THOMAS HOLT				Date of	f Receipt									
Mailing Address 200 SW Market Street				M M	/ D	D / Y	Y Y	Y						
PO BOX 1271 M/SE12			09 20 2013											
City	State	Zip Code	Transaction ID : A2013-3927635											
Portland	OR	97207	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C						2	20.0	0					
Name of Employer	Occupation	l												
Cambia Health Solutions Inc.	Manager													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11.											
Other (specify)		380.00	4											
Full Name (Last, First, Middle Initial) B. THOMAS HOLT				Data of	f Receipt									
Mailing Address 200 SW Market Street			-				Y Y	v	_					
PO BOX 1271 M/SE12	2A			10	04		_2013	= Y						
City	State	Zip Code		Transaction ID : A2013-3986446										
Portland	OR	97207		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C						2	20.00	0					
Name of Employer	Occupation	1	_											
Cambia Health Solutions Inc.	Manager													
Receipt For:		Year-to-Date ▼												
Primary General	/ iggi oguto		11.											
Other (specify)		400.00												
Full Name (Last, First, Middle Initial) C. THOMAS HOLT				Date of	f Receipt									
Mailing Address 200 SW Market Street				M M	/ D	D / Y	Y Y	Y						
PO BOX 1271 M/SE12				10	18	;	2013	_						
City Portland	State OR	Zip Code 97207			saction ID									
	ÖK	97207		Amoun	t of Each I	Receipt thi	is Peric	d						
FEC ID number of contributing federal political committee.	С					7	:	20.0	0					
Name of Employer	Occupation	l												
Cambia Health Solutions Inc.	Manager													
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11.											
Other (specify)		420.00												
SUBTOTAL of Receipts This Page (option	nal)				· · · ·	- 7	6	60.00	)					

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	Detailed Summary Page	
Any information conied from such Departs	and Statements may not be cold or used by	any person for the purpose of soliciting contributions
		imittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Cambia Health Solutions I	nc. PAC	
Full Name (Last, First, Middle Initial) A. THOMAS HOLT		Date of Receipt
Mailing Address 200 SW Market Street		M = M / D = D / Y = Y = Y
PO BOX 1271 M/SE12	A State Zip Code	11 01 2013
City Portland	OR 97207	Transaction ID : A2013-4159645 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Cambia Health Solutions Inc.	Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	440.0	0
Full Name (Last, First, Middle Initial) B. THOMAS HOLT		Date of Receipt
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12		M         M         /         D         /         Y
City	State Zip Code OR 97207	Transaction ID : A2013-4243627
Portland	OR 97207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Cambia Health Solutions Inc.	Occupation Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.0	0
Full Name (Last, First, Middle Initial) C. THOMAS HOLT		Date of Receipt
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12	A	M M / D D / Y Y Y Y 11 27 2013
City	State Zip Code	Transaction ID : A2013-4356386
Portland	OR 97207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Cambia Health Solutions Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	480.0	0
SUBTOTAL of Receipts This Page (optic	nal)	60.00

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Α.	THOMAS HOLT			_	Date of Receipt															
	Mailing Address 200 SW Market Street				M N	1				Y .	Y									
	PO BOX 1271 M/SE12A City	State	Zip Code	-	12     13     2013       Transaction ID : A2013-4685200       Amount of Each Receipt this Period															
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	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC										
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Mailing Address 921 STRIKE WAY				07 26 2013								
	City KUNA	State ID	Zip Code 83634	Transaction ID : A2013-3574716 Amount of Each Receipt this Period								
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	Cambia Health Solutions Inc.	MGR MAR	KETING CLIENT SERVICES									
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	Mailing Address 921 STRIKE WAY			08 09 2013								
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.										
Full Name (Last, First, Middle Initial) WENDI HOMAN Mailing Address 921 STRIKE WAY City KUNA FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc.	State ID C Occupation MGR MARK	Zip Code 83634 KETING CLIENT SERVICE	ES			/ sactio	18 0n ID :		nis Perioc	
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FEC Schedule A (Form 3X) Rev. 02/2003

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Full Name (Last, First, Middle Initial)         WENDI HOMAN         Mailing Address 921 STRIKE WAY         City         KUNA         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         ID       83634         C       Occupation         MGR MARKETING CLIENT SERVICES         Aggregate Year-to-Date ▼         360.00	Date of Receipt
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Full Name (Last, First, Middle Initial)         WENDI HOMAN         Mailing Address 921 STRIKE WAY         City         KUNA         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         ID       83634         C       Occupation         Occupation       MGR MARKETING CLIENT SERVICES         Aggregate Year-to-Date ▼       390.00	Date of Receipt          12       27       2013         Transaction ID : A2013-4685256         Amount of Each Receipt this Period         15.00
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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FEC Schedule A (Form 3X) Rev. 02/2003

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в.	Full Name (Last, First, Middle Initial) CHERYL HUGHES Mailing Address 44505 W MCCULLY MT DR				Date of	f Re	DI		204		Y
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC		
Α.	Full Name (Last, First, Middle Initial)         CHERYL HUGHES         Mailing Address 44505 W MCCULLY MT DR         City         LYONS         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97358 ROGATION/OPL Year-to-Date ▼ 230.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial)         CHERYL HUGHES         Mailing Address 44505 W MCCULLY MT DR         City         LYONS         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97358 ROGATION/OPL Year-to-Date ▼ 240.00	Date of Receipt
C.	Full Name (Last, First, Middle Initial)         CHERYL HUGHES         Mailing Address 44505 W MCCULLY MT DR         City         LYONS         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97358 ROGATION/OPL Year-to-Date ▼ 250.00	Date of Receipt          M12       13       2013         Transaction ID : A2013-4685139         Amount of Each Receipt this Period         10.00
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FEC Schedule A (Form 3X) Rev. 02/2003

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FEC Schedule A (Form 3X) Rev. 02/2003

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
в.	Full Name (Last, First, Middle Initial) DOUGLAS HYDE			Date of Receipt
	Mailing Address 2008 N JUSTIN WAY	Otata	7. 0.4	12 13 2013
	City MERIDIAN	State ID	Zip Code 83642-8040	Transaction ID : A2013-4685147
	FEC ID number of contributing federal political committee.	C	03042-0040	Amount of Each Receipt this Period
	Name of Employer Cambia Health Solutions Inc.	Occupation MGR NEW		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	]
с.	Full Name (Last, First, Middle Initial) DOUGLAS HYDE	1		Date of Receipt
	Mailing Address 2008 N JUSTIN WAY			12 27 2013
	City MERIDIAN	State ID	Zip Code 83642-8040	Transaction ID : A2013-4685310 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation	I	
	Cambia Health Solutions Inc.	MGR NEW	SALES GB	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	
s	UBTOTAL of Receipts This Page (optional)			90.00

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

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Use separate schedule(s)

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		ay not be sold or used by any p ddress of any political committe	erson e to so	for the	pu	rpose c	of solicitir	ng contrib	utions									
NAME OF COMMITTEE (In Full) Cambia Health Solutions Ir	nc. PAC																	
A. Full Name (Last, First, Middle Initial) ALEXANDER JOHNSON Mailing Address 13377 ALPINE COVE I	XANDER JOHNSON							Date of Receipt										
City ALPINE	State UT	Zip Code 84004		10     18     2013       Transaction ID : A2013-4103791       Amount of Each Receipt this Period														
FEC ID number of contributing federal political committee.	С					7	5	1	0.00									
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	I	EXTRNL AUDIT/INVEST Year-to-Date ▼ 210.00	]															
B. Full Name (Last, First, Middle Initial) ALEXANDER JOHNSON Mailing Address 13377 ALPINE COVE I	DRIVE			Date o		/ D		<b>201</b> 2	Y									
City ALPINE								11         01         2013           Transaction ID : A2013-4159514           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C					0.00												
Name of Employer Cambia Health Solutions Inc.	Occupation ASST DIR I	EXTRNL AUDIT/INVEST																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	1															
Full Name (Last, First, Middle Initial) C. ALEXANDER JOHNSON				Date o	f R	eceipt												
Mailing Address 13377 ALPINE COVE	DRIVE	Zip Code		11 Trong			5	2013	Y									
ALPINE	UT	84004						4243496	d									
FEC ID number of contributing federal political committee.	C					3		1	0.00									
Name of Employer Cambia Health Solutions Inc.	Occupation ASST DIR	EXTRNL AUDIT/INVEST																
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	]															
SUBTOTAL of Receipts This Page (optio	nal)				1	7	7	3	0.00									

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## SCHEDULE A (FEC Form 3X) MIZED DECEIDTO

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	11	ł	11c	12	17	
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NAME OF COMMITTEE (In Full) Cambia Health Solutions I										
A. ALEXANDER JOHNSON					f Recei					
Mailing Address 13377 ALPINE COVE	State	Zip Code	4	11 Trong	JL	27		2013	Y	
ALPINE	UT	84004	A	Transaction ID : A2013-4356256           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C					_	7	1	0.00	
Name of Employer	Occupation	I								
Cambia Health Solutions Inc.	ASST DIR	EXTRNL AUDIT/INVEST								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		240.00								
Full Name (Last, First, Middle Initial)           B.         ALEXANDER JOHNSON				Date o	f Recei	pt				
Mailing Address 13377 ALPINE COVE	DRIVE			м м 12	/	13		y y 2013	Y	
City	State	Zip Code		Trans	action	ID :	A2013-4	685073		
ALPINE	UT	84004	/	Amoun	t of Ea	ch F	Receipt th	is Period	ł	
FEC ID number of contributing federal political committee.	C				1(	0.00				
Name of Employer	Occupation	I								
Cambia Health Solutions Inc.	ASST DIR I	EXTRNL AUDIT/INVEST								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00								
Full Name (Last, First, Middle Initial) C. ALEXANDER JOHNSON				Date o	f Recei	pt				
Mailing Address 13377 ALPINE COVE	DRIVE			м м 12	/	27		ү ү 2013	Y	
City ALPINE	State UT	Zip Code 84004	A				: A2013-4 Receipt th		ł	
FEC ID number of contributing federal political committee.	C					_			0.00	
Name of Employer	Occupation	1								
Cambia Health Solutions Inc.	ASST DIR	EXTRNL AUDIT/INVEST								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00								
SUBTOTAL of Receipts This Page (opti	onal)							30	0.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) JON JOHNSON Mailing Address 3770 N FRANDON AVE	State	Zip Code	Date of Receipt
	MERIDIAN FEC ID number of contributing	ID	83642	Transaction ID : A2013-3574564          Amount of Each Receipt this Period          20.00
	federal political committee. Name of Employer	Occupation		
	Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	Aggregate	WALS Year-to-Date ▼ 280.00	
в.	Full Name (Last, First, Middle Initial) JON JOHNSON Mailing Address 3770 N FRANDON AVE			Date of Receipt
			7. 0.1	07 26 2013
	City MERIDIAN	State ID	Zip Code 83642	Transaction ID : A2013-3574735 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Cambia Health Solutions Inc.	Occupation MGR RENE		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
с.	Full Name (Last, First, Middle Initial) JON JOHNSON			Date of Receipt
	Mailing Address 3770 N FRANDON AVE			08 09 2013
	City MERIDIAN	State ID	Zip Code 83642	Transaction ID : A2013-3574906 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00	
s	SUBTOTAL of Receipts This Page (optional)		•••••	60.00

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS	for each categ Detailed Sumn		X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions	Inc. PAC		
A. JON JOHNSON Mailing Address 3770 N FRANDON			Date of Receipt
City	State Zip Code		Transaction ID : A2013-3699651
MERIDIAN	ID 83642		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation		_
Cambia Health Solutions Inc.	MGR RENEWALS		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	340.00	
Full Name (Last, First, Middle Initia           JON JOHNSON           Mailing Address 3770 N FRANDON			Date of Receipt
0:1-			09 06 2013
City MERIDIAN	State Zip Code ID 83642		Transaction ID : A2013-3927712
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer Cambia Health Solutions Inc.	Occupation MGR RENEWALS		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	360.00	
Full Name (Last, First, Middle Initia C. JON JOHNSON	)		Date of Receipt
Mailing Address 3770 N FRANDON	AVE		09 20 2013
City MERIDIAN	StateZip CodeID83642		Transaction ID : A2013-3927544 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation		_
Cambia Health Solutions Inc.	MGR RENEWALS		
Receipt For:	Aggregate Year-to-Date ▼	200.00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (c	ptional)	380.00	60.00

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

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			for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17			
	rmation copied from such Reports and Sommercial purposes, other than using the												
	E OF COMMITTEE (In Full) mbia Health Solutions Inc. P	AC											
A. JON	Name (Last, First, Middle Initial) N JOHNSON ng Address 3770 N FRANDON AVE			Date of Receipt									
City MER	IDIAN	State ID	Zip Code 83642										
	ID number of contributing al political committee.	С					7	7	2	0.00			
	e of Employer bia Health Solutions Inc.	Occupation MGR RENE											
Rece	ipt For: Primary General Other (specify) <del>V</del>	Aggregate	Year-to-Date ▼ 400.00										
B. JOI	Name (Last, First, Middle Initial) N JOHNSON			D	ate o	f Re	ceipt						
	ng Address 3770 N FRANDON AVE				м м 10	/	D 18		2013	Y			
City MER	IDIAN	State ID	Zip Code 83642		103831 his Period	d							
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Camb	e of Employer bia Health Solutions Inc.	Occupation MGR RENE											
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	]									
	Jame (Last, First, Middle Initial) N JOHNSON			D	ate o	f Re	ceipt						
Mailir	ng Address 3770 N FRANDON AVE				м м 11	/	D -		2013	Y			
City MER	RIDIAN	State ID	Zip Code 83642					: <b>A2013-</b> Receipt t		d			
	ID number of contributing al political committee.	С					,	7	2	0.00			
	e of Employer	Occupation											
	bia Health Solutions Inc.	Aggregate	Year-to-Date ▼	_									
	Primary General Other (specify)		440.00										
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Δ.	y information copied from such Reports and	Statemonto m	w not be sold or used by any n	orson	13 for the		14	15 soliciting	16	17 utions					
	for commercial purposes, other than using th														
	NAME OF COMMITTEE (In Full)														
$\langle \rangle$	Cambia Health Solutions Inc. F	PAC													
Α.	Full Name (Last, First, Middle Initial) JON JOHNSON				Date o	f Re	eceipt								
	Mailing Address 3770 N FRANDON AVE				M M	/	15	/ Y	2013	Y					
	City	State	Zip Code	Transaction ID : A2013-4243536											
	MERIDIAN	ID	83642					eceipt th		I					
	FEC ID number of contributing federal political committee.	С		20.00											
	Name of Employer	Occupation	1	_											
	Cambia Health Solutions Inc.	MGR REN	EWALS												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11											
	Other (specify)		460.00	4											
B	Full Name (Last, First, Middle Initial) JON JOHNSON	1			Date o	f Re	eceint								
	Mailing Address 3770 N FRANDON AVE				M M		DD	/ Y	Y Y	Y					
				11 27 2013											
	City	State	Zip Code		Trans	act	ion ID :	A2013-43	356296						
	MERIDIAN	ID	83642		Amoun	t of	Each R	eceipt th	is Perioc	I					
	FEC ID number of contributing federal political committee.	С					7	7	20	0.00					
	Name of Employer	Occupation	1												
	Cambia Health Solutions Inc.	MGR RENE	EWALS												
	Receipt For:	Aggregate	Year-to-Date <b>V</b>												
	Primary General		400.00	11.											
	Other (specify)		480.00												
c.	Full Name (Last, First, Middle Initial) JON JOHNSON				Date o	f Re	eceipt								
	Mailing Address 3770 N FRANDON AVE				м м 12	/	13	/ Y	2013	Y					
	City	State	Zip Code		Trans	sact	ion ID :	A2013-4	685113						
	MERIDIAN	ID	83642		Amoun	t of	Each R	eceipt th	is Perioc	1					
	FEC ID number of contributing federal political committee.	С					7	7	20	0.00					
	Name of Employer	Occupation	1												
	Cambia Health Solutions Inc.	MGR REN	EWALS												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11											
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TIEMIZED RECEIPTS	ZED RECEIPTS for each category of the Detailed Summary Page						11c	12 16	17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC								
Full Name (Last, First, Middle Initial)         JON JOHNSON         Mailing Address 3770 N FRANDON AVE         City         MERIDIAN         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State ID C Occupation MGR RENE Aggregate				sact	27 ion ID :	A2013-4	nis Period	
Full Name (Last, First, Middle Initial)         B. JODI JONES         Mailing Address 2110 RIDGEWAY DRIVE         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 83501 /IDER CONTRACTING Year-to-Date ▼ 210.00			/	18 ion ID :	A2013-4 Receipt th	nis Period	d 0.00
Full Name (Last, First, Middle Initial)         C.       JODI JONES         Mailing Address 2110 RIDGEWAY DRIVE         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 83501 VIDER CONTRACTING Year-to-Date ▼ 220.00			sact	01		nis Period	d 0.00
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		Detailed Summary Page		< 11a		11b	11c		12					
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NAME OF COMMITTEE (In Full)														
Cambia Health Solutions Inc	. PAC													
Full Name (Last, First, Middle Initial) A. JODI JONES			Date o	f Re	eceipt									
Mailing Address 2110 RIDGEWAY DRIVE			11         15         2013           Transaction ID : A2013-4243519											
City	State	Zip Code												
LEWISTON	ID	83501		Amoun	t of	Each F	Receipt th	nis Pe	riod					
FEC ID number of contributing federal political committee.	C					7			10.0	00				
Name of Employer	Occupation	1												
Cambia Health Solutions Inc.	MGR PRO	/IDER CONTRACTING												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		230.00	]											
Full Name (Last, First, Middle Initial) B. JODI JONES				Date o	f Re	eceipt								
Mailing Address 2110 RIDGEWAY DRIVE			M         M         /         P         /         Y											
City	State	Zip Code		Trans	acti	ion ID :	A2013-4	35627	79					
LEWISTON	ID	83501		Amoun	t of	Each F	Receipt th	nis Pe	riod					
FEC ID number of contributing federal political committee.	С		10.00											
Name of Employer	Occupation	1												
Cambia Health Solutions Inc.	MGR PROV	/IDER CONTRACTING												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General		040.00	11											
Other (specify)		, 240.00												
Full Name (Last, First, Middle Initial) C. JODI JONES				Date o	f Re	eceipt								
Mailing Address 2110 RIDGEWAY DRIVE	E			м м 12	/	13		y 201	ү  3	Y				
City	State	Zip Code		Trans	sact	ion ID :	A2013-4	16850	96					
LEWISTON	ID	83501	_	Amoun	t of	Each F	Receipt th	nis Pe	riod					
FEC ID number of contributing federal political committee.	С					,	7	_	10.	00				
Name of Employer	Occupation	1	_											
Cambia Health Solutions Inc.	MGR PRO	VIDER CONTRACTING												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		, 250.00	]											
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC		
LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer       Oc         Cambia Health Solutions Inc.       MC         Receipt For:       Ag         Primary       General         Other (specify) ▼       C	State Zip Code ID 83501 Cupation GR PROVIDER CONTRACTING Igregate Year-to-Date ▼ 260.00	Date of Receipt 12 27 2013 Transaction ID : A2013-4685258 Amount of Each Receipt this Period 10.00
PORTLAND FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:	State Zip Code DR 97202 Cupation GR CLINICAL PHARMACY Igregate Year-to-Date ▼ 210.00	Date of Receipt
PORTLAND FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc.	State Zip Code OR 97202 Cupation SR CLINICAL PHARMACY Igregate Year-to-Date ▼ 225.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	40.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) SEAN KARBOWICZ Mailing Address 3625 SE TOLMAN	AN KARBOWICZ									
		Chata	Zin Onda	08 / D D / Y Y Y Y 2013							
	City PORTLAND	State OR	Zip Code 97202	Transaction ID : A2013-3574915 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	MGR CLIN	ICAL PHARMACY								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		240.00								
в.	Full Name (Last, First, Middle Initial) SEAN KARBOWICZ			Date of Receipt							
	Mailing Address 3625 SE TOLMAN			08 23 _2013 _							
	City	State	Zip Code	Transaction ID : A2013-3699660							
	PORTLAND	OR	97202	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation	1								
	Cambia Health Solutions Inc.	MGR CLINI	CAL PHARMACY								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3 - 4									
	Other (specify)		255.00								
с.	Full Name (Last, First, Middle Initial) SEAN KARBOWICZ			Date of Receipt							
	Mailing Address 3625 SE TOLMAN			M M / D D / Y Y Y Y 09 06 2013							
	City	State	Zip Code	Transaction ID : A2013-3927721							
	PORTLAND	OR	97202	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		15.00							
	Name of Employer	Occupation	1								
	Cambia Health Solutions Inc.	MGR CLIN	ICAL PHARMACY								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		270.00								
s	UBTOTAL of Receipts This Page (optional)			45.00							

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions et o solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC												
Α.	Full Name (Last, First, Middle Initial)         SEAN KARBOWICZ         Mailing Address 3625 SE TOLMAN			Date of Receipt										
	City PORTLAND	State OR	Zip Code 97202	09     20     2013       Transaction ID : A2013-3927553       Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer Cambia Health Solutions Inc. Receipt For:		CAL PHARMACY											
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 285.00											
в.	Full Name (Last, First, Middle Initial) SEAN KARBOWICZ			Date of Receipt										
	Mailing Address 3625 SE TOLMAN													
		State OR	Zip Code	Transaction ID : A2013-3986364 Amount of Each Receipt this Period										
	PORTLAND FEC ID number of contributing federal political committee.	С	97202	Amount of Each Receipt this Period										
	Name of Employer Cambia Health Solutions Inc.	Occupation MGR CLINI	CAL PHARMACY											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00											
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt										
	Mailing Address 3625 SE TOLMAN			M = M         /         D = D         /         Y = Y = Y = Y         Y           10         18         2013										
	City PORTLAND	State OR	Zip Code 97202	Transaction ID : A2013-4103840 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		15.00										
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		ICAL PHARMACY Year-to-Date ▼ 315.00	]										
s	UBTOTAL of Receipts This Page (optional)			45.00										

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and s for commercial purposes, other than using th			erson for the purpose of soliciting contributions et o solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	AC											
Α.	Full Name (Last, First, Middle Initial)           SEAN KARBOWICZ           Mailing Address 3625 SE TOLMAN			Date of Receipt									
	City PORTLAND	State OR	Zip Code 97202	11     01     2013       Transaction ID : A2013-4159563       Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С											
	Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation MGR CLINI	CAL PHARMACY										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00										
в.	Full Name (Last, First, Middle Initial) SEAN KARBOWICZ			Date of Receipt									
	Mailing Address 3625 SE TOLMAN												
	City PORTLAND	State OR	Zip Code 97202	Transaction ID : A2013-4243545									
	FEC ID number of contributing federal political committee.	C	51202	Amount of Each Receipt this Period									
	Name of Employer Cambia Health Solutions Inc.	Occupation MGR CLINI	CAL PHARMACY										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00										
с.	Full Name (Last, First, Middle Initial) SEAN KARBOWICZ			Date of Receipt									
	Mailing Address 3625 SE TOLMAN			11 27 2013									
	City PORTLAND	State OR	Zip Code 97202	Transaction ID : A2013-4356305 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		15.00									
	Name of Employer	Occupation											
	Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		ICAL PHARMACY Year-to-Date ▼ 360.00	]									
s	UBTOTAL of Receipts This Page (optional)		•	45.00									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	кС	
Full Name (Last, First, Middle Initial)         SEAN KARBOWICZ         Mailing Address 3625 SE TOLMAN         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97202         C       Occupation         MGR CLINICAL PHARMACY         Aggregate Year-to-Date ▼         375.00	Date of Receipt          M       /       D       /       Y       Y       Y         12       13       2013       2013       Transaction ID : A2013-4685121         Amount of Each Receipt this Period       15.00       15.00
Full Name (Last, First, Middle Initial)         SEAN KARBOWICZ         Mailing Address 3625 SE TOLMAN         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97202         C       Occupation         MGR CLINICAL PHARMACY         Aggregate Year-to-Date ▼         390.00	Date of Receipt
Full Name (Last, First, Middle Initial)         SCOTT D KREILING         Mailing Address 6638 57TH AVENUE NE         City         SEATTLE         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         WA       98115         C       Occupation         DIR SALES       Aggregate Year-to-Date ▼         1050.00       1050.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	105.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	2	< 11a		11b	11c		2	<u> </u>			
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	for commercial purposes, other than using the													
$\left[ \right]$	NAME OF COMMITTEE (In Full)													
	Cambia Health Solutions Inc. P.	AC												
Α.	Full Name (Last, First, Middle Initial) SCOTT D KREILING				Date o	f Re	eceipt							
	Mailing Address 6638 57TH AVENUE NE			07 26 Y Y Y Y Y 27 26 2013										
	City	State	Zip Code			sact		A2013-3						
	SEATTLE	WA	98115	_	riod									
	FEC ID number of contributing federal political committee.	С					7	75.00						
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	DIR SALES												
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	Mailing Address 6638 57TH AVENUE NE				08		09		_201	3	Ŷ			
	City	State	Zip Code			act		A2013-3						
	SEATTLE	WA	98115		Amoun	t of	Each F	Receipt th	nis Per	riod				
	FEC ID number of contributing federal political committee.	С			75.0	00								
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	DIR SALES												
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<u>с</u> .	Full Name (Last, First, Middle Initial)				Date o	f Re	eceipt							
	Mailing Address 6638 57TH AVENUE NE				M M 08		23		y 201		Y			
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	SEATTLE	WA	98115		Amoun	t of	Each F	Receipt th	nis Per	riod				
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	Other (specify)		1275.00											
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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11E	MIZED RECEIPTS	D RECEIPTS for each category of the Detailed Summary Page							12 16	17			
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	AME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P/	٩C											
A	ull Name (Last, First, Middle Initial) SCOTT D KREILING ailing Address 6638 57TH AVENUE NE			Date of Receipt									
Ci S	ty EATTLE	State WA	Zip Code 98115	Transaction ID : A2013-3927664 Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С					,	7	7	75.00			
Ca	ame of Employer ambia Health Solutions Inc. eceipt For: Primary General	Occupation DIR SALES Aggregate		_									
	Other (specify) ▼		1350.00										
<b>B</b> S	ailing Address 6638 57TH AVENUE NE				Date o M M	f Rec	eipt 20		_ 2013	Y			
Ci S	ty EATTLE	State WA	Zip Code 98115		Transaction ID : A2013-3927497 Amount of Each Receipt this Period								
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Ca	ame of Employer ambia Health Solutions Inc.	Occupation DIR SALES											
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1425.00										
<b>c</b> 5	III Name (Last, First, Middle Initial) SCOTT D KREILING			C	Date o	f Rec	eipt						
Mi Ci	ailing Address 6638 57TH AVENUE NE	State	Zip Code		м м 10		04		2013				
	EATTLE	WA	98115	A				: <b>A2013-3</b> Receipt th					
	EC ID number of contributing deral political committee.	С					,	7	7	75.00			
	ame of Employer ambia Health Solutions Inc.	Occupation DIR SALES											
-	eceipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1500.00										
	BTOTAL of Receipts This Page (optional)				-		,	· · ·	22	5.00			

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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•••			Detailed Summary Page		11a	11b	11c								
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	ny information copied from such Reports and S for commercial purposes, other than using the														
$\setminus$	NAME OF COMMITTEE (In Full)														
Ż	Cambia Health Solutions Inc. P.	AC													
Α.	Full Name (Last, First, Middle Initial) SCOTT D KREILING				Data of	f Receipt									
ς.	Mailing Address 6638 57TH AVENUE NE			- '			D / Y	Y	Y	Y					
				10 18 2013											
	City SEATTLE	State WA	Zip Code 98115				: A2013-4								
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	Cambia Health Solutions Inc.	DIR SALES	5												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		1575.00												
			AT	<u>ا</u>											
R	Full Name (Last, First, Middle Initial) SCOTT D KREILING				Date of	f Receipt									
υ.	Mailing Address 6638 57TH AVENUE NE					· ·	D / Y	Y	Y	Y					
				11 01 2013 Transaction ID : A2013-4159508											
	City	State	Zip Code												
	SEATTLE	WA	98115	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				_	75	.00							
	Name of Employer Cambia Health Solutions Inc.	Occupation DIR SALES													
	Receipt For:		Year-to-Date ▼	_											
	Primary General	Ayyreyale		1											
	Other (specify)		1650.00												
c.	Full Name (Last, First, Middle Initial) SCOTT D KREILING				Date of	f Receipt									
	Mailing Address 6638 57TH AVENUE NE				м м 11	/ D 1			)13	Y					
	City	State	Zip Code				: A2013-4								
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	Name of Employer	Occupation													
	Cambia Health Solutions Inc.	DIR SALES	3	_											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		1725.00												
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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420

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC		
Α.				Date of Receipt
	Mailing Address 6638 57TH AVENUE NE	State	Zip Code	11 27 2013
	SEATTLE	WA	98115	Transaction ID : A2013-4356250           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc. Receipt For:	DIR SALES	Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify)		1800.00	
в.	Full Name (Last, First, Middle Initial) SCOTT D KREILING			Date of Receipt
	Mailing Address 6638 57TH AVENUE NE			12 13 _2013 _
	City	State	Zip Code	Transaction ID : A2013-4685067
	SEATTLE	WA	98115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer Cambia Health Solutions Inc.	Occupation DIR SALES		_
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1875.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) SCOTT D KREILING			Date of Receipt
	Mailing Address 6638 57TH AVENUE NE			12 27 _2013 _
	City	State	Zip Code	Transaction ID : A2013-4685229
	SEATTLE	WA	98115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation		
	Cambia Health Solutions Inc. Receipt For:	DIR SALES		
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1950.00	
s	UBTOTAL of Receipts This Page (optional)		•••••	225.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	AC											
Α.	Full Name (Last, First, Middle Initial) ROBERT KUECKER Mailing Address 9611 BLAKE PLACE			Date of Receipt									
	City	State	Zip Code	10 18 2013 Transaction ID : A2013-4103818									
	EDMONDS	WA	98020	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		10.00									
	Name of Employer	Occupation											
	Cambia Health Solutions Inc.	VP UNDER	WRITING										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		210.00										
в.	Full Name (Last, First, Middle Initial) ROBERT KUECKER			Date of Receipt									
	Mailing Address 9611 BLAKE PLACE			11 01 2013									
	City	State WA	Zip Code	Transaction ID : A2013-4159541									
	EDMONDS	VVA	98020	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C		10.00									
	Name of Employer	Occupation											
	Cambia Health Solutions Inc.	VP UNDER	WRITING										
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	Primary General Other (specify) ▼		220.00										
с.	Full Name (Last, First, Middle Initial)			Date of Receipt									
	Mailing Address 9611 BLAKE PLACE			11 15 2013									
	City EDMONDS	State WA	Zip Code 98020	Transaction ID : A2013-4243523 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		10.00									
	Name of Employer	Occupation											
	Cambia Health Solutions Inc.	VP UNDER	WRITING										
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	Primary General Other (specify) ▼		230.00										
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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC							
Α.	Full Name (Last, First, Middle Initial) ROBERT KUECKER Mailing Address 9611 BLAKE PLACE	ROBERT KUECKER							
	City	State	Zip Code	11 27 2013 Transaction ID : A2013-4356283					
	EDMONDS	WA	98020	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer	Occupation							
	Cambia Health Solutions Inc.	VP UNDER	WRITING						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00						
в.	Full Name (Last, First, Middle Initial) ROBERT KUECKER			Date of Receipt					
	Mailing Address 9611 BLAKE PLACE			12 13 Y Y Y Y Y 12 13 2013					
	City	State	Zip Code	Transaction ID : A2013-4685100					
	EDMONDS	WA	98020	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer	Occupation	 						
	Cambia Health Solutions Inc.	VP UNDER	WRITING						
	Receipt For:	Aggregate	Year-to-Date <b>V</b>						
	Primary General Other (specify) ▼		250.00						
с.	Full Name (Last, First, Middle Initial) ROBERT KUECKER			Date of Receipt					
	Mailing Address 9611 BLAKE PLACE			12 27 2013					
	City EDMONDS	State WA	Zip Code 98020	Transaction ID : A2013-4685262 Amount of Each Receipt this Period					
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	Name of Employer	Occupation							
	Cambia Health Solutions Inc.	VP UNDER	WRITING						
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Use separate schedule(s) for each category of the

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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements ma the name and a	ments may not be sold or used by any pers				14 rpose oution	of s	15 soliciting om sucl	16 contril comm	utions ittee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.										
Full Name (Last, First, Middle Initial)         STEPHEN LAMOUREUX         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 210.00			sact	tion II	12 D:/	/ Y A2013-3 eccipt th	nis Perio	
B. Full Name (Last, First, Middle Initial) Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A	State	Zip Code			sact	tion IE	26 <b>D : A</b>	A2013-3		
Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Manager	97207 Year-to-Date ▼ 225.00		Amoun	it of	Fach	n Re	eceipt th		5.00
C. STEPHEN LAMOUREUX Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A City Portland FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 240.00			sact	tion II	09 D:/	/ Y A2013-3 eccipt th	nis Perio	
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t			13     14     15     16     17       erson for the purpose of soliciting contributions     from such committee
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.			
Full Name (Last, First, Middle Initial)         A.         STEPHEN LAMOUREUX         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 255.00	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A City Portland FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc.	State OR C Occupation Manager	Zip Code 97207	Date of Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]
Full Name (Last, First, Middle Initial)         C. STEPHEN LAMOUREUX         Mailing Address       200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 285.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			45.00

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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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TTEMIZED RECEIPTS			Detailed Summary Page		<b>&lt;</b> 11a			11b	1	1c		12	
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	y information copied from such Reports and a for commercial purposes, other than using th												
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)												
	Cambia Health Solutions Inc. F	AC											
Α.	Full Name (Last, First, Middle Initial) STEPHEN LAMOUREUX				Date	of R	Rec	ceipt					
	Mailing Address 200 SW Market Street				M	M	/	DE	/ 0	Y	Y	Y	Υ
	PO BOX 1271 M/SE12A	Otata	Zin Onda	_	10			04				)13	
	City Portland	State OR	Zip Code 97207					on ID :					
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	Name of Employer	Occupation											
	Cambia Health Solutions Inc.	Manager											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		200.00	11.									
	Other (specify)		300.00										
в.	Full Name (Last, First, Middle Initial) STEPHEN LAMOUREUX	·			Date	of R	lec	ceipt					
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				<sup>™</sup> 10	VI	/	D 18		Y	ү 20		Y
	City	State	Zip Code		Tran	sac	tic	on ID :	A20 <sup>-</sup>	13-41	039	923	
	Portland	OR	97207		Amou	nt o	of E	Each F	Recei	pt thi	s P	eriod	
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	Cambia Health Solutions Inc.	Manager											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		315.00	]									
<u>с</u> .	Full Name (Last, First, Middle Initial) STEPHEN LAMOUREUX				Date	of R	Rec	ceipt					
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				M 11	VI	/	01		Y		ү 13	Y
	City	State	Zip Code		Trar	Isac	ctic	on ID :	A20	13-41	159	646	
	Portland	OR	97207		Amou	nt o	of E	Each F	Recei	pt thi	s P	eriod	
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	Name of Employer	Occupation		$\neg$									
	Cambia Health Solutions Inc.	Manager											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 - 3		11.									
	Other (specify)		330.00										
s	UBTOTAL of Receipts This Page (optional)			<u> </u>				7		7		45	00

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			duress of any political committee					TOTT SUC	COMINI	llee.
	Ith Solutions Inc. I	PAC								
Full Name (Last, I A. STEPHEN LA	First, Middle Initial) MOUREUX				Date of	f Re	ceipt			
	00 SW Market Street O BOX 1271 M/SE12A				M M	/	15	) / Y	2013	Y
City		State	Zip Code		Trans	act	ion ID :	A2013-4		
Portland		OR	97207		Amoun	t of	Each F	Receipt th	nis Period	b
FEC ID number o federal political co	0	С					7		1	5.00
Name of Employe	r	Occupation								
Cambia Health Sol	lutions Inc.	Manager								
Receipt For:		Aggregate	Year-to-Date ▼							
Primary	General		245.00	11.						
Other (speci	ty) 🔻		345.00							
Full Name (Last, I B. STEPHEN LA	First, Middle Initial)				Date of	f Re	ceipt			
	00 SW Market Street 20 BOX 1271 M/SE12A				M M	1	27	) / Y	у у 2013	Y
City		State	Zip Code		Trans	acti	on ID :	A2013-4	356387	
Portland		OR	97207		Amoun	t of	Each F	Receipt th	nis Perioo	b
FEC ID number o federal political co	0	С					7	7	1:	5.00
Name of Employe		Occupation								
Cambia Health Sol	utions Inc.	Manager								
Receipt For:		Aggregate	Year-to-Date 🔻							
Other (speci	fy) ▼		360.00	1						
Full Name (Last, I C. STEPHEN L	First, Middle Initial)				Date of	f Re	ceipt			
	200 SW Market Street 20 BOX 1271 M/SE12A				<sup>M</sup> 12	/	13		ү ү 2013	Y
City Portland		State OR	Zip Code 97207					A2013-4	<b>1685201</b> his Period	d
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Name of Employe	r	Occupation								
Cambia Health So	lutions Inc.	Manager								
Receipt For:		Aggregate	Year-to-Date ▼							
Primary	General			11						
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SUBTOTAL of Rece	eipts This Page (optional)						7			

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Use separate schedule(s)

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	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and a or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC	
A. Full Name (Last, First, Middle Initial) Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		Date of Receipt
City Portland	State Zip Code OR 97207	Transaction ID : A2013-4685364           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate Year-to-Date ▼ 390.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 200 SW Market Street		Date of Receipt
PO BOX 1271 M/SE12A City Portland	State Zip Code OR 97207	07         12         2013           Transaction ID : A2013-3574658           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	75.00
Name of Employer Cambia Health Solutions Inc.	Occupation Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	
Full Name (Last, First, Middle Initial) C. PATRICIA LAUGHREN		Date of Receipt
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A		07 / D D / Y Y Y Y 26 2013
City Portland	StateZip CodeOR97207	Transaction ID : A2013-3574829           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate Year-to-Date ▼ 1125.00	
SUBTOTAL of Receipts This Page (optional)		165.00

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TEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14		11c 15	_	12 16	17
Any information copied from such Reports and S or for commercial purposes, other than using the				or the		pose o	of sol	iciting	cont	tributi	ions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC										
Full Name (Last, First, Middle Initial) A. PATRICIA LAUGHREN				Date o	f Re	eceipt					
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 08	/	09		/ Y	y 201	ү 13	Y
City	State OR	Zip Code 97207				ion ID					
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Name of Employer	Occupation		-								
Cambia Health Solutions Inc.	Manager										
Receipt For:	Aggregate	Year-to-Date 🔻									
Primary General Other (specify) ▼		1200.00									
Full Name (Last, First, Middle Initial) B. PATRICIA LAUGHREN				Date o	f Re	eceipt					
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 08	/	23		/ Y	ү 201		Y
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1275.00									
Full Name (Last, First, Middle Initial) C. PATRICIA LAUGHREN				Date o	f Re	eceipt					
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 09	/	D 06		/ Y	y 201	ү 3	Y
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Name of Employer	Occupation		-								
Cambia Health Solutions Inc.	Manager										
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		1350.00									
SUBTOTAL of Receipts This Page (optional)		•				т. Т.		7		225.0	00

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			Detailed Summary Page		11a		11b	11c		12		
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$\backslash$	NAME OF COMMITTEE (In Full)											
	Cambia Health Solutions Inc. PA											
Α.	Full Name (Last, First, Middle Initial) PATRICIA LAUGHREN			[	Date of	Re	eceipt					
	Mailing Address 200 SW Market Street				M M	/	D - D	/ Y	Y	Y	Y	
	PO BOX 1271 M/SE12A				09		20		20	013		
	City	State	Zip Code		Trans	acti	ion ID :	A2013-39	27	637		
	Portland	OR	97207	A	Amount	of	Each R	eceipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С					7			75.	00	
	Name of Employer	Occupation		_								
	Cambia Health Solutions Inc.	Manager										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)	L	1425.00									
R	Full Name (Last, First, Middle Initial)			,	Date of	Ro	reint					
Ь.	Mailing Address 200 SW Market Street			- '		110			v	Y	V	
	PO BOX 1271 M/SE12A				10	ĺ ′	04	́ Т		13	1	
	City	State	Zip Code		Trans	acti	ion ID : /	A2013-39				
	Portland	OR	97207	ļ	Amount	of	Each R	eceipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С					,	J.		75.	00	
	Name of Employer	Occupation		$\neg$								
	Cambia Health Solutions Inc.	Manager										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		1500.00									
C.	Full Name (Last, First, Middle Initial) PATRICIA LAUGHREN			[	Date of	Re	eceipt					
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 10	/	D D 18	/ Y		)13	Y	
	City	State	Zip Code		Trans	act	ion ID :	A2013-41	03	924		
	Portland	OR	97207	A	Amount	of	Each R	eceipt thi	s P	eriod		
	FEC ID number of contributing federal political committee.	С						9		75	.00	
	Name of Employer	Occupation		$\neg$								
	Cambia Health Solutions Inc.	Manager										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		1575.00									
	Other (specify)		1075.00									
s	UBTOTAL of Receipts This Page (optional)						7	7		225.	00	

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b	11c	12	17
Any information copied from suc or for commercial purposes, othe				or the j		pose of	soliciting	g contrib	utions
NAME OF COMMITTEE (In F Cambia Health Solu									
Full Name (Last, First, Middle A. PATRICIA LAUGHREN				Date of	Re	eceipt			
Mailing Address 200 SW Mar PO BOX 127	1 M/SE12A			M M	1	01	/ Y	ү ү 2013	Y
City Portland	State OR	Zip Code 97207						4159647	
FEC ID number of contributin federal political committee.	-		A	Amount	of	Each R	eceipt th	his Perio 7	d 75.00
Name of Employer	Occupation								
Cambia Health Solutions Inc.	Manager								
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 1650.00	]						
Full Name (Last, First, Middle B. PATRICIA LAUGHREN				Date of	Re	eceipt			
Mailing Address 200 SW Mark PO BOX 127				™ _ M 1_1	1	15	/ Y	2013	Y
City	State OR	Zip Code						243629	
Portland FEC ID number of contributin		97207	A	Amount	of	Each R	eceipt tł	his Perio 7	d 5.00
federal political committee.	0			-	-	7	7		
Name of Employer Cambia Health Solutions Inc.	Occupation Manager								
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 1725.00	]						
Full Name (Last, First, Middle C. PATRICIA LAUGHRE				Date of	Re	ceipt			
Mailing Address 200 SW Mar PO BOX 127	'1 M/SE12A			м м 11	1	27	/ Y	ү 2013	Y
City Portland	State OR	Zip Code 97207	A					<b>4356388</b> his Perio	d
FEC ID number of contributin federal political committee.	g C					7	7	7	5.00
Name of Employer	Occupation								
Cambia Health Solutions Inc.	Manager								
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 1800.00							
SUBTOTAL of Receipts This Pa	age (optional)					7		22	5.00

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# SCHEDULE A (FEC Form 3X) DECEIDEC

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	٨C	
Full Name (Last, First, Middle Initial)         A.         PATRICIA LAUGHREN         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State       Zip Code         OR       97207         C       Occupation         Manager       Aggregate Year-to-Date ▼         1875.00	Date of Receipt 12 13 2013 Transaction ID : A2013-4685202 Amount of Each Receipt this Period 75.00
Full Name (Last, First, Middle Initial)         PATRICIA LAUGHREN         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing federal political committee.	State Zip Code OR 97207	Date of Receipt 12 27 2013 Transaction ID : A2013-4685365 Amount of Each Receipt this Period 75.00
Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 1950.00	
Full Name (Last, First, Middle Initial)         SEAN LIEDTKE         Mailing Address 11316 S. BLUEBROOK COVE         City         SOUTH JORDAN         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State       Zip Code         UT       84095         C       Occupation         MGR RENEWALS       Aggregate Year-to-Date ▼         210.00       210.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		. 160.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	AC									
Α.	Full Name (Last, First, Middle Initial) SEAN LIEDTKE Mailing Address 11316 S. BLUEBROOK COVE			Date of Receipt 11 01 2013 Transaction ID : A2013-4159586							
	City	State	Zip Code								
	SOUTH JORDAN	UT	84095	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		10.00							
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	MGR RENE	WALS								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		220.00								
	Other (specify)		220.00								
в.	Full Name (Last, First, Middle Initial) SEAN LIEDTKE			Date of Receipt							
	Mailing Address 11316 S. BLUEBROOK COVE	Ē		11 15 2013							
	City										
	SOUTH JORDAN	UT	84095	Amount of Each Receipt this Period							
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	Name of Employer	Occupation		_							
	Cambia Health Solutions Inc.	MGR RENE	WALS								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Primary General Other (specify) ▼		230.00								
с.	Full Name (Last, First, Middle Initial) SEAN LIEDTKE			Date of Receipt							
	Mailing Address 11316 S. BLUEBROOK COVE	E		M M / D D / Y Y Y Y Y 11 27 2013							
	City	State	Zip Code	Transaction ID : A2013-4356328							
	SOUTH JORDAN	UT	84095	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		10.00							
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	MGR RENE	WALS								
	Receipt For:           Primary         General	Aggregate	Year-to-Date ▼								
	Other (specify)		240.00								
s	UBTOTAL of Receipts This Page (optional)		•••••	30.00							

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) SEAN LIEDTKE Mailing Address 11316 S. BLUEBROOK COV	E		Date of Receipt							
	City SOUTH JORDAN	State UT	Zip Code 84095	Transaction ID : A2013-4685143 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Occupation		10.00							
	Cambia Health Solutions Inc.         Receipt For:         □       Primary         □       General         □       Other (specify)	MGR RENE Aggregate	EWALS Year-to-Date ▼ 250.00								
в.	Full Name (Last, First, Middle Initial) SEAN LIEDTKE Mailing Address 11316 S. BLUEBROOK COVI	Ē		Date of Receipt							
	City SOUTH JORDAN	State UT	Zip Code 84095	12     27     2013       Transaction ID : A2013-4685306       Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		10.00							
	Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation MGR RENE	EWALS	_							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00								
c.	Full Name (Last, First, Middle Initial) AMY LONG			Date of Receipt							
	Mailing Address 236 SE 84th Avenue	State	Zip Code	10 18 2013 Transaction ID : A2013-4103842							
	Portland	OR	97216	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		10.00							
	Name of Employer	Occupation		1							
	Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		IGURATION Year-to-Date ▼ 210.00								
s	UBTOTAL of Receipts This Page (optional)		•••••	30.00							

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	47
Any information copied from such Reports and S or for commercial purposes, other than using the				or the		ose of		g contribu	
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P									
Full Name (Last, First, Middle Initial)         AMY LONG         Mailing Address 236 SE 84th Avenue         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation DIR CONFIG Aggregate Y	Zip Code 97216 URATION ear-to-Date ▼ 220.00			/ sactio	01 01	A2013-4 Receipt th	nis Period	
Full Name (Last, First, Middle Initial) AMY LONG Mailing Address 236 SE 84th Avenue City Portland FEC ID number of contributing federal political committee.	State OR C	Zip Code 97216			, actio	15 0n ID :		nis Period	Y .00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Occupation DIR CONFIG Aggregate Y	URATION ear-to-Date ▼ 230.00				,	,		
Full Name (Last, First, Middle Initial)         AMY LONG         Mailing Address 236 SE 84th Avenue         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State OR C Occupation DIR CONFIG Aggregate Y	Zip Code 97216 URATION ear-to-Date ▼ 240.00			/ sacti	27 on ID :		is Period	
SUBTOTAL of Receipts This Page (optional)						7		30	.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the 

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC		
Cambia Health Solutions Inc. DIR	·	Date of Receipt
Cambia Health Solutions Inc.	1	Date of Receipt
Cambia Health Solutions Inc. Mana	84121 pation	Date of Receipt
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TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X) DECEIDEC

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC				
A. DANIEL LUCAS Mailing Address 2890 East Cottonwood Parkw	ray		Date of Receipt		
City Salt Lake City	State UT	Zip Code 84121	07     26     2013       Transaction ID : A2013-3574795       Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		30.00		
Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation Manager	oor to Doto 💌			
Primary General Other (specify) ▼		ear-to-Date ▼ 450.00			
B. DANIEL LUCAS Mailing Address 2890 East Cottonwood Parkw	ay		Date of Receipt		
City					
Salt Lake City FEC ID number of contributing federal political committee.	C	84121	Amount of Each Receipt this Period		
Name of Employer Cambia Health Solutions Inc.	Occupation Manager				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 480.00			
Full Name (Last, First, Middle Initial) C. DANIEL LUCAS			Date of Receipt		
Mailing Address 2890 East Cottonwood Parkw	-		M = M         /         D = D         /         Y = Y = Y = Y         Y           08         23         2013		
City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-3699711 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		30.00		
Name of Employer Cambia Health Solutions Inc.	Occupation Manager				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 510.00			
SUBTOTAL of Receipts This Page (optional)			90.00		

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page									
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. I											
A. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood Park	way		Date of Receipt								
City Salt Lake City	State UT	Zip Code 84121	09     06     2013       Transaction ID : A2013-3927772       Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate	Year-to-Date ▼ 540.00									
Full Name (Last, First, Middle Initial)           B.         DANIEL LUCAS           Mailing Address         2890 East Cottonwood Park	way		Date of Receipt								
City Salt Lake City	State UT	Zip Code 84121	09202013Transaction ID : A2013-3927603Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation Manager										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00									
Full Name (Last, First, Middle Initial) C. DANIEL LUCAS			Date of Receipt								
Mailing Address 2890 East Cottonwood Park	-		10 / Y Y Y Y 2013								
City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-3986414 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	ů – L										
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate	Year-to-Date ▼ 600.00									
SUBTOTAL of Receipts This Page (optional)		······	90.00								

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			Detailed Summary Page	X 11a 11b 11c 12							
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	ny information copied from such Reports and for commercial purposes, other than using t										
	NAME OF COMMITTEE (In Full)										
$\left \right\rangle$	Cambia Health Solutions Inc.	PAC									
<u> </u>	Full Name (Last, First, Middle Initial) DANIEL LUCAS										
Α.					Date of	t Re	eceipt				
	Mailing Address 2890 East Cottonwood Park	ƙway								013	Y
	City	State	Zip Code			act		A2013-4			
	Salt Lake City	UT	84121	A	Amount	t of	Each F	Receipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	C					7		_	30	.00
	Name of Employer	Occupation		-							
	Cambia Health Solutions Inc.	Manager									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		630.00								
в.	Full Name (Last, First, Middle Initial) DANIEL LUCAS				Date of Receipt						
	Mailing Address 2890 East Cottonwood Park	kway			™ M 1_1	/	01			) 013	Y
	City	State	Zip Code		Trans	acti	ion ID :	A2013-4	159	613	
	Salt Lake City	UT	84121	A	Amount	t of	Each F	Receipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.	С					7			30.	00
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	Manager									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		660.00	]							
<u>с</u> .	Full Name (Last, First, Middle Initial) DANIEL LUCAS				Date of	f Re	eceipt				
	Mailing Address 2890 East Cottonwood Park	kway			м м 11	/	15			013	Y
	City	State	Zip Code			sact		: A2013-4		_	
	Salt Lake City	UT	84121	A	Amount	t of	Each F	Receipt tl	nis F	Period	
	FEC ID number of contributing federal political committee.				,		_	30	.00		
	Name of Employer										
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. I	PAC								
Full Name (Last, First, Middle Initial) A. DANIEL LUCAS Mailing Address 2890 East Cottonwood Park City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General	State UT Occupation Manager	Year-to-Date ▼			/ actie	27 on ID :	2 <b>A2013-4</b> Receipt th	nis Perio	
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Full Name (Last, First, Middle Initial)         C.       DANIEL LUCAS         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State UT Occupation Manager	Zip Code 84121 Year-to-Date ▼ 780.00			/ sacti	27 on ID :		nis Perio	d 0.00
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в.	Full Name (Last, First, Middle Initial) MARGARET MAGUIRE	Date of Receipt									
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	Mailing Address 11720 SW 29TH PLACE			12 13 2013							
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions         NAME OF COMMITTEE (In Full)         Cambia Health Solutions Inc. PAC         Full Name (Last, First, Middle Initial)         A.       MARGARET MAGUIRE         Mailing Address 11720 SW 29TH PLACE         City       State       Zip Code         PORTLAND       OR       97219         FEC ID number of contributing federal political committee.       C       Amount of         Name of Employer       Occupation       DIR LITIGATION & RISK MGMT         Receipt For:       Aggregate Year-to-Date ▼       234.00         Full Name (Last, First, Middle Initial)       B       BRYAN MARSH       Date of F         Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A       City       State       Zip Code         City       State       Zip Code       Transact	ributions from su							
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Cambia Health Solutions Inc. Manager								
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or for commercial purposes, other th	an using the name and a	address of any political committe	e to so	licit co	ntributions	from such		ittee					
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc	. PAC									
Full Name (Last, First, Middle Initial)         A. BRYAN MARSH         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager	Zip Code 97207 ∕ear-to-Date ▼ 260.00			act	27	A2013-4 Receipt tl	20 4685		Y 00
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City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	State UT C Occupation Manager Aggregate	Zip Code 84121 ⁄ear-to-Date ▼ 280.00	-	Trans		ion ID :	A2013-3 Receipt th	35746	625	00
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FEC Schedule A (Form 3X) Rev. 02/2003
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Α.	Full Name (Last, First, Middle Initial) KATHLEEN MCNALTY			Date of Receipt										
	Mailing Address 2890 East Cottonwood Parkw				2013									
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# SCHEDULE A (FEC Form 3X) DECEIDEC

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Full Name (Last, First, Middle Initial) A. KATHLEEN MCNALTY		Date of Receipt						
Mailing Address 2890 East Cottonwood Park	way State Zip Code	1.1 D D / Y Y Y Y Y 2013						
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Full Name (Last, First, Middle Initial) B. KATHLEEN MCNALTY		Date of Receipt						
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City Salt Lake City	State Zip Code UT 84121	Transaction ID : A2013-4356356 Amount of Each Receipt this Period						
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# SCHEDULE A (FEC Form 3X) DECEIDEC

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	y alt Lake City C ID number of contributing deral political committee.  The of Employer The the alth Solutions Inc.  The cipt For:  Primary General Other (specify)  C ID number of contributing deral political committee.  The of Employer The alth Solutions Inc.  The of Employer The	y alt Lake City UT C ID number of contributing deral political committee.  The of Employer The model of the	y alt Lake City UT 84121 C ID number of contributing jeral political committee. me of Employer Occupation manager coeipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ State Zip Code alt Lake City UT 84121 C 11 Name (Last, First, Middle Initial) ATHLEEN MCNALTY alling Address 2890 East Cottonwood Parkway y State Zip Code alt Lake City UT 84121 C C C C C C C C C C C C C								

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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to s	solie	cit co	ntrib	outions f	rom suc	h co	mmitte	e.	
$\left  \right $	NAME OF COMMITTEE (In Full)												
	Cambia Health Solutions Inc. P	AC											
Α.	Full Name (Last, First, Middle Initial) DONALD MCNEES				D	ate of	f Re	ceint					
Λ.	Mailing Address 200 SW Market Street					M = M			/ Y	Y	Y	Y	
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В.	Full Name (Last, First, Middle Initial) DONALD MCNEES				D	ate of	f Re	eceipt					
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Any information copied from such Reports or for commercial purposes, other than us	s and statements ma sing the name and a	ay not be sold or used by any p address of any political committed	erson e to so	or the	pur ntrib	pose of a outions fr	soliciting om such	contribu	uons tee.				
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angle Cambia Health Solutions I	nc. PAC												
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Mailing Address 200 SW Market Street			_				( V	Y Y	V				
PO BOX 1271 M/SE12				07		26	/ т	2013	T				
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Full Name (Last, First, Middle Initial) C. CSABA MERA				Date o	f Re	eceipt							
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Cambia Health Solutions Inc.	Manager												
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NAME OF COMMITTEE (In Full)										
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Mailing Address 200 SW Market Street			_			D D		Y Y	V	
PO BOX 1271 M/SE12				09	,	06	7 1	2013	- 1	
City	State	Zip Code		Trans	actior		A2013-39			
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Cambia Health Solutions Inc.	Manager									
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Full Name (Last, First, Middle Initial) B. CSABA MERA				Date of	Bece	vint				
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Cambia Health Solutions Inc.	Manager									
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Full Name (Last, First, Middle Initial) C. CSABA MERA				Date of	Rece	eipt				
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Cambia Health Solutions Inc.	Manager									
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Primary General		600.00	11							
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Any information copied from such Reports a	and Statements m	av not be sold or used by any n	erson	13 for the		14	15 soliciting		16 htribut	17 tions				
or for commercial purposes, other than usin														
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Cambia Health Solutions Inc	c. PAC													
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Mailing Address 200 SW Market Street				M M		D D	/ Y	Y	Y	Y				
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Full Name (Last, First, Middle Initial) B. CSABA MERA				Date o	f Bo	ceint								
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Name of Employer	Occupation	1												
Cambia Health Solutions Inc.	Manager													
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Full Name (Last, First, Middle Initial) C. CSABA MERA				Date o	f Re	ceipt								
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Name of Employer	Occupatior	1												
Cambia Health Solutions Inc.	Manager													
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SUBTOTAL of Receipts This Page (optiona	al)					7	- 7	-	90.	00				

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Any information copied from such Repo	ts and Statements may not be sold or used by	13         14         15         16         17           any person for the purpose of soliciting contributions
		mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Cambia Health Solutions	Inc. PAC	
Full Name (Last, First, Middle Initial) A. CSABA MERA		Date of Receipt
Mailing Address 200 SW Market Stree	et	
PO BOX 1271 M/SE	2A	11 27 2013
City	State Zip Code	Transaction ID : A2013-4356390
Portland	OR 97207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Cambia Health Solutions Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	720.	00
Full Name (Last, First, Middle Initial) B. CSABA MERA		Date of Receipt
Mailing Address 200 SW Market Stree PO BOX 1271 M/SE	12A	12 13 / Y Y Y Y Y 12 13 2013
City	State Zip Code OR 97207	Transaction ID : A2013-4685204
Portland	OR 97207	Amount of Each Receipt this Period
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Name of Employer	Occupation	
Cambia Health Solutions Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	750.	00
Full Name (Last, First, Middle Initial) C. CSABA MERA		Date of Receipt
Mailing Address 200 SW Market Stre PO BOX 1271 M/SE		12 27 2013
City	State Zip Code	Transaction ID : A2013-4685367
Portland	OR 97207	Amount of Each Receipt this Period
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Name of Employer	Occupation	
Cambia Health Solutions Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary     General       Other (specify) ▼	780.	.00
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or for commercial purposes, other th	nan using the name and a	ddress of any political committee	e to so	olicit cor	ntrib	utions fr	om such	n coi	mmitte	ee.
NAME OF COMMITTEE (In Full)	ns Inc PAC									
Full Name (Last, First, Middle Init A. BECKY MINKEL	tial)			Date of	Re	ceint				
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	Mailing Address 200 SW Market Street				M M	/	D	D /	Y	Y Y	Y				
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•	Full Name (Last, First, Middle Initial) HOLLY MOORE				Data a	f D a	int									
Α.	Mailing Address 1366 ST. CHARLES PL. N.E.				Date o		eceipt		Y	Y	N					
	Maining Address 1960 OT. ONAILEDT E. N.E.				10		18			013	Y					
	City	State	Zip Code		Trans	sact	ion ID :	A2013-4	1103	843						
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C.	Full Name (Last, First, Middle Initial) HOLLY MOORE				Date o	f Re	eceipt									
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Any information copied from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions or tor 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         Full Name (Last, First, Middle Initial)       Date of Receipt         A. HOLLY MOORE       Date of Receipt         Mailing Address 1366 ST. CHARLES PL. N.E.       Date of Receipt         City       State       Zip Code         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         Cambia Health Solutions Inc.       MGR CLAIMS PROCESSING         Receipt For:       OR         Primary       General         Other (specify)       State         Mailing Address 1366 ST. CHARLES PL. N.E.       Date of Receipt         Image: Cambia Health Solutions Inc.       MGR CLAIMS PROCESSING         Receipt For:       OR         Primary       General         Other (specify)       C         Mailing Address 1366 ST. CHARLES PL. N.E.       C         Transaction ID : A2013-4685124       Amount of Each Receipt         Mailing Address 1366 ST. CHARLES PL. N.E.       C         Mailing Address 136				Detailed Summary Page		<b>(</b> 11a		11b	11c		12	
ar 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. HOLLY MOORE       Date of Receipt         Mailing Address 1366 ST. CHARLES PL. N.E.       Date of Receipt         City       State       Z/p Code         FEC ID number of contributing       C       In any College         Idear First, Middle Initia)       Aggregate Vear-to-Date ▼       Date of Receipt         Polit Name (Last, First, Middle Initia)       C       In any College         B. HOLLY MOORE       Maing Address 1366 ST. CHARLES PL. N.E.       Date of Receipt         Chriv       General       Orcupation       Date of Receipt         Polit Name (Last, First, Middle Initia)       Date of Receipt       In any College         B. HOLLY MOORE       Date of Receipt       In any College         Mailing Address 1366 ST. CHARLES PL. N.E.       City       State       Z/p Code         Receipt For:       Orcupation       Mark CLAIMS PROCESSING       Transaction ID : A2013-4685124         Receipt For:       Orcupation       Mark CLAIMS PROCESSING       Transaction ID : A2013-468527         Receipt For:       Aggregate Vear-to-Date ▼       Date of Receipt       In a.00         Name of Employer       Ag	Any	information conied from such Panate and St	tatemente ma	w not be sold or used by any n		13		14			-	
Cambia Health Solutions Inc. PAC         A. HOLLY MOORE         Maiing Address 1366 ST. CHARLES PL. N.E.         City       State         KEIZER       OR         Primary       C         Cambia Health Solutions Inc.       More (LAILS FRICK)         Receipt For:       Occupation         Primary       General         Other (specify)       Agregate Year-to-Date ▼         Pull Name (Last, First, Middle Initial)       B.         B. HOLLY MOORE       Maiing Address 1366 ST. CHARLES PL. N.E.         City       State       Zip Code         PtC ID number of contributing tedral political committee.       Occupation         B. HOLLY MOORE       Date of Receipt         Maiing Address 1366 ST. CHARLES PL. N.E.       Transaction ID: A2013-4685124         Amount of Each Receipt This Period       Transaction ID: A2013-4685124         Amount of Each Receipt This Period       10.00         Name of Employer       Occupation         Cambia Health Solutions Inc.       MCR CLAIMS PROCESSING         Receipt For:       Orecupation         Polit Name (Last, First, Middle Initial)       Date of Receipt This Period         City       State       Zip Code         Polit Name (Last, First, Middle Initial)       Date of R	or fo	or commercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit c	e pu ontri	butions fi	rom such		mmitt	ee.
✓       Full Name (Last, First, Middle Initial)         A. HOLLY MOORE       Date of Receipt         Mailing Address 1366 ST. CHARLES PL. N.E.       Transaction Dir. 24013-4356308         City       State       Zip Code         Walling Address 1366 ST. CHARLES PL. N.E.       Transaction Dir. 24013-4356308         FEC ID number of contributing federal political committee.       Occupation       10.00         Name of Employer       Occupation       Occupation         Receipt For:       Aggregate Year-to-Date ▼       Date of Receipt         B. HOLLY MOORE       Date of Receipt       10.00         B. HOLLY MOORE       Date of Receipt       12.2 (13.1 / 2.013         City       State       Zip Code       Transaction Dir. 24013-4685124         Anount of Each Receipt This Period       C       10.00         Receipt For:       Occupation       Mailing Address 1366 ST. CHARLES PL. N.E.       City         City       State       Zip Code       Transaction Dir. 24013-4685124         Anount of Each Receipt This Period       Cocupation       10.00         Name of Employer       Occupation       Cocupation       250.00         Receipt For:       Qeregate Year-to-Date ▼       20.00       10.00         City       State       Zip Code <td></td> <td>. ,</td> <td></td>		. ,										
A. HOLLY MOORE       Date of Receipt         Mailing Address 1366 ST. CHARLES PL.N.E.       City       State       Zip Code         City       State       Zip Code       Transaction ID: A2013-4358308         FEC ID number of contributing federal political committee.       C       10.00         Name of Employer       Occupation       Aggregate Year-to-Date ▼       10.00         City       State       Zip Code       12       13       2013         FEC ID number of contributing federal political committee.       Aggregate Year-to-Date ▼       12       13       2013         Receipt For:       OR       97303       FEC ID number of contributing federal political committee.       Date of Receipt         Mailing Address 1366 ST. CHARLES PL.N.E.       C       12       13       2013         City       State       Zip Code       Namunt of Each Receipt his Period         FEC ID number of contributing federal political committee.       Occupation       Manunt of Each Receipt       10.00         Name of Employer       Coccupation       Macro Aggregate Year-to-Date ▼       12       27       2013         City       State       Zip Code       Transaction ID: A2013-468527       10.00       12       27       2013         City       State <th></th> <th>Cambia Health Solutions Inc. P</th> <th>٩C</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		Cambia Health Solutions Inc. P	٩C									
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b	11c		12	
Any information copied from such Report	and Statements may and	the cold or used by any m		13 or tho		14	15		16 ntribut	17
or for commercial purposes, other than u										
NAME OF COMMITTEE (In Full)										
Cambia Health Solutions I	nc. PAC									
Full Name (Last, First, Middle Initial) A. PETER MORRIS			[	Date of	f Re	ceipt				
Mailing Address 200 SW Market Stree				M M	/	DD	) / Y	Y	Y	Y
PO BOX 1271 M/SE1				07		12		20	013	
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City Portland		Zip Code 97207					A2013-3			
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a	11b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than using	and Statements mang the name and a	ay not be sold or used by any p iddress of any political committe	erson e to so	for the dicit co	purpose on tributions	from such	contribu	itions itee.
NAME OF COMMITTEE (In Full)								
Cambia Health Solutions In	c. PAC							
Full Name (Last, First, Middle Initial)								
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Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				08	23		2013	Y
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Primary   General     Other (specify)   ▼		850.00						
Full Name (Last, First, Middle Initial)								
B. PETER MORRIS			_	Date of	f Receipt			
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A	A A A A A A A A A A A A A A A A A A A			м м 09	/ D 06		2013	Y
City	State	Zip Code	- '		action ID			
Portland	OR	97207			t of Each			t k
FEC ID number of contributing federal political committee.	С						50	0.00
Name of Employer	Occupation	1	_					
Cambia Health Solutions Inc.	Manager							
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify)		900.00	11					
Full Name (Last, First, Middle Initial) C. PETER MORRIS				Date of	f Receipt			
Mailing Address 200 SW Market Street				M M			Y Y	Y
PO BOX 1271 M/SE124 City	A <u></u> State	Zip Code	_	09 <b>T</b> rans	2(		2013	
Portland	OR	97207			saction ID t of Each			
FEC ID number of contributing				Amoun		neceipt till	IS FEIIOC	
federal political committee.	С					7	5	0.00
Name of Employer	Occupatior							
Cambia Health Solutions Inc. Receipt For:	Manager							
Primary General	Aggregate	Year-to-Date ▼	_					
Other (specify)		950.00						
SUBTOTAL of Receipts This Page (option	al)						150	).00

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a	11b	11c	12		
Any information copied from such Reports and	d Statemonts m	av not be sold or used by any n	erson	13 for the	14	15 of soliciting		-	000S
or for commercial purposes, other than using	the name and a	iddress of any political committee	e to so	licit co	ntributions	from such	1 com	mitte	9113 90.
NAME OF COMMITTEE (In Full)									
Cambia Health Solutions Inc.	PAC								
Full Name (Last, First, Middle Initial)				Data at	f Receipt				
A. PETER MORRIS Mailing Address 200 SW Market Street					· ·	D ( N	Y	V	N.
PO BOX 1271 M/SE12A				10	04		201		
City	State	Zip Code		Trans	action ID	: A2013-3	98645	2	
Portland	OR	97207		Amount	t of Each	Receipt th	is Per	iod	
FEC ID number of contributing federal political committee.	С					3	_	50.0	00
Name of Employer	Occupation	1							
Cambia Health Solutions Inc.	Manager								
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1000.00							
Full Name (Last, First, Middle Initial)									
B. PETER MORRIS			!	Date of	f Receipt				
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				<sup>M</sup> M	/ D		y 2013		Y
City	State	Zip Code				: A2013-4			
Portland	OR	97207		Amount	t of Each	Receipt th	is Per	iod	
FEC ID number of contributing federal political committee.	С					7		50.0	)0
Name of Employer	Occupation	1							
Cambia Health Solutions Inc.	Manager								
Receipt For:	Aggregate	Year-to-Date ▼	_						
Other (specify) V		1050.00							
Full Name (Last, First, Middle Initial) C. PETER MORRIS				Date of	f Receipt				
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				<sup>M</sup> <sup>M</sup>	/ D 0		y 2013		Y
City	State OR	Zip Code				: A2013-4			
Portland	UR	97207		Amount	t of Each	Receipt th	is Per	iod	
FEC ID number of contributing federal political committee.	С					7		50.	00
Name of Employer	Occupatior	1							
Cambia Health Solutions Inc.	Manager								
Receipt For:	Aggregate	Year-to-Date ▼	_						
Other (specify)		1100.00	]						
SUBTOTAL of Receipts This Page (optional)						7	1	50.0	0

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b	11c		12	
An	y information copied from such Reports and S	Statements ma	w not be sold or used by any ne	erson f	13 or the		14	15 solicitina	0.0	16 htribu	17 tions
	for commercial purposes, other than using the										
$\backslash$	NAME OF COMMITTEE (In Full)										
	Cambia Health Solutions Inc. P	AC									
Α.	Full Name (Last, First, Middle Initial) PETER MORRIS				Date of	f Rec	ceipt				
	Mailing Address 200 SW Market Street				M M	/	D D	/ Y	Y	Y	Y
	PO BOX 1271 M/SE12A				11		15			)13	
	City Portland	State OR	Zip Code 97207					A2013-42			
		ÖR	51201	_	Amount	t of E	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					, ,		_	50	.00
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	Manager									
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1150.00	1							
			7 7 7								
В.	Full Name (Last, First, Middle Initial) PETER MORRIS				Date of	f Rec	ceipt				
	Mailing Address 200 SW Market Street				M M		DD	/ Y	Y	Y	Y
	PO BOX 1271 M/SE12A				11		27		20	13	
	City	State	Zip Code					A2013-43			
	Portland	OR	97207	_ ′	Amount	t of E	Each R	eceipt thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С					, ,		_	50	.00
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	Manager									
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		1200.00	1							
			, , , , , , , , , , , , , , , , , , , ,								
с.	Full Name (Last, First, Middle Initial) PETER MORRIS				Date of	f Rec	ceipt				
	Mailing Address 200 SW Market Street				M M	/	D D	/ Y	Y	Y	Y
	PO BOX 1271 M/SE12A	Otata	Zin Oada	_	12		13			13	
	City Portland	State OR	Zip Code 97207					A2013-4			
	FEC ID number of contributing			- '	Amoun	LOLE	ach R	eceipt thi	IS P	erioa	
	federal political committee.	С					7	7	_	50	.00
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	Manager		_							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		1250.00								
			7 7								
s	UBTOTAL of Receipts This Page (optional)		•••••				,	- J		150.	00

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

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	and Statements may not be sold or used by any p ng the name and address of any political committe	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc	c. PAC	
Full Name (Last, First, Middle Initial)         PETER MORRIS         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97207         C       Occupation         Manager       Aggregate Year-to-Date ▼         1300.00       1300.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. LISA MURPHY Mailing Address 4763 HASTINGS PLACE City LAKE OSWEGO FEC ID number of contributing federal political committee.	State Zip Code OR 97035	Date of Receipt
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Occupation         ASSOCIATE GENERAL COUNSEL II         Aggregate Year-to-Date ▼         350.00	
Full Name (Last, First, Middle Initial)         LISA MURPHY         Mailing Address 4763 HASTINGS PLACE         City         LAKE OSWEGO         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	E State Zip Code OR 97035 C Occupation ASSOCIATE GENERAL COUNSEL II Aggregate Year-to-Date ▼ 375.00	Date of Receipt 07 26 2013 Transaction ID : A2013-3574688 Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (option	al)	100.00

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

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu			
Full Name (Last, First, Middle I         LISA MURPHY         Mailing Address 4763 HASTING         City         LAKE OSWEGO         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	SS PLACE State OR C Occupation ASSOCIAT Aggregate	Zip Code 97035 E GENERAL COUNSEL II Year-to-Date ▼ 400.00	Date of Receipt 08 09 2013 Transaction ID : A2013-3574859 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle I           B.         LISA MURPHY           Mailing Address         4763 HASTING			Date of Receipt
City LAKE OSWEGO FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Aggregate	Zip Code 97035 E GENERAL COUNSEL II Year-to-Date ▼ 425.00	08     23     2013       Transaction ID : A2013-3699604     Amount of Each Receipt this Period       Amount of Each Receipt this Period     25.00
Full Name (Last, First, Middle I         LISA MURPHY         Mailing Address 4763 HASTING         City         LAKE OSWEGO         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	SS PLACE State OR C Occupation ASSOCIAT Aggregate	Zip Code 97035 E GENERAL COUNSEL II Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Pag	l e (optional)		▶ 75.00

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

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 4763 HASTINGS PLACE City LAKE OSWEGO FEC ID number of contributing	State OR	Zip Code 97035	Date of Receipt
federal political committee.          Name of Employer         Cambia Health Solutions Inc.         Receipt For:         □       Primary         □       General         Other (specify)       ▼		E GENERAL COUNSEL II Year-to-Date ▼ 475.00	25.00
Full Name (Last, First, Middle Initial)         B. LISA MURPHY         Mailing Address 4763 HASTINGS PLACE         City         LAKE OSWEGO         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97035 E GENERAL COUNSEL II Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       LISA MURPHY         Mailing Address 4763 HASTINGS PLACE         City         LAKE OSWEGO         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97035 E GENERAL COUNSEL II Year-to-Date ▼ 525.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			75.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17
	ny information copied from such Reports and s for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	PAC								
Α.	Full Name (Last, First, Middle Initial) LISA MURPHY Mailing Address 4763 HASTINGS PLACE			D	ate o		ceipt 01		2013	Y
	City LAKE OSWEGO	State OR	Zip Code 97035				-	<b>: A2013-</b> 4 Receipt tl		d
	FEC ID number of contributing federal political committee.	С					7		2	5.00
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)		E GENERAL COUNSEL II Year-to-Date ▼ 550.00							
В.	Full Name (Last, First, Middle Initial)			D	ate o	f Re	ceipt			
	Mailing Address 4763 HASTINGS PLACE	Otata	Zie Ocale		м м 11	/	15		2013	Y
	City LAKE OSWEGO	State OR	Zip Code 97035					: A2013-4		4
	FEC ID number of contributing federal political committee.	C			moun		each i	Receipt tl		5.00
	Name of Employer Cambia Health Solutions Inc.	Occupation ASSOCIAT	E GENERAL COUNSEL II							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 575.00							
с.	Full Name (Last, First, Middle Initial)			D	ate o	f Re	ceipt			
	Mailing Address 4763 HASTINGS PLACE				м м 1_1	/	D 27		2013	Y
	City LAKE OSWEGO	State OR	Zip Code 97035					: <b>A2013-</b> Receipt tl		d
	FEC ID number of contributing federal political committee.	С					7		2	5.00
	Name of Employer	Occupation								
	Cambia Health Solutions Inc.	ASSOCIAT	E GENERAL COUNSEL II							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00							
s	<b>UBTOTAL</b> of Receipts This Page (optional)						7		7!	5.00

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116	MIZED RECEIPTS		for each catego Detailed Summa		×	11a 13	$\square$	11b 14	11c	12	17
	v information copied from such Reports and S or commercial purposes, other than using the					or the		oose of	f soliciting	contrib	utions
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC									
<b>A.</b>	Full Name (Last, First, Middle Initial)         LISA MURPHY         Mailing Address 4763 HASTINGS PLACE         City         LAKE OSWEGO         FEC ID number of contributing         rederal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97035 E GENERAL COUN Year-to-Date ▼	ISEL II 625.00			/ acti	13 on ID :	2 <b>A2013-4</b> Receipt th	is Perio	_
B	Full Name (Last, First, Middle Initial)         LISA MURPHY         Mailing Address 4763 HASTINGS PLACE         City         LAKE OSWEGO         FEC ID number of contributing         ideral political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97035 E GENERAL COUN Year-to-Date ▼	ISEL II 650.00			/ actie	27 on ID :	A2013-4 Receipt th	is Perio	y d 5.00
<b>C.</b>	Full Name (Last, First, Middle Initial)         BARBARA NEILSON         Mailing Address 5696 PARK PLACE EAST         City         SALT LAKE CITY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State UT C Occupation DIR SALES Aggregate		280.00			/ acti	12 ion ID :		is Perio	_
รเ	JBTOTAL of Receipts This Page (optional)			·····				7	7	70	0.00

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

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for co	ommercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	E OF COMMITTEE (In Full) mbia Health Solutions Inc. P	AC		
A. BAF Mailin City SALT FEC federa Name Camb	Aame (Last, First, Middle Initial) RBARA NEILSON ag Address 5696 PARK PLACE EAST T LAKE CITY ID number of contributing al political committee. e of Employer bia Health Solutions Inc. ipt For: Primary General Other (specify) ▼	State UT C Occupation DIR SALES Aggregate		Date of Receipt 07 26 2013 Transaction ID : A2013-3574708 Amount of Each Receipt this Period 20.00
B. BAF Mailin City SALT FEC federa Name Camb	Name (Last, First, Middle Initial) RBARA NEILSON ng Address 5696 PARK PLACE EAST T LAKE CITY ID number of contributing al political committee. e of Employer bia Health Solutions Inc. ipt For: Primary General Other (specify) ▼	State UT C Occupation DIR SALES Aggregate	Zip Code 84121 Year-to-Date ▼ 320.00	Date of Receipt 08 / 09 / 2013 Transaction ID : A2013-3574879 Amount of Each Receipt this Period 20.00
C. BAI Mailin City SALT FEC federa Name Camb Recei	Aame (Last, First, Middle Initial) RBARA NEILSON ng Address 5696 PARK PLACE EAST T LAKE CITY ID number of contributing al political committee. e of Employer bia Health Solutions Inc. ipt For: Primary General Other (specify) ▼	State UT Occupation DIR SALES Aggregate		Date of Receipt 08 23 2013 Transaction ID : A2013-3699624 Amount of Each Receipt this Period 20.00
SUBTO	TAL of Receipts This Page (optional)		••••••	60.00

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

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	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than usir	and Statements may not be sold or used by any p og the name and address of any political committe	
NAME OF COMMITTEE (In Full) Cambia Health Solutions Ind	c. PAC	
A. Full Name (Last, First, Middle Initial) BARBARA NEILSON Mailing Address 5696 PARK PLACE EAS	ST	Date of Receipt
City SALT LAKE CITY	StateZip CodeUT84121	Transaction ID : A2013-3927685           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation       DIR SALES       Aggregate Year-to-Date ▼       360.00	]
B. Full Name (Last, First, Middle Initial) BARBARA NEILSON Mailing Address 5696 PARK PLACE EAS	T ST	Date of Receipt
City SALT LAKE CITY FEC ID number of contributing	State Zip Code UT 84121	09 20 2013 Transaction ID : A2013-3927517 Amount of Each Receipt this Period 20.00
federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:	Occupation DIR SALES	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	]
Full Name (Last, First, Middle Initial) C. BARBARA NEILSON	~	Date of Receipt
Mailing Address 5696 PARK PLACE EA	State Zip Code	10 04 2013 Transaction ID : A2013-3986328
SALT LAKE CITY FEC ID number of contributing federal political committee.	UT 84121	Amount of Each Receipt this Period
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation DIR SALES Aggregate Year-to-Date ▼ 400.00	]
SUBTOTAL of Receipts This Page (option	al)	60.00

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

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			Detailed Summary Page		X	11a		11b	F	11c		12	,	
٨٣	y information copied from such Reports and S	tatomente m	w not be sold or used by any or			13 or the		14	of	15 solicitin		16 ntribut	17 ions	
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	to s	soli	icit cor	ntrib	puse	ns fr	om suc	y co h co	mmitt	ee.	
$\setminus$	NAME OF COMMITTEE (In Full)													
$\left \right\rangle$	Cambia Health Solutions Inc. P	AC												
Α.	Full Name (Last, First, Middle Initial) BARBARA NEILSON			Date of Receipt										
	Mailing Address 5696 PARK PLACE EAST				M M / D D / Y Y Y Y 10 18 2013									
	City	State	Zip Code		ŝ		acti			A2013-4				
	SALT LAKE CITY	UT	84121							eceipt tl				
	FEC ID number of contributing federal political committee.	С			l			7				20	.00	
	Name of Employer	Occupation	I	$\neg$										
	Cambia Health Solutions Inc.	DIR SALES	6											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		420.00											
	Other (specify)		420.00											
B.	Full Name (Last, First, Middle Initial) BARBARA NEILSON						Re	eceip	t					
	Mailing Address 5696 PARK PLACE EAST													
					11 01 2013									
	City	State	Zip Code 84121							A2013-4				
	SALT LAKE CITY	UT		A	mount	of	Each	n Re	eceipt tl	his F	Period			
	FEC ID number of contributing federal political committee.		20.00											
	Name of Employer	Occupation												
	Cambia Health Solutions Inc.	DIR SALES	i											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		440.00											
— c.	Full Name (Last, First, Middle Initial) BARBARA NEILSON				D	ate of	Re	eceipt	t					
	Mailing Address 5696 PARK PLACE EAST				ſ	™ M 11	1	D	D 15	/ Y		)13	Y	
	City	State	Zip Code		1	Trans	act	ion I	D : .	A2013-4	4243	509		
	SALT LAKE CITY	UT	84121		A	mount	of	Each	n Re	eceipt tl	his F	Period		
	FEC ID number of contributing federal political committee.	С						3		т. Т.		20	.00	
	Name of Employer	Occupation	1	-										
	Cambia Health Solutions Inc.													
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		460.00											
	Other (specify)		400.00											
s	UBTOTAL of Receipts This Page (optional)			I	l			7				60.	00	

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11EI	MIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
A. E M Ci S Ff fe N	ull Name (Last, First, Middle Initial)         BARBARA NEILSON         lailing Address 5696 PARK PLACE EAST         ity         SALT LAKE CITY         EC ID number of contributing deral political committee.         ame of Employer         ambia Health Solutions Inc.         ecceipt For:         Primary       General         Other (specify) ▼	State UT C Occupation DIR SALES Aggregate		Date of Receipt
B. E M Ci S Ff fe Ci	ull Name (Last, First, Middle Initial)         BARBARA NEILSON         lailing Address 5696 PARK PLACE EAST         ity         SALT LAKE CITY         EC ID number of contributing         ideral political committee.         ame of Employer         ambia Health Solutions Inc.         ecceipt For:         Primary       General         Other (specify) ▼	State UT C Occupation DIR SALES Aggregate		Date of Receipt          12       13       2013         Transaction ID : A2013-4685086         Amount of Each Receipt this Period         20.00
C. [M M Ci S Ff fe N C	ull Name (Last, First, Middle Initial)         BARBARA NEILSON         lailing Address 5696 PARK PLACE EAST         ity         SALT LAKE CITY         EC ID number of contributing aderal political committee.         ame of Employer         cambia Health Solutions Inc.         ecceipt For:         Primary       General         Other (specify)	State UT C Occupation DIR SALES Aggregate		Date of Receipt          12       27       2013         Transaction ID : A2013-4685248         Amount of Each Receipt this Period         20.00
SUE	BTOTAL of Receipts This Page (optional)		······	60.00

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) MARY OCONNOR Mailing Address 13850 SW STIRRUP STREE	Т		Date of Receipt
	City BEAVERTON	State OR	Zip Code 97008	07     12     2013       Transaction ID : A2013-3574550       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Cambia Health Solutions Inc. Receipt For:	DIR CLAIM	S SERVICE	_
	Primary General Other (specify) ▼		210.00	
В.	Full Name (Last, First, Middle Initial) MARY OCONNOR Mailing Address 13850 SW STIRRUP STREE	Date of Receipt		
	City	State	Zip Code	07 26 2013 Transaction ID : A2013-3574721
	BEAVERTON           FEC ID number of contributing federal political committee.	OR	97008	Amount of Each Receipt this Period
	Name of Employer Cambia Health Solutions Inc.			-
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
с.	Full Name (Last, First, Middle Initial) MARY OCONNOR			Date of Receipt
C.	Mailing Address 13850 SW STIRRUP STREE	Т		M = M         /         D = D         /         Y = Y = Y = Y         Y         O         Y
	City BEAVERTON	State OR	Zip Code 97008	Transaction ID : A2013-3574892 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer			
	Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼			
5	UBTOTAL of Receipts This Page (optional)	Detailed Summary Page       11a       11b       11c       1	45.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Mailing Address 13850 SW STIRRUP STREE			Date of Receipt
	City BEAVERTON	State OR	Zip Code 97008	Transaction ID : A2013-3699637
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Cambia Health Solutions Inc. Receipt For:	DIR CLAIM	S SERVICE	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	
В.	Full Name (Last, First, Middle Initial) MARY OCONNOR			Date of Receipt
	Mailing Address 13850 SW STIRRUP STREE	Г		09 06 2013
	City	State	Zip Code	Transaction ID : A2013-3927698
	BEAVERTON	OR	97008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Cambia Health Solutions Inc.	Occupation DIR CLAIM	S SERVICE	
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) MARY OCONNOR			Date of Receipt
	Mailing Address 13850 SW STIRRUP STREE	Т		M = M         /         D = D         /         Y = Y = Y = Y         Y         O
	City BEAVERTON	State OR	Zip Code 97008	Transaction ID : A2013-3927530 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer	Occupation	1	
	Cambia Health Solutions Inc.	DIR CLAIM	S SERVICE	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 285.00	
5	UBTOTAL of Receipts This Page (optional)		•••••	45.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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IIEN			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
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<b>A</b> . M	ARY OCONNOR	ΞT		Date of Receipt						
BE	AVERTON	State OR	Zip Code 97008	Transaction ID : A2013-3986341 Amount of Each Receipt this Period						
fed	eral political committee.	C		15.00						
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	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 300.00							
<b>B</b> . M	ARY OCONNOR	Date of Receipt								
		State	Zip Code	10         18         2013           Transaction ID : A2013-4103817						
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		OR	Zip Code 97008	Transaction ID : A2013-4159540           Amount of Each Receipt this Period						
fed	eral political committee.	С		15.00						
Ca	mbia Health Solutions Inc.									
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00							
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	NAME OF COMMITTEE (In Full)													
$\rangle$	Cambia Health Solutions Inc. P	AC												
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	City	State	Zip Code		Trans	saction II	D : A2013	468	5099					
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Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.		T		Date of Receipt
	City BEAVERTON	State OR	Zip Code 97008	12         27         2013           Transaction ID : A2013-4685261           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Cambia Health Solutions Inc.	DIR CLAIM	S SERVICE	
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 390.00	]
В.	Full Name (Last, First, Middle Initial) DIANA ODIEAR Mailing Address 6101 119TH LANE SE	Date of Receipt		
	City	State	Zip Code	10 18 2013 Transaction ID : A2013-4103864
	FEC ID number of contributing federal political committee.	C	98589	Amount of Each Receipt this Period
	Name of Employer Cambia Health Solutions Inc.			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]
<u>с</u> .	Full Name (Last, First, Middle Initial) DIANA ODIEAR			Date of Receipt
	Mailing Address 6101 119TH LANE SE	Stata	Zin Code	11 01 2013
	TENINO	WA	98589	Transaction ID : A2013-4159587           Amount of Each Receipt this Period
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	Name of Employer Cambia Health Solutions Inc.			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	]
s	Cambia Health Solutions Inc. PAC         Full Name (Last, First, Middle Initial) MARY OCONNOR         Maling Address 1380 SW STIRRUP STREET         City         BEAVERTON         OR       97008         FEC ID number of contributing tedrarl political committee.         Other (specify) ▼         Other (specify) ▼         Occupation DIANA ODIEAR         Maling Address 6101 119TH LANE SE         City         State       Zip Code         Primary       General         Other (specify) ▼         Aggregate Year-to-Date ▼         State       Zip Code         Transaction D: 2403-4103864         Amount of Employer         Cambia Health Solutions Inc.         Marrier (specify) ▼         State       Zip Code         Transaction D: 2403-4103864         Amount of Each Receipt this Period         Transaction D: 2403-4103864         Amount of Each Receipt this Period         Transaction D: 2403-4103864         Amount of Each Receipt this Period         Primary       General         Other (specify) ▼       Zip Code         Primary       General         Other (specify) ▼       Zip Code         Transactio	35.00		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC										
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в.	Full Name (Last, First, Middle Initial) DIANA ODIEAR	Date of Receipt										
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	City TENINO	State WA	Zip Code 98589	Transaction ID : A2013-4356329								
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	Name of Employer Cambia Health Solutions Inc.	Occupation MGR MEM	BER SERVICE TEAM OPS									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00									
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	Mailing Address 6101 119TH LANE SE			12 13 / Y Y Y Y Y 12 13								
	City TENINO	State WA	Zip Code 98589	Transaction ID : A2013-4685144           Amount of Each Receipt this Period								
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X 11a 11b 11c 12 14 13 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 Full Name (Last, First, Middle Initial) DIANA ODIEAR Α. Date of Receipt Mailing Address 6101 119TH LANE SE M M / 2013 12 27 City Zip Code State Transaction ID : A2013-4685307 WA **TENINO** 98589 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MGR MEMBER SERVICE TEAM OPS Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ANDREW OVER Date of Receipt Mailing Address 200 SW Market Street М M PO BOX 1271 M/SE12A 07 12 2013 City State Zip Code Transaction ID : A2013-3574664 Portland OR 97207 Amount of Each Receipt this Period FEC ID number of contributing С 25.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primarv General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. ANDREW OVER Date of Receipt Mailing Address 200 SW Market Street M = M / D 26 PO BOX 1271 M/SE12A 07 2013 City Zip Code State Transaction ID : A2013-3574835 OR Portland 97207 Amount of Each Receipt this Period FEC ID number of contributing 25.00 С federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)	• •												
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		Detailed Summary Page	×	11a	11b	11c	n committee.						
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or for commercial purposes, other than using	ng the name and a	iddress of any political committee	e to so	licit co	ntributions	from such	i commi	itee.					
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		Detailed Summary Page		11a		11b	11c		12					
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Other (specify)		650.00												
Full Name (Last, First, Middle Initial) C. DAVID M PANKEY				Date o	f Re	eceipt								
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	ny information copied from such Reports and S for commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC								
Α.	Mailing Address 108 MARINE VIEW COURT			Date of Receipt						
	City LEWISTON	State ID	Zip Code 83501	Transaction ID : A2013-3574715           Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer Cambia Health Solutions Inc.	Occupation DIR UNDER	RWRITING IDAHO							
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В.	Full Name (Last, First, Middle Initial) DAVID M PANKEY			Date of Receipt						
	Mailing Address 108 MARINE VIEW COURT									
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial)         DAVID M PANKEY         Mailing Address 108 MARINE VIEW COURT         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)		Zip Code 83501 RWRITING IDAHO Year-to-Date ▼ 540.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial)         DAVID M PANKEY         Mailing Address 108 MARINE VIEW COURT         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General		RWRITING IDAHO Year-to-Date ▼	Date of Receipt 09 20 2013 Transaction ID : A2013-3927524 Amount of Each Receipt this Period 30.00
 C.	Other (specify)         Full Name (Last, First, Middle Initial)         DAVID M PANKEY         Mailing Address 108 MARINE VIEW COURT         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	-	Zip Code 83501 RWRITING IDAHO Year-to-Date ▼ 600.00	Date of Receipt 10 04 2013 Transaction ID : A2013-3986335 Amount of Each Receipt this Period 30.00
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FEC Schedule A (Form 3X) Rev. 02/2003

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
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Α.	Full Name (Last, First, Middle Initial) DAVID M PANKEY Mailing Address 108 MARINE VIEW COURT	State	Zip Code	Date of Receipt 11 27 2013 Transaction ID : A2013-4356276					
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC											
A. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood Park	way		Date of Receipt									
City Salt Lake City	State UT	Zip Code 84121	07     12     2013       Transaction ID : A2013-3574627       Amount of Each Receipt this Period									
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B. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood Park	way		Date of Receipt									
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager											
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Full Name (Last, First, Middle Initial) C. ERIC PETTIGREW			Date of Receipt									
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City Salt Lake City	State UT	Zip Code 84121	Transaction ID : A2013-3574969           Amount of Each Receipt this Period									
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1600.00										
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# SCHEDULE A (FEC Form 3X) DEOFIDTO

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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	AC		
A. Full Name (Last, First, Middle Initial) Mailing Address 2890 East Cottonwood Parky	State Zip Code	e	Date of Receipt 08 23 2013 Transaction ID : A2013-3699714
Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	UT 84121 C Occupation Manager Aggregate Year-to-Date	▼ 1700.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)         B. ERIC PETTIGREW         Mailing Address 2890 East Cottonwood Parky         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	/ay State Zip Code UT 84121 C Occupation Manager Aggregate Year-to-Date		Date of Receipt 09 06 2013 Transaction ID : A2013-3927775 Amount of Each Receipt this Period 100.00
Full Name (Last, First, Middle Initial)         ERIC PETTIGREW         Mailing Address 2890 East Cottonwood Park         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	vay       State     Zip Code       UT     84121       C     Occupation       Manager     Aggregate Year-to-Date		Date of Receipt 09 20 2013 Transaction ID : A2013-3927606 Amount of Each Receipt this Period 100.00
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FEC Schedule A (Form 3X) Rev. 02/2003

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FEC Schedule A (Form 3X) Rev. 02/2003

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NAME OF COMMITTEE (In Full)										
Cambia Health Solutions Ind	c. PAC									
Full Name (Last, First, Middle Initial) A. SCOTT POWERS				Date o	f Rec	ceipt				
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 08	/	09	/ Y	ү 20	13	Y
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	federal political committee.						7	7	-		
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NAME OF COMMITTEE (In Full)	540								
Cambia Health Solutions In	c. PAC								
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Cambia Health Solutions Inc.	Manager								
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Cambia Health Solutions Inc.	Manager								
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Full Name (Last, First, Middle Initial) C. SCOTT POWERS				Date of	f Receipt				
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Cambia Health Solutions Inc.	Manager								
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Name of Employer	Occupation	1								
Cambia Health Solutions Inc.	Manager									
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Name of Employer	Occupation	1	_							
Cambia Health Solutions Inc.	Manager									
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Full Name (Last, First, Middle Initial) C. VINCENT PRICE	·			Date o	f Re	ceipt				
Mailing Address 2890 East Cottonwood P	arkway			м м 07	/	D D D	/ Y		)13	Y
City	State	Zip Code		Trans	sacti	ion ID :	A2013-3	5746	628	
Salt Lake City	UT	84121		Amoun	t of	Each R	eceipt thi	is P	eriod	
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federal political committee.	C				-	7	7	_	75	.00
Name of Employer	Occupatior	1								
Cambia Health Solutions Inc.	Manager									
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or	for commercial purposes, other than usin	ng the name and ac	dress of any political committee	e to so	licit co	ntrib	utions 1	from suc	h commi	ttee.
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	Cambia Health Solutions In	c. PAC								
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		unnay			07	Ĺ	26		2013	
	City	State	Zip Code		Trans	act	ion ID :	A2013-3	574799	
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	Cambia Health Solutions Inc. Receipt For:	Manager	/ear-to-Date ▼	_						
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	Name of Employer	Occupation								
	Cambia Health Solutions Inc.	Manager								
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	Full Name (Last, First, Middle Initial)										
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	FEC ID number of contributing federal political committee.	С					7		_	75	.00
	Name of Employer	Occupation	1								
	Cambia Health Solutions Inc.	Manager									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		4050.00	11.							
	Other (specify)		1350.00	4							
в.	Full Name (Last, First, Middle Initial) VINCENT PRICE	1			Date of	f Re	eceipt				
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	City	State	Zip Code		Trans	acti	ion ID :	A2013-3	<u>927</u>	607	
	Salt Lake City	UT	84121		Amount	'eriod					
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	Name of Employer	Occupation	1								
	Cambia Health Solutions Inc.	Manager									
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	Primary     General       Other (specify) ▼		, 1425.00	1							
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	Name of Employer	Occupation	1								
	Cambia Health Solutions Inc.	Manager									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General	33 - 3-10									
	Other (specify)		1500.00								
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		v person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC	
A. Full Name (Last, First, Middle Initial) VINCENT PRICE Mailing Address 2890 East Cottonwood Par City	rkway State Zip Code	Date of Receipt 10 18 2013 Transaction ID : A2013-4103894
Salt Lake City FEC ID number of contributing federal political committee.	UT 84121	Amount of Each Receipt this Period
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate Year-to-Date ▼ 1575.00	
B. Full Name (Last, First, Middle Initial) VINCENT PRICE Mailing Address 2890 East Cottonwood Par	kway	Date of Receipt
City Salt Lake City FEC ID number of contributing federal political committee.	State Zip Code UT 84121	Transaction ID : A2013-4159617           Amount of Each Receipt this Period           75.00
Name of Employer Cambia Health Solutions Inc.	Occupation Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
C. Full Name (Last, First, Middle Initial) VINCENT PRICE Mailing Address 2890 East Cottonwood Pau	' rkwav	Date of Receipt
City Salt Lake City	State Zip Code UT 84121	11         15         2013           Transaction ID : A2013-4243599           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary ☐ General Other (specify) ▼	Occupation Manager Aggregate Year-to-Date ▼ 1725.00	
SUBTOTAL of Receipts This Page (optional)		225.00

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC		
A. Full Name (Last, First, Middle Initial) VINCENT PRICE Mailing Address 2890 East Cottonwood Pa City	State	Zip Code	Date of Receipt 11 27 2013 Transaction ID : A2013-4356359
Salt Lake City FEC ID number of contributing federal political committee.	С	84121	Amount of Each Receipt this Period
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)	Occupation Manager Aggregate	Year-to-Date ▼ 1800.00	
B. Full Name (Last, First, Middle Initial) VINCENT PRICE Mailing Address 2890 East Cottonwood Pa	rkway		Date of Receipt
City Salt Lake City FEC ID number of contributing federal political committee.	State UT	Zip Code 84121	12         13         2013           Transaction ID : A2013-4685174         Amount of Each Receipt this Period           75.00
Name of Employer Cambia Health Solutions Inc.	Occupatior Manager	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1875.00	]
C. Full Name (Last, First, Middle Initial) VINCENT PRICE Mailing Address 2890 East Cottonwood Pa	artway		Date of Receipt
City Salt Lake City	State UT	Zip Code 84121	12       27       2013         Transaction ID : A2013-4685337         Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Occupation Manager Aggregate	Year-to-Date ▼ 1950.00	]
SUBTOTAL of Receipts This Page (optional	)		225.00

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FEC Schedule A (Form 3X) Rev. 02/2003

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or	for commercial purposes, other than using th	e name and a	ddress of any political committee	to so	licit cor	ntrib	outions t	from such		nmitte	e.
	NAME OF COMMITTEE (In Full)										
	Cambia Health Solutions Inc. F	PAC									
Α.	Full Name (Last, First, Middle Initial) SHAD PRIEST				Date of	Re	ceipt				
	Mailing Address 200 SW Market Street				M M	_		7 / Y	Y	Y	Y
	PO BOX 1271 M/SE12A				07		12			13	
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	Portland		51201		Amount	t of	Each F	Receipt thi	is Pe	eriod	
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	Name of Employer	Occupation	I								
	Cambia Health Solutions Inc.	Manager									
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	Other (specify)		700.00								
В.	Full Name (Last, First, Middle Initial) SHAD PRIEST	<u> </u>			Date of	i Re	ceipt				
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	Name of Employer Cambia Health Solutions Inc.	Occupation Manager									
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	Primary General Other (specify) ▼		750.00								
<u> </u>	Full Name (Last, First, Middle Initial) SHAD PRIEST				Date of	i Re	ceipt				
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	Name of Employer	Occupation	I								
	Cambia Health Solutions Inc.	Manager									
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	NAME OF COMMITTEE (In Full)										
	Cambia Health Solutions Inc. P	AC									
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	City Portland	State OR	Zip Code 97207	_				A2013-36			
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	Name of Employer	Occupation	1								
	Cambia Health Solutions Inc.	Manager									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		850.00								
в.	Full Name (Last, First, Middle Initial) SHAD PRIEST				Date of	f Red	ceipt				
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	Name of Employer Cambia Health Solutions Inc.	Occupation Manager	1								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		900.00								
— c.	Full Name (Last, First, Middle Initial) SHAD PRIEST				Date of	f Red	ceipt				
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Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full)								
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	ny information copied from such Reports and S for commercial purposes, other than using the				for the		pose o	f soliciting		ntribut	tions
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в.	Full Name (Last, First, Middle Initial) RICHARD RAINEY				Date c	of Re	eceip	t					
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#### SCHEDULE A (FEC Form 3X) 6.41 ľ

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		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC	
Full Name (Last, First, Middle Initial)         RICHARD RAINEY         Mailing Address 4025 SOUTH OLD OAK AVI         City         BOISE         FEC ID number of contributing federal political committee.         Name of Employer	ENUE State Zip Code ID 83706 C Occupation	Date of Receipt 09 20 2013 Transaction ID : A2013-3927502 Amount of Each Receipt this Period 15.00
Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) v	CHIEF MEDICAL OFFICER ID Aggregate Year-to-Date ▼ 285.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 4025 SOUTH OLD OAK AVE		Date of Receipt
City BOISE FEC ID number of contributing federal political committee.	State     Zip Code       ID     83706	Transaction ID : A2013-3986313         Amount of Each Receipt this Period         15.00
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) ▼	Occupation CHIEF MEDICAL OFFICER ID Aggregate Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) RICHARD RAINEY Mailing Address 4025 SOUTH OLD OAK AV	State Zip Code	Date of Receipt 10 / 18 / 2013 Transaction ID : A2013-4103790
BOISE         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	ID 83706 C Occupation CHIEF MEDICAL OFFICER ID Aggregate Year-to-Date ▼ 315.00	Amount of Each Receipt this Period
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# SCHEDULE A (FEC Form 3X)

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	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	AC		
Α.	Full Name (Last, First, Middle Initial) RICHARD RAINEY Mailing Address 4025 SOUTH OLD OAK AVE	NUE		Date of Receipt
	City BOISE	State ID	Zip Code 83706	11     01     2013       Transaction ID : A2013-4159513       Amount of Each Receipt this Period
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	Name of Employer Cambia Health Solutions Inc. Receipt For:		DICAL OFFICER ID Year-to-Date ▼	
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В.	Full Name (Last, First, Middle Initial) RICHARD RAINEY Mailing Address 4025 SOUTH OLD OAK AVE	NUE		Date of Receipt
	City BOISE	State ID	Zip Code 83706	11152013 Transaction ID : A2013-4243495
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	Name of Employer Cambia Health Solutions Inc.	Occupation CHIEF MEE	DICAL OFFICER ID	
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) RICHARD RAINEY			Date of Receipt
	Mailing Address 4025 SOUTH OLD OAK AVE			11 27 / Y Y Y Y Y 11 27 2013
	BOISE	State ID	Zip Code 83706	Transaction ID : A2013-4356255 Amount of Each Receipt this Period
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	Name of Employer Cambia Health Solutions Inc.	Occupation CHIEF MEI	I DICAL OFFICER ID	
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<u>с</u> .	Full Name (Last, First, Middle Initial) MICHAEL RAINS				Date c	of Re	eceipt					
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.										
Full Name (Last, First, Middle Initial)         MICHAEL RAINS         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 600.00			act	26 ion ID :		3574	Period	.00
Full Name (Last, First, Middle Initial)         B. MICHAEL RAINS         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 640.00			acti	09		20 3575		У 00
Full Name (Last, First, Middle Initial)         MilchAEL RAINS         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 680.00			/ sact	23		20 - <b>3699</b>	Period	Y .00
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••			Detailed Summary Page		<b>X</b> 11a		11b	11c		12	
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۸	Full Name (Last, First, Middle Initial) ROSEMARY REEVE				Date of	Ro	ceint					
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	y information copied from such Reports and s for commercial purposes, other than using the				for the				iting				r
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P												
<b>A</b> .	Full Name (Last, First, Middle Initial)         PETER ROOME         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 210.00		Date of 10 Trans	act	tion ID	B : <b>A20</b> 1	13-41	20 1 <b>03</b>		_	]
в.	Full Name (Last, First, Middle Initial) PETER ROOME Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A City Portland FEC ID number of contributing federal political committee.	State OR		Date of Receipt 11 01 2013 Transaction ID : A2013-4159658 Amount of Each Receipt this Period 10.00									
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с.	Full Name (Last, First, Middle Initial)         PETER ROOME         Mailing Address       200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼ 230.00		Date of 11 Trans	sact	tion ID	5 <b>: A20</b> ′	13-42	20 <b>243</b>	eriod	У .00	]
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Any information copied from such Reports and	Statements may	y not be sold or used by any p	erson f	13 or the	purp	14 pose of	15 soliciting	16 g contribu	17 Itions
or for commercial purposes, other than using th	e name and ac	ldress of any political committe	e to so	licit coi	ntrib	utions f	from sucl	h commit	tee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC								
Full Name (Last, First, Middle Initial) A. ALETHEA SABIA			[	Date of	f Re	ceipt			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Full Name (Last, First, Middle Initial)         RACHEL SCHLEPP         Mailing Address 299 WREN COURT         City         MEDFORD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97501 PLUS SYSTEM Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial)         RACHEL SCHLEPP         Mailing Address 299 WREN COURT         City         MEDFORD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	-	Zip Code 97501 PLUS SYSTEM Year-to-Date ▼ 220.00	Date of Receipt
Full Name (Last, First, Middle Initial)         RACHEL SCHLEPP         Mailing Address 299 WREN COURT         City         MEDFORD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)		Zip Code 97501 PLUS SYSTEM Year-to-Date ▼ 230.00	Date of Receipt
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC		
Full Name (Last, First, Middle Initial)         RACHEL SCHLEPP         Mailing Address 299 WREN COURT         City         MEDFORD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97501 PLUS SYSTEM Year-to-Date ▼ 240.00	Date of Receipt
Full Name (Last, First, Middle Initial)         RACHEL SCHLEPP         Mailing Address 299 WREN COURT         City         MEDFORD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97501 PLUS SYSTEM Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         RACHEL SCHLEPP         Mailing Address 299 WREN COURT         City         MEDFORD         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97501 PLUS SYSTEM Year-to-Date ▼ 260.00	Date of Receipt
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)	_									
	Cambia Health Solutions Inc.	PAC									
Α.	Full Name (Last, First, Middle Initial) KATHLEEN SHANNON				Date of	of F	Receipt				
	Mailing Address 7318 SEWARD PARK AVE	S			10	N	/ D 18		y 201		Y
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в.	Full Name (Last, First, Middle Initial) KATHLEEN SHANNON				Date of	of F	Receipt				
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	y information copied from such Reports and s for commercial purposes, other than using th				for the		pose o	f solicitin		ntribut	tions
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F										
<u> </u>	Full Name (Last, First, Middle Initial) GREGG SHIBATA				Date o	f Re	eceipt				
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A	-			M M	/	D 18			013	Y
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	Portland	OR	97207	_	Amoun	t of	Each F	Receipt t	his F	Period	
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	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	Manager									
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11							
	Other (specify)		210.00								
в.	Full Name (Last, First, Middle Initial) GREGG SHIBATA				Date o	f Re	eceipt				
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	Name of Employer Cambia Health Solutions Inc.	Occupation Manager									
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<u>с</u> .	Full Name (Last, First, Middle Initial) GREGG SHIBATA	I			Date o	f Re	eceipt				
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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a		11b	11c	Ц	12	
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Full Name (Last, First, Middle Initial) A. JARED SHORT				Date of	f Receip	pt				
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	٨C		
Full Name (Last, First, Middle Initial)         STACY SIMPSON         Mailing Address       12780 SW REMUDO LANE         City	State	Zip Code	Date of Receipt 08 09 2013 Transaction ID : A2013-3574898
BEAVERTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary         General         Other (specify) ▼		97008 NAL AUDIT Year-to-Date ▼ 800.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) B. STACY SIMPSON Mailing Address 12780 SW REMUDO LANE			Date of Receipt
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Primary       General         Other (specify) ▼         Full Name (Last, First, Middle Initial)         STACY SIMPSON         Mailing Address 12780 SW REMUDO LANE		850.00	Date of Receipt
City BEAVERTON FEC ID number of contributing federal political committee. Name of Employer Cambia Health Solutions Inc. Receipt For:		Zip Code 97008 NAL AUDIT Year-to-Date ▼ 900.00	09     06     2013       Transaction ID : A2013-3927704       Amount of Each Receipt this Period     50.00
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FEC Schedule A (Form 3X) Rev. 02/2003

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
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Α.	Full Name (Last, First, Middle Initial)         STACY SIMPSON         Mailing Address 12780 SW REMUDO LANE         City         BEAVERTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation DIR INTER Aggregate		1250.00			/ acti	13 on ID :	2 / Y 2 <b>A2013-4</b> Receipt th	is Perio		
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C.	Full Name (Last, First, Middle Initial)         LEVI SMITH         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR C Occupation Manager Aggregate	Zip Code 97207 Year-to-Date ▼	210.00			/ acti	18 on ID :		is Perio		
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<u>с</u> .	Full Name (Last, First, Middle Initial) DAVID SNODGRASS				Date o	of D.	oooint								
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Arey information coglet from such Reports and Statements may not be sold or used by any present for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)         Cambia Health Solutions Inc. PAC         Full Name (Last, First, Middle Initial)         A. DAVID SNDGRASS         Malling Address 8384 SE 50TH PLACE         Oity Interfect SLAND         WA 99040         FEC ID number of contributing federal political committee.         Cambia Health Solutions inc.         Part Name (Last, First, Middle Initial)         A. DAVID SNDOGRASS         Maling Address 8384 SE 50TH PLACE         Other (specify)         Gity Interfect (Last, First, Middle Initial)         B. DAVID SNDOGRASS         Maling Address 8384 SE 50TH PLACE         Other (specify)         Gity Interfect (Last, First, Middle Initial)         B. DAVID SNDOGRASS         Maling Address 8384 SE 50TH PLACE         Oity Interfect (Last, First, Middle Initial)         B. DAVID SNDOGRASS         Maling Address 8384 SE 50TH PLACE         Oity Interfect (Last, First, Middle Initial)         C. DAVID SNDOGRASS         Maling Address 8384 SE 50TH PLACE         Oity Interfect (Last, First, Middle Initial)         C. DAVID SNDOGRASS         Maling Address	11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	F	12 16	17
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City       State       Zip Code       Transaction ID : A2013-3927675         MERCER ISLAND       WA       98040       Amount of Each Receipt fits Period         FEC ID number of contributing federal political committee.       Occupation       15.00         Receipt For:       Occupation       DIR (PRESIDENT) HMA         Receipt For:       Aggregate Year-to-Date ▼       270.00         B DAVID SNODGRASS       Date of Receipt         Mailing Address aga4 SE 50TH PLACE       00       20       2013         City       State       Zip Code       7mount of Each Receipt fits Period         FEC ID number of contributing federal political committee.       C       00       20       2013         City       State       Zip Code       7mount of Each Receipt fits Period       75.00         Receipt For:       Occupation       Dit (PRESIDENT) HMA       76.00       70       20       2013       7         Receipt For:       Occupation       Dit (PRESIDENT) HMA       70 </th <th>Α.</th> <th>DAVID SNODGRASS</th> <th></th> <th></th> <th>_</th> <th></th> <th></th> <th></th> <th>D /</th> <th>Y</th> <th>YY</th> <th>Y</th>	Α.	DAVID SNODGRASS			_				D /	Y	YY	Y
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	٩C								
Full Name (Last, First, Middle Initial)         DAVID SNODGRASS         Mailing Address 8384 SE 50TH PLACE         City         MERCER ISLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	,	Zip Code 98040 IDENT) HMA Year-to-Date ▼ 315.00			action	18 ID : A	/ Y 2013-41 ceipt thi	s Perioc	
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NAME OF COMMITTEE (In Full)										
Cambia Health Solutions In	c. PAC									
Full Name (Last, First, Middle Initial) A. GERALD SPOKES				Date of	f Re	ceipt				
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PO BOX 1271 M/SE12A	1			07		12		20	13	
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Cambia Health Solutions Inc.	Manager									
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Full Name (Last, First, Middle Initial) C. GERALD SPOKES				Date of	f Re	ceipt				
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	for commercial purposes, other than using the												
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC	
Full Name (Last, First, Middle Initial)         GERALD SPOKES         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State OR       Zip Code 97207         C       Occupation         Manager       Aggregate Year-to-Date ▼         400.00	Date of Receipt
Full Name (Last, First, Middle Initial)         GERALD SPOKES         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State       Zip Code         OR       97207         C       Occupation         Manager       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       420.00	Date of Receipt
Full Name (Last, First, Middle Initial)         GERALD SPOKES         Mailing Address         200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97207         C       Occupation         Manager       Aggregate Year-to-Date ▼         440.00       440.00	Date of Receipt
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	C	
Full Name (Last, First, Middle Initial)         GERALD SPOKES         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97207         C       Occupation         Manager       Aggregate Year-to-Date ▼         460.00       460.00	Date of Receipt
Full Name (Last, First, Middle Initial)         GERALD SPOKES         Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97207         C       Occupation         Manager       480.00	Date of Receipt
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FEC Schedule A (Form 3X) Rev. 02/2003

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC										
A. Full Name (Last, First, Middle Initial) TODD SPROUSE Mailing Address 2890 East Cottonwood Pa	rkway		Date of Receipt								
City Salt Lake City	State UT	Zip Code 84121	12     27     2013       Transaction ID : A2013-4685338       Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		10.00								
Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General	Occupation Manager Aggregate	Year-to-Date ▼									
Other (specify)		260.00									
Full Name (Last, First, Middle Initial)         MARK STIMPSON         Mailing Address 10889 S 85 E	Date of Receipt										
City SANDY	State UT	Zip Code 84070	Transaction ID : A2013-3574535 Amount of Each Receipt this Period								
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Name of Employer Cambia Health Solutions Inc.	Occupation VP HUMAN	RESOURCES									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	]								
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Mailing Address 10889 S 85 E			07 26 Y Y Y Y Y								
City SANDY	State UT	Zip Code 84070	Transaction ID : A2013-3574706           Amount of Each Receipt this Period								
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Name of Employer Cambia Health Solutions Inc.	Occupation VP HUMAN	RESOURCES									
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SUBTOTAL of Receipts This Page (optional)	)		130.00								

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

FEC Schedule A (Form 3X) Rev. 02/2003

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITT	TEE (In Full) Solutions Inc. PAC											
A. MARK STIMPSC Mailing Address 108	DN		Date of Receipt									
City	State	Zip Code	08 09 2013 Transaction ID : A2013-3574877									
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Mailing Address 1088		08 23 2013										
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City SANDY	State UT	Zip Code 84070	Transaction ID : A2013-3927683           Amount of Each Receipt this Period									
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X 11a 11b 11c 12 14 13 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 Full Name (Last, First, Middle Initial) MARK STIMPSON Α. Date of Receipt Mailing Address 10889 S 85 E M M / 20 2013 09 City Zip Code State Transaction ID : A2013-3927515 UT SANDY 84070 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Name of Employer Occupation **VP HUMAN RESOURCES** Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) Full Name (Last, First, Middle Initial) **B. MARK STIMPSON** Date of Receipt Mailing Address 10889 S 85 E M M 10 04 2013 City State Zip Code Transaction ID : A2013-3986326 SANDY UT 84070 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Name of Employer Occupation Cambia Health Solutions Inc. VP HUMAN RESOURCES Receipt For: Aggregate Year-to-Date ▼ Primarv General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. MARK STIMPSON Date of Receipt Mailing Address 10889 S 85 E M M / D D 10 18 2013 City Zip Code State Transaction ID : A2013-4103802 UT SANDY 84070 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation **VP HUMAN RESOURCES** Cambia Health Solutions Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 02/2003

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	Mailing Address 10889 S 85 E	Chata	Zia Ocada	11 01 Y Y Y Y Y								
	City SANDY	State UT	Zip Code 84070	Transaction ID : A2013-4159525           Amount of Each Receipt this Period								
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B.	Full Name (Last, First, Middle Initial) MARK STIMPSON	Date of Receipt										
	Mailing Address 10889 S 85 E		11 15 2013									
	City	State	Zip Code	Transaction ID : A2013-4243507								
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с.	Full Name (Last, First, Middle Initial) MARK STIMPSON	I		Date of Receipt								
	Mailing Address 10889 S 85 E			11 27 2013								
	City	State	Zip Code	Transaction ID : A2013-4356267								
	SANDY	UT	84070	Amount of Each Receipt this Period								
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	Cambia Health Solutions Inc.	VP HUMAN	RESOURCES									
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Full Name (Last, First, Middle Initial) B. MARK STIMPSON	Date of Receipt									
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Full Name (Last, First, Middle Initial) C. MICHAEL STOCKWELL			Date of Receipt							
Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A			07 12 2013							
City	State	Zip Code	Transaction ID : A2013-3574677							
Portland	OR	97207	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		25.00							
Name of Employer	Occupation	l								
Cambia Health Solutions Inc.	Manager									
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	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC												
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	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A City	State	Zip Code		07 26 2013									
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	Name of Employer Cambia Health Solutions Inc.													
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	NAME OF COMMITTEE (In Full)										
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Α.	Full Name (Last, First, Middle Initial) MICHAEL STOCKWELL				Date o	f Re	eceipt				
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	Name of Employer	Occupation									
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в.	Full Name (Last, First, Middle Initial) MICHAEL STOCKWELL				Date o	fRe	eceipt				
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FEC Schedule A (Form 3X) Rev. 02/2003

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) MICHAEL STOCKWELL Mailing Address 200 SW Market Street			Date of Receipt
	PO BOX 1271 M/SE12A			10 18 2013
	City	State	Zip Code	Transaction ID : A2013-4103942
	Portland	OR	97207	Amount of Each Receipt this Period
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	Cambia Health Solutions Inc.	Manager		
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	Primary General		525.00	
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в.	Full Name (Last, First, Middle Initial) MICHAEL STOCKWELL			Date of Receipt
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A			11 01 Y Y Y Y 11 01 2013
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	Cambia Health Solutions Inc.	Manager		
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	Primary General		550.00	
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<u> </u>	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 200 SW Market Street			
	PO BOX 1271 M/SE12A	State	Zip Code	11 15 2013 Transaction ID : A2013-4243647
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	Name of Employer	Occupation		
	Cambia Health Solutions Inc.	Manager		
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	Other (specify)		575.00	
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FEC Schedule A (Form 3X) Rev. 02/2003

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	ny information copied from such Reports and s for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) SUANN STONE Mailing Address 25866 GOLD BEACH DRIVE	SW		Date of Receipt
	City VASHON	State WA	Zip Code 98070	11         15         2013           Transaction ID : A2013-4243491           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General		MACY SERVICES Year-to-Date ▼	
	Full Name (Last, First, Middle Initial)	L	690.00	
В.	SUANN STONE Mailing Address 25866 GOLD BEACH DRIVE	SW		Date of Receipt
	City VASHON	State WA	Zip Code 98070	Transaction ID : A2013-4356251
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Cambia Health Solutions Inc.	Occupation DIR PHARM	MACY SERVICES	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) SUANN STONE			Date of Receipt
	Mailing Address 25866 GOLD BEACH DRIVE			12 13 / Y Y Y Y 2013
	City VASHON	State WA	Zip Code 98070	Transaction ID : A2013-4685068 Amount of Each Receipt this Period
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	Name of Employer Cambia Health Solutions Inc.	Occupation DIR PHAR	MACY SERVICES	
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FEC Schedule A (Form 3X) Rev. 02/2003

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в.	Full Name (Last, First, Middle Initial) DANIEL STRIPLIN				Date	e of	Re	ceipt					
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FEC Schedule A (Form 3X) Rev. 02/2003

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$\backslash$	Cambia Health Solutions Inc. P.	AC									
Α.	Full Name (Last, First, Middle Initial) DANIEL STRIPLIN				Date	of Re	eceipt				
	Mailing Address 6850 SW 130TH AVENUE				M 09		· D		201 <sup>4</sup>		Y
	City	State	Zip Code	_		sact	20 tion ID :	A2013-3	201: <b>92755</b>		
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	FEC ID number of contributing federal political committee.	С					Ţ	7		20.0	00
	Name of Employer	Occupation	I								
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	Primary General Other (specify) ▼		380.00								
— B	Full Name (Last, First, Middle Initial)				Date	of B	eceint				
υ.	Mailing Address 6850 SW 130TH AVENUE				M				Y	V	/
					10		04		2013		
	City	State	Zip Code		Tran	sact	ion ID :	A2013-3	98636	8	
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— c.	Full Name (Last, First, Middle Initial)				Date	of B	eceint				
•.	Mailing Address 6850 SW 130TH AVENUE				10 <sup>1</sup>		18		2013		Y
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s	UBTOTAL of Receipts This Page (optional)		•	 -		-	7			60.0	0

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		<b>X</b> 11a	111	b 🔄	11c	12	2	
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Any information copied from such I or for commercial purposes, other										
NAME OF COMMITTEE (In Full										
Cambia Health Solutio	ons Inc. PAC									
Full Name (Last, First, Middle Ir A. DANIEL STRIPLIN	itial)			Date of	f Receip	pt				
Mailing Address 6850 SW 130T	AVENUE			M M	/ [	0 D	/ Y	y 2013		Ŷ
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Mailing Address 6850 SW 130T				M M 11	/	27		2013		Y
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       NAME OF COMMITTEE (in Full)         Cambia Health Solutions Inc. PAC       Full Name (Last, First, Middle Initial)       Date of Receipt         Any Electron       OR 97008       Transaction ID : & 2013-4658125         Amount of Each Receipt This Period       Occupation       Cambia Health Solutions Inc.       MGR FIN ACCTG & REPORTING         Receipt For:       Other (specify) ▼       State       Zip Code       Transaction ID : & 2013-46582125         BAVERTON       OR 97008       Amount of Each Receipt this Period       Zig			Detailed Summary Page		<b>〈</b> 11a		11b	11c	12	-	
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         Full Name (Last, First, Middle Initial)         A. DANIEL STRIPLIN         Malling Address 6850 SW 130TH AVENUE         City       State         BEAVERTON       OR         OR       97008         FEC ID number of contributing tederal political committee.       C         Cambia Health Solutions Inc.       MGR FIN ACCTG & REPORTING         Receipt For:       Occupation         Other (specify) ▼       State         B. DANIEL STRIPLIN       Date of Receipt         Maling Address 6850 SW 130TH AVENUE       Transaction D: A2013-4685288         City       State       Zip Code         BEAVERTON       OR       97008         Full Name (Last, First, Middle Initial)       Date of Receipt         Maling Address 6850 SW 130TH AVENUE       12       27         City       State       Zip Code         BEAVERTON       OR       97008         Receipt For:       Aggregate Year-to-Date ▼       12         Primary       General       20.00         Full Name (Last, First, Middle Initial)<					-				-		17
NAME OF COMMITTEE (In Full)       Cambia Health Solutions Inc. PAC         Full Name (Last, First, Middle Initial)       A.         A. DANIEL STRIPLIN       Date of Receipt         Gity       State       Zip Code         BEAVERTON       OR       97008         FEC ID number of contributing tederal political committee.       Occupation       Aggregate Year-to-Date ▼         Name of Employer       Occupation       S00.00       Date of Receipt         Beaverton       MGR FIN ACCTG & REPORTING       Aggregate Year-to-Date ▼       Date of Receipt         Bit Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt       12       27       2013         Full Name (Last, First, Middle Initial)       B.       DANIEL STRIPLIN       Date of Receipt       12       27       2013         Maling Address 6860 SW 130TH AVENUE       C       Transaction ID : A2013-4685288       Amount of Each Receipt Mis Period         BEAVERTON       OR       97008       Feel In number of contributing federal political committee.       Occupation       Aggregate Year-to-Date ▼       12       20.30         Name of Employer       Occupation       MGR FIN ACCTG & REPORTING       Aggregate Year-to-Date ▼       10       10       10       10       10       10       10											
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City       State       Zip Code         BEAVERTON       OR       97008         FEC ID number of contributing federal political committee.       C       Image: Contributing federal political committee.         Name of Employer Cambia Health Solutions Inc.       Occupation       MGR FIN ACCTG & REPORTING         Receipt For:       Other (specify) ▼       Aggregate Year-to-Date ▼       Date of Receipt         City       State       Zip Code       Image: Contributing federal political committee.       Date of Receipt         City       State       Zip Code       Image: Contributing federal political committee.       Code         City       State       Zip Code       Image: Contributing federal political committee.       Code         FEC ID number of contributing federal political committee.       Cocupation       Cocupation       Code       Image: Code         City       State       Zip Code       Image: Co					Date of	f Rec	ceipt				
City       State       Zip Code       Transaction ID : A2013-4685288         BEAVERTON       OR       97008       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       20.00         Name of Employer Cambia Health Solutions Inc.       Occupation MGR FIN ACCTG & REPORTING       20.00         Receipt For:       Other (specify) ▼       Aggregate Year-to-Date ▼       520.00         Full Name (Last, First, Middle Initial)       C       C       CHARLENE THOMASON         Mailing Address 1718 CEDAR AVE       Date of Receipt       10       18       2013         City       State       Zip Code       Transaction ID : A2013-4103862       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       ID       83501       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       Occupation       Mark of Each Receipt this Period         Name of Employer       Occupation       MGR SALE OPERATIONS RBSI       Amount of Each Receipt this Period       10.00	Mailing Address 6850 SW 130TH AVENL	JE			M M	/	DI	D / Y	Y Y	Y	1
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P.	AC		
Α.	Full Name (Last, First, Middle Initial) CHARLENE THOMASON Mailing Address 1718 CEDAR AVE			Date of Receipt
	City	State ID	Zip Code 83501	12 13 2013 Transaction ID : A2013-4685142
	LEWISTON FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)		OPERATIONS RBSI Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) CHARLENE THOMASON Mailing Address 1718 CEDAR AVE			Date of Receipt
	City LEWISTON	State ID	Zip Code 83501	12         27         2013           Transaction ID : A2013-4685305           Amount of Each Receipt this Period
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с.	Full Name (Last, First, Middle Initial)			Date of Receipt
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FEC Schedule A (Form 3X) Rev. 02/2003

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	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	AC										
Α.	Full Name (Last, First, Middle Initial)         JAMES TOY III         Mailing Address       1523 E SEASIDE CT			Date of Receipt								
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	Mailing Address 1523 E SEASIDE CT			11 27 2013								
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<u>с</u> .	Full Name (Last, First, Middle Initial) JACOB TURLEY			Date of Receipt								
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A			10 18 2013								
	City Portland	State OR	Zip Code 97207	Transaction ID : A2013-4103944 Amount of Each Receipt this Period								
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FEC Schedule A (Form 3X) Rev. 02/2003

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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A. Full Name (Last, First, Middle Initial) NICHOLAS VAN VLEET Mailing Address 7034 SE 34TH AVE City	State	Zip Code	Date of Receipt 07 26 2013 Transaction ID : A2013-3574756
PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         □       Primary         □       General         ○       Other (specify) ▼	1	97202 FIN ACCTG & REPORTING Year-to-Date ▼ 225.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial)         NICHOLAS VAN VLEET         Mailing Address 7034 SE 34TH AVE			Date of Receipt
City PORTLAND	State OR	Zip Code 97202	Transaction ID : A2013-3574927
FEC ID number of contributing federal political committee.          Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	Occupation ASST DIR Aggregate	Amount of Each Receipt this Period	
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Name of Employer Cambia Health Solutions Inc.	Occupatior ASST DIR	I FIN ACCTG & REPORTING	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	C	
Full Name (Last, First, Middle Initial)         NICHOLAS VAN VLEET         Mailing Address 7034 SE 34TH AVE         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         OR       97202         C       Occupation         ASST DIR FIN ACCTG & REPORTING         Aggregate Year-to-Date ▼         315.00	Date of Receipt
Full Name (Last, First, Middle Initial)         NICHOLAS VAN VLEET         Mailing Address 7034 SE 34TH AVE         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code OR 97202 C Occupation ASST DIR FIN ACCTG & REPORTING Aggregate Year-to-Date ▼ 330.00	Date of Receipt  Date of Receipt  11 01 2013 Transaction ID : A2013-4159575 Amount of Each Receipt this Period  15.00
Full Name (Last, First, Middle Initial)         NICHOLAS VAN VLEET         Mailing Address 7034 SE 34TH AVE         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary         General         Other (specify) ▼	State Zip Code OR 97202 C Occupation ASST DIR FIN ACCTG & REPORTING Aggregate Year-to-Date ▼ 345.00	Date of Receipt  Date of Receipt  11  2013  Transaction ID : A2013-4243557  Amount of Each Receipt this Period  15.00
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FEC Schedule A (Form 3X) Rev. 02/2003

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NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PA	(C									
Full Name (Last, First, Middle Initial)         A.       DAVID VANDERWARKER         Mailing Address 1870 E. RICH WAY         City         SALT LAKE CITY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 84121 RWRITING UTAH Year-to-Date ▼	210.00		/ sacti	18 0n ID :		is Perio	_	
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Full Name (Last, First, Middle Initial)         A.       DAVID VANDERWARKER         Mailing Address 1870 E. RICH WAY         City         SALT LAKE CITY         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 84121 RWRITING UTAH Year-to-Date ▼	240.00			/ sacti	27 on ID :		is Peric		
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	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		200.00	11							
	Other (specify)		300.00								
B	Full Name (Last, First, Middle Initial) UDAYA VANGURI				Date o	f Re	ceint				
	Mailing Address 200 SW Market Street				M M		DDD	/ Y	Y	Y	Y
	PO BOX 1271 M/SE12A				10	ľ	18			13	
	City	State	Zip Code		Trans	sacti	on ID :	A2013-41	03	945	
	Portland	OR	97207		Amoun	t of	Each R	eceipt thi	s F	eriod	
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	Name of Employer	Occupation		_							
	Cambia Health Solutions Inc.	Manager									
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	Other (specify)		315.00	4							
<u>с</u> .	Full Name (Last, First, Middle Initial) UDAYA VANGURI				Date o	f Re	eceipt				
	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				м м 11	/	01	/ Y		)13	Y
	City	State	Zip Code		Trans	sact	ion ID :	A2013-4	159	668	
	Portland	OR	97207		Amoun	t of	Each R	eceipt thi	s F	eriod	
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	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	Manager									
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	Other (specify)		330.00								
s	UBTOTAL of Receipts This Page (optional)			•			7	7		45	00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page	×	11a		11b 14		11c	$\mid$	12	<b>_</b>	_
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	for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)	0											
	Cambia Health Solutions Inc. PA												
Δ	Full Name (Last, First, Middle Initial) UDAYA VANGURI				Date of	Re	ceint						
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	PO BOX 1271 M/SE12A				11	Ľ	1		, 1		)13		
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	Cambia Health Solutions Inc.	Manager											
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	Name of Employer	Occupation											
	Cambia Health Solutions Inc.	Manager		_									
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C.	Full Name (Last, First, Middle Initial) UDAYA VANGURI				Date of	Re	eceipt						
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	City	State	Zip Code		Trans	act	ion ID	: A	2013-4	6852	223		
	Portland	OR	97207		Amount	of	Each	Red	ceipt thi	s P	eriod		
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	Name of Employer	Occupation											
	Cambia Health Solutions Inc.	Manager											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify)		375.00										
S	UBTOTAL of Receipts This Page (optional)										45.	00	1
							7			=			1

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Use separate schedule(s)

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c		12 16	17	
Ar or	ny information copied from such Reports and for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used by any p ddress of any political committe	erson t e to so	for the	pui	rpose c	of solicitir	ng cơ ch cơ	ntribut	ions
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc.	PAC									
Α.	Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A				Date c		eceipt			2013	Ŷ
	City Portland	State OR	Zip Code 97207					: A2013-			
	FEC ID number of contributing federal political committee.	С			Amour		Each	Receipt		Period 15.	.00
	Name of Employer	Occupation									
	Cambia Health Solutions Inc. Receipt For: Primary General Other (specify) V	Manager       Aggregate	Year-to-Date ▼ 390.00	]							
в.	Full Name (Last, First, Middle Initial) PATRICK WALLER				Date c		eceipt				
	Mailing Address P O BOX 318				м м 08	۲ /	23			013	Y
	City	State	Zip Code				: A2013-	3699	626		
	LEWISTON FEC ID number of contributing federal political committee.	C	83501		Amour	nt of	Each	Receipt	this F	Period 12.	00
	Name of Employer Cambia Health Solutions Inc.	Occupation DIR INTER	NAL APPS DVLPMNT								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 204.00	]							
<u>с</u> .	Full Name (Last, First, Middle Initial) PATRICK WALLER				Date c	of Re	eceipt				
	Mailing Address P O BOX 318	0			м м 09		0	6	2	013	Y
	City LEWISTON	State ID	Zip Code 83501					: A2013- Receipt			
	FEC ID number of contributing federal political committee.	С					1	,			.00
	Name of Employer	Occupation									
	Cambia Health Solutions Inc.	DIR INTER	NAL APPS DVLPMNT								
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s	UBTOTAL of Receipts This Page (optional).									39.	00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the nat		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC	;	
Name of Employer     O       Cambia Health Solutions Inc.     D	State       Zip Code         ID       83501         C       ID         Occupation       INTERNAL APPS DVLPMNT         IR INTERNAL APPS DVLPMNT       228.00         Aggregate Year-to-Date ▼       228.00	Date of Receipt
Name of Employer     O       Cambia Health Solutions Inc.     DI	State       Zip Code         ID       83501         C       ID         Occupation       INTERNAL APPS DVLPMNT         Aggregate Year-to-Date ▼       240.00	Date of Receipt 10 04 2013 Transaction ID : A2013-3986330 Amount of Each Receipt this Period 12.00
Name of Employer     O       Cambia Health Solutions Inc.     D	State       Zip Code         ID       83501         C       ID         Decupation       IR INTERNAL APPS DVLPMNT         Inggregate Year-to-Date       ▼         252.00       252.00	Date of Receipt 10 18 2013 Transaction ID : A2013-4103806 Amount of Each Receipt this Period 12.00
SUBTOTAL of Receipts This Page (optional)	•	36.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. PAC		
Pocoint For:	83501	Date of Receipt
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SUBTOTAL of Receipts This Page (optional)		36.00

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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. F	PAC	
Full Name (Last, First, Middle Initial)         PATRICK WALLER         Mailing Address P O BOX 318         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.	State Zip Code ID 83501 C Occupation DIR INTERNAL APPS DVLPMNT	Date of Receipt          12       13       2013         Transaction ID : A2013-4685088         Amount of Each Receipt this Period         12.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.0	0
Full Name (Last, First, Middle Initial)         PATRICK WALLER         Mailing Address P O BOX 318         City         LEWISTON         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         ID       83501         C       Occupation         DIR INTERNAL APPS DVLPMNT         Aggregate Year-to-Date ▼         312.0	Date of Receipt 12 27 2013 Transaction ID : A2013-4685250 Amount of Each Receipt this Period 12.00
Full Name (Last, First, Middle Initial)         JANIS WASHBURN         Mailing Address       200 SW Market Street         PO BOX 1271 M/SE12A         City         Portland         FEC ID number of contributing         federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify)	State OR     Zip Code 97207       C       Occupation Manager       Aggregate Year-to-Date ▼       210.0	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		> 34.00

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		11a		11b	11c		2	
ar 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 JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street Potland       Docupation         Partiand       OR         Partiand       OR         Performed Committee.       C         Name of Employer       Occupation         Cambia Health Solutions Inc.       Manager         Receipt For: Portland       Observed         Point (specify) ♥       State       Zip Code         Point (specify) ♥       C       Date of Receipt         B. JANIS WASHBURN       Manager         Receipt For: Portland       C       Date of Receipt         Point (specify) ♥       State       Zip Code         Point (specify) ♥       Aggregate Year-to-Date ♥       Date of Receipt in 10.00         Name of Employer       Occupation       Manager         Receipt For: Point and       Aggregate Year-to-Date ♥       Date of Receipt in 2.000         Name of		a and Otatana i			-					-	17
NAME OF COMMITTEE (In Full)       Cambia Health Solutions Inc. PAC         Full Name (Last, First, Middle Initial)       Date of Receipt         A JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street       OR         Portland       OR         Portland       OR         Portland       OR         Mailing Address       Coupation         Carabia Health Solutions Inc.       Manager         Receipt For:       Occupation         Portland       OR         B. JANIS WASHBURN       Market Street         Mailing Address 200 SW Market Street       Occupation         Portland       OR         B. JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street       Occupation         Portland       OR         B. JANIS WASHBURN       Aggregate Year-to-Date ▼         Mailing Address 200 SW Market Street       Occupation         Portland       OR       97207         FeC ID number of contributing       C         Idear J Pointary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Portland       OR       97207         Full Name (Last, First, Middle Initial)       Aggregate Year											
✓       Full Name (Last. First. Middle Initial)         A. JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street       0 SV Market Street         City       P DEX 12/1 MSE (2A         Portland       OR       97207         FEC ID number of contributing federal political committee.       Manager         Receipt For:       Aggregate Year-to-Date ▼       220.00         Pull Name (Last. First. Middle Initial)       Date of Receipt         B. JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street       0         City       P DEX 12/1 MSE 12A         City       P DEX 12/1 MSE 12A         City       Obter (speechy) ▼         B. JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street       0         City       Dote of contributing federal political committee.         Portland       OR       97207         FEC ID number of contributing federal political committee.       Occupation         Mailing Address 200 SW Market Street       0         Portland       OR       97207         FEC ID number of contributing federal political committee.       Manager         Receipt For:       Aggregate Year-to-Date ▼         P Deate of E											
A. JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street       PO BOX 1271 MSE12A         City       State       Zip Code         Portland       OR       97207         FEC ID number of contributing federal political committee.       C       Interview         Name of Employer       Cocupation       Aggregate Year-to-Date ▼         City       State       Zip Code         Portland       OR       97207         B. JANIS WASHBURN       Aggregate Year-to-Date ▼       Date of Receipt         Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A       Date of Receipt this Period         City       State       Zip Code         Portland       OR       97207         FEC ID number of contributing federal political committee.       C         Pinary       General       Occupation         Manager       Aggregate Year-to-Date ▼       00.00         Receipt For:       Aggregate Year-to-Date ▼       01.00         Full Name (Last, First, Middle Initial)       C       JANIS WASHBURN         Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A       Date of Receipt         Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A       Date of Receipt         Mailing Address 200 SW Market Street PO BOX	Cambia Health Solutions I	nc. PAC									
PO BOX 1271 M/SE12A         Utility           City         State         Zip Code           Portland         OR         97207           FEC ID number of contributing federal political committee.         C         Amount of Each Receipt this Period           Cambia Health Solutions Inc.         Manager         10.00           Perinary         General         Occupation           Other (specify) ▼         220.00         Date of Receipt           Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A         Date of Receipt           Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A         Date of Receipt           It ansaction ID : A2013-42438651         Amount of Each Receipt this Period           Receipt For:         Occupation         Manager           Receipt For:         Occupation         Manager           Receipt For:         Occupation         Aggregate Year-to-Date ▼           Primary         General         Occupation           Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A         Date of Receipt           City         State         Zip Code         Primary           Primary         General         Occupation         Aggregate Year-to-Date ▼           Mailing Address 200 SW Market Street         PO BOX 1271 M/SE12A					Date o	f Re	eceipt				
City       State       Zip Code       Transaction 1D : A2013 4159669         Portland       OR       97207       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       10.00         Name of Employer       Occupation       Manager         Receipt For:       Occupation       Aggregate Year-to-Date ▼       220.00         B. JANIS WASHBURN       Date of Receipt       Date of Receipt         Maling Address 200 SW Market Street       OC       11       15       2013         FC ID number of contributing federal political committee.       Occupation       Transaction ID : A20134233651         Amount of Each Receipt This Period       FC ID number of contributing federal political committee.       Date of Receipt         City       State       Zip Code       Transaction ID : A20134233651         Amount of Each Receipt This Period       FC ID number of contributing federal political committee.       Date of Receipt         City       State       Zip Code       11       15       2013         Full Name (Last, First, Middle Initial)       C       JANIS WASHBURN       Date of Receipt       11       10.00         General       Other (specify) ▼       State       Zip Code       2013       7       2013       7	Mailing Address 200 SW Market Street	t			M M	/	D D	/ Y	Y	Y	Y
Portland       OR       97207         FEC ID number of contributing federal political committee.       C       10.00         Name of Employer       Occupation       10.00         Cambia Health Solutions Inc.       Manager       10.00         Receipt For:       Aggregate Year-to-Date ▼       220.00         Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       Date of Receipt         B. JANIS WASHBURN       Malting Address 200 SW Market Street PO BOX 1271 MSE12A       Date of Receipt         City       State       Zip Code         Portland       OR       97207         Receipt For:       Aggregate Year-to-Date ▼       11         City       State       Zip Code         Portland       OR       97207         Receipt For:       Aggregate Year-to-Date ▼       10.00         C. JANIS WASHBURN       Malting Address 200 SW Market Street       Date of Receipt         PO BOX 1271 MSE12A       Columber of contributing       C       11       27         City       General       Orcupation       Date of Receipt       11       27         Maling Address 200 SW Market Street       0       0       11       27       2013         Transaction ID : A2013-4356410       0			Zin Oada	_							
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federal political committee.       U       10.00         Name of Employer       Occupation       Aggregate Year-to-Date ▼         Cambia Health Solutions Inc.       Manager       Aggregate Year-to-Date ▼         B. JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street       200.00         Portland       OR       97207         FELI Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 200 SW Market Street       0         Portland       OR       97207         FEC ID number of contributing federal political committee.       Occupation         Manager       Aggregate Year-to-Date ▼       10.00         Receipt For:       Occupation       Aggregate Year-to-Date ▼       10.00         Name of Employer       Occupation       Aggregate Year-to-Date ▼       11       27       2013         Transaction ID:       A2012/11 M/SE12A       State       Zip Code       7       2013       Transaction ID: A2013-4356410         Amount of Each Receipt this Period       Occupation       97207       Amount of Each Receipt this Period       11       27       2013       Transaction ID: A2013-4356410       Amount of Each Receipt this Period       10.00       10.00       10.00       10.00       10.00			01201	′	Amoun	it of	Each R	eceipt th	is Pe	riod	
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Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       220.00         Full Name (Last, First, Middle Initial)       B. JANIS WASHBURN         Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A       Date of Receipt         Oity       State       Zip Code OR       97207         Pertand       OR       97207         FECE ID number of contributing federal political committee.       Occupation Manager       Aggregate Year-to-Date ▼         Receipt For:       Occupation Manager       Aggregate Year-to-Date ▼       Date of Receipt         C.       JANIS WASHBURN       Date of Receipt       10.00         Full Name (Last, First, Middle Initial)       C       Janis       230.00         Full Name (Last, First, Middle Initial)       C       Janis Zip Code OR       97207         C.       JANIS WASHBURN       Date of Receipt       Date of Receipt         Mailing Address 200 SW Market Street PO BOX 1271 M/SE12A       Zip Code OR       7/207         FELI Nume (Last, First, Middle Initial)       C       Aggregate Year-to-Date ▼       Amount of Each Receipt this Period         City       State       Zip Code OR       97207       Amount of Each Receipt this Period       11       27       2013	Name of Employer	Occupatior	l								
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Full Name (Last, First, Middle Initial)       B. JANIS WASHBURN       Date of Receipt         Mailing Address 200 SW Market Street PO BOX 1271 M/SE 12A       Date of Receipt         City Portland       OR       97207         FEC ID number of contributing federal political committee.       Occupation Manager       Aggregate Year-to-Date ▼         Pinnary       General Other (specify) ▼       Occupation Manager       Date of Receipt         Full Name (Last, First, Middle Initial)       C.       JANIS WASHBURN         Mailing Address 200 SW Market Street PO BOX 1271 M/SE 12A       Date of Receipt         Portland       OR       97207         Full Name (Last, First, Middle Initial)       C.       JANIS WASHBURN         Mailing Address 200 SW Market Street PO BOX 1271 M/SE 12A       Date of Receipt         Portland       OR       97207         Full Name of Employer Cambia Heatth Solutions Inc.       Manager         Receipt For: Portland       Occupation OR       97207         Partand       OR       97207         FEC ID number of contributing federal political committee.       Occupation Occupation         Name of Employer Cambia Heatth Solutions Inc.       Manager         Receipt For: Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼         Other (specify) ▼			220.00	11.							
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<u>с</u> .	Full Name (Last, First, Middle Initial) ANJIE WATTON	1			Date o	f Re	eceipt						
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	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC										
Α.	Full Name (Last, First, Middle Initial)         ANJIE WATTON         Mailing Address 6609 SW LANDOVER DR			Date of Receipt								
	City WILSONVILLE	State OR	Zip Code 97070	Transaction ID : A2013-3927726 Amount of Each Receipt this Period								
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в.	Full Name (Last, First, Middle Initial) ANJIE WATTON Mailing Address 6609 SW LANDOVER DR			Date of Receipt								
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	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial) ANJIE WATTON Mailing Address 6609 SW LANDOVER DR			Date of Receipt
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	City	State OR	Zip Code	Transaction ID : A2013-4159568
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	Mailing Address 6609 SW LANDOVER DR			11 15 2013
	City WILSONVILLE	State OR	Zip Code 97070	Transaction ID : A2013-4243550 Amount of Each Receipt this Period
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## SCHEDULE A (FEC Form 3X) DEOEIDTO

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			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc	. PAC		
Full Name (Last, First, Middle Initial)         A.       SHERYL WEAVER         Mailing Address 2890 East Cottonwood Particle         City         Salt Lake City         FEC ID number of contributing         faderal political committee	arkway State UT	Zip Code 84121	Date of Receipt 10 18 2013 Transaction ID : A2013-4103897 Amount of Each Receipt this Period 10.00
federal political committee.          Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	Occupation Manager	Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)         B. SHERYL WEAVER         Mailing Address 2890 East Cottonwood Pa         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State UT Occupation Manager	Zip Code 84121 Year-to-Date ▼ 220.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C. SHERYL WEAVER         Mailing Address 2890 East Cottonwood Processing         City         Salt Lake City         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	State UT Occupation Manager	Zip Code 84121 Year-to-Date ▼ 230.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	l)		30.00

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

Use separate schedule(s)

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ITEMIZED RECEIPTS		X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	PAC						
Full Name (Last, First, Middle Initial) A. SHERYL WEAVER			Date of Receipt				
Mailing Address 2890 East Cottonwood Parkw	vay		11 27 2013				
City Solt Laka City	State UT	Zip Code 84121	Transaction ID : A2013-4356362				
Salt Lake City	01	04121	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		10.00				
Name of Employer	Occupation						
Cambia Health Solutions Inc.	Manager						
Receipt For: Primary General	Aggregate Ye	ear-to-Date <b>V</b>					
Other (specify)		240.00	]				
Full Name (Last, First, Middle Initial) B. SHERYL WEAVER			Date of Receipt				
Mailing Address 2890 East Cottonwood Parkw	Mailing Address 2890 East Cottonwood Parkway						
City	State	Zip Code	12 13 2013 Transaction ID : A2013-4685177				
Salt Lake City	UT	84121	Amount of Each Receipt this Period				
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Name of Employer Cambia Health Solutions Inc.	Occupation Manager						
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Other (specify) ▼		250.00	1				
Full Name (Last, First, Middle Initial) C. SHERYL WEAVER			Date of Receipt				
Mailing Address 2890 East Cottonwood Parkw	vay		12 27 2013				
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Name of Employer	Occupation						
Cambia Health Solutions Inc.	Manager						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions et o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Cambia Health Solutions Inc. P	AC		
Α.	Full Name (Last, First, Middle Initial)         MELANIE WESTRICK         Mailing Address       6750 SW DOVER ST			Date of Receipt
	City PORTLAND	State OR	Zip Code 97225	07     12     2013       Transaction ID : A2013-3574600       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Cambia Health Solutions Inc. Receipt For: Primary General Other (specify)		HEALTH CARE SVS Year-to-Date ▼ 210.00	
в.	Full Name (Last, First, Middle Initial) MELANIE WESTRICK Mailing Address 6750 SW DOVER ST			Date of Receipt
	City PORTLAND FEC ID number of contributing	State OR	Zip Code 97225	07     26     2013       Transaction ID : A2013-3574771       Amount of Each Receipt this Period
	federal political committee. Name of Employer Cambia Health Solutions Inc.	Occupation ASST DIR I	HEALTH CARE SVS	15.00
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
с.	Full Name (Last, First, Middle Initial) MELANIE WESTRICK			Date of Receipt
	Mailing Address 6750 SW DOVER ST			08 09 2013
	City PORTLAND	State OR	Zip Code 97225	Transaction ID : A2013-3574942           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		15.00
	Name of Employer Cambia Health Solutions Inc.	Occupation ASST DIR	HEALTH CARE SVS	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	]
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Use separate schedule(s) for each category of the

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Full Name (Last, First, Middle Initial)         MELANIE WESTRICK         Mailing Address 6750 SW DOVER ST         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97225 HEALTH CARE SVS Year-to-Date ▼ 255.00	Date of Receipt
Full Name (Last, First, Middle Initial)         MELANIE WESTRICK         Mailing Address 6750 SW DOVER ST         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼	1	Zip Code 97225 HEALTH CARE SVS Year-to-Date ▼ 270.00	Date of Receipt
Full Name (Last, First, Middle Initial)         MELANIE WESTRICK         Mailing Address 6750 SW DOVER ST         City         PORTLAND         FEC ID number of contributing federal political committee.         Name of Employer         Cambia Health Solutions Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 97225 HEALTH CARE SVS Year-to-Date ▼ 285.00	Date of Receipt
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υ.	Mailing Address 6750 SW DOVER ST								v	v	V					
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	ny information copied from such Reports and S for commercial purposes, other than using the									
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Α.	Full Name (Last, First, Middle Initial) MELANIE WESTRICK Mailing Address 6750 SW DOVER ST			M	te of 12	Re /	ceipt 27	D / Y	2013	Y
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в.	Full Name (Last, First, Middle Initial) DONALD WILHELM Mailing Address 200 SW Market Street			Da	te of	Re /	ceipt	D / Y	Y Y	Y
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c.	Full Name (Last, First, Middle Initial) DONALD WILHELM			Da	te of	Re	ceipt			
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	Cambia Health Solutions Inc.	Manager		_						
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	Cambia Health Solutions Inc. P	AC												
Α.	Full Name (Last, First, Middle Initial) CAROLYN YASUI				Da	te of	Re	eceipt						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 415 OF

420

	EMIZED RECEIPTS		Detailed Summary Page		11a 13		11b 14	11c	×	12 16		17
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Α.	Full Name (Last, First, Middle Initial) People for Derek Kilmer Mailing Address PO Box 1574				Date o		D			Y	Y	
	City Gig Harbor	State WA	Zip Code 98335					: <b>A2013-1</b> Receipt th	0340		_	
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SCHEDULE B (FEC Form 3X)		FO	R L	INE N	UMBER	:			PAC	GE 41	6 OF	420
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Cambia Health Solutions Inc. PAC												
Full Name (Last, First, Middle Initial)	_											
A. BLUEPAC: Blue Cross Blue Shield	d Assn PAC				Date o	_						
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City Washington	State Zip Code DC 20005				Trans	sact	ion ID	): B4	72142	2		
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	Full Name (Last, First, Middle Initial) Jim Risch for U S Senate Committe	00						Date o	f Dis	sburse	en	nent			
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	Mailing Address 407 W Jefferson Street							07		1	15			013	
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	Mailing Address 192 Lexington Avenue Suite 1001							11	/	D (	04			2013	Y
	New York	State NY	Zip Code 10016					Trans	sact	ion IE	<b>D</b> :	B4809	81		
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$\square$	NAME OF COMMITTEE (In Full)												
	Cambia Health Solutions Inc. PAC												
Α.	Full Name (Last, First, Middle Initial) Rob Bishop For Congress						Date of	Dis	burse	ment			
	Mailing Address P.O. Box 1776						07	/	2	_		2013	Y
	Brigham City	State Zip Coc UT 84302	de				Trans	acti	on ID	: B460	605		
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_	State:     UT     District:     01       Full Name (Last, First, Middle Initial)												
в.	Friends of Jason Chaffetz						Date of	i Dis	burse		V	YY	V
	Mailing Address 315 Westfield Circle						07	<i>'</i>		6		2013	
	Alpine	State Zip Coc UT 84004	de				Trans	acti	on ID	: B46	0606		
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<u></u> .	Full Name (Last, First, Middle Initial) Matheson for Congress						Date of	f Dis	burse	ment			
	Mailing Address P O Box 521048						M M 10	/	D 29	_		y y 2013	Y
	City Salt Lake City	State Zip Coc UT 84152	de				Trans	acti	on ID	: B432	2793		
	Purpose of Disbursement Contribution			0	11	٦	Amount	tof	Each	Disbur	seme	nt this	Period
	Candidate Name Jim Matheson			Cate Ty	egory /pe	y/						-1500	0.00
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	Cambia Health Solutions Inc. PAC						-								
Α.	Full Name (Last, First, Middle Initial) People for Derek Kilmer							Date o	of Dis	sbur	ser	ment			
	Mailing Address PO Box 1574							08	/	D	14			2013	Y
	Gig Harbor	State WA	Zip Code 98335					Trans	sacti	ion	ID	: B470	89		
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	State: WA District: 06														
в.	Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen							Date o							
	Mailing Address PO Box 326							08	/	D	26			2013	Y
	Everett	State WA	Zip Code 98206					Tran	sact	ion	ID	: B471	124		
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C.	Denny Heck for Congress							Date o	_	_	ser		V	Y Y	V
	Mailing Address PO Box 235							10	ĺ		02			2013	
	Olympia	State WA	Zip Code 98507					Tran	sact	ion	ID	: B474	915		
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	Cambia Health Solutions Inc. PAC															
Α.	Full Name (Last, First, Middle Initial) Adam Smith for Congress Committee							Date of Disbursement								
	Mailing Address PO Box 23626							10 03 2013								
	City Federal Way	State Zip Code WA 98093							Transaction ID : B475034							
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В.	State:     WA     District:     09       Full Name (Last, First, Middle Initial)       Puget PAC						Date of Disbursement									
	Mailing Address 410 1st Street, SE, Suite 310							11 / D D / Y Y Y Y 11 15 / 2013								
	City Washington	State DC	Zip Code 20003				Trans	sact	ion ID	):	<b>B4817</b> 1	8				
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